

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**
International Academy of Compounding Pharmacists PAC (COMP PAC)

ADDRESS (number and street) **4638 Riverstone Blvd**
Check if different than previously reported. (ACC) **Missouri City TX 77459**

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 / / 2017 through / / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Letendre Sr., William R., , ,
Type or Print Name of Treasurer

Signature of Treasurer Letendre Sr., William R., , , [Electronically Filed] Date / / 2017

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

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="2017"/>	<input type="text" value="45115.54"/>	<input type="text" value="45115.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="45115.54"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="48825.00"/>	<input type="text" value="48825.00"/>
(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="93940.54"/>	<input type="text" value="93940.54"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="56373.30"/>	<input type="text" value="56373.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="37567.24"/>	<input type="text" value="37567.24"/>
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).....	45600.00	45600.00
(ii) Unitemized	3225.00	3225.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	48825.00	48825.00
(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)	48825.00	48825.00
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)).....▶	48825.00	48825.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	48825.00	48825.00

DETAILED SUMMARY PAGE

of Disbursements

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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	17373.30	17373.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	17373.30	17373.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39000.00	39000.00
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	0.00
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)) ..	56373.30	56373.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56373.30	56373.30

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	48825.00	48825.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48825.00	48825.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	17373.30	17373.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	17373.30	17373.30

**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 39
	<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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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. Anderson, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1266 32nd Ave. N.
 City St. Cloud State MN Zip Code 56303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Apothecary Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 07 / 2017**
Transaction ID : A2017-509831
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Ashworth, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 Bent Tree Court
 City Coppell State TX Zip Code 75019-6122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Medical Center Dallas Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 16 / 2017**
Transaction ID : A2017-310594
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Ashworth, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 Bent Tree Court
 City Coppell State TX Zip Code 75019-6122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Medical Center Dallas Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **06 / 12 / 2017**
Transaction ID : A2017-1393561
 Amount of Each Receipt this Period 2000.00
 Memo Item

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 7 OF 39
<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. Baker, Doug, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1022 E. Cherry
 City Cushing State OK Zip Code 74023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baker Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 27 / 2017**
Transaction ID : A2017-91728
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Balchin, Ralph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 575 N. Glynn Street
 City Fayetteville State GA Zip Code 30214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jones Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 17 / 2017**
Transaction ID : A2017-1193346
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Berrettini, Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 Desmond Street
 City Sayre State PA Zip Code 18840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bert's Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 11 / 2017**
Transaction ID : A2017-974678
 Amount of Each Receipt this Period 300.00
 Memo Item

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: (check only one)	PAGE 8 OF 39
	<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. Birch, Sheldon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 493 North Main Street
 City Tooele State UT Zip Code 84074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Birch Family Pharmacy Occupation (for Individual) Manager
 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
 01 / 19 / 2017
Transaction ID : A2017-91612
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Blackwell, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1706 Peridot Ct
 City Castle ROkk State CO Zip Code 80108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Monument Pharmacy Occupation (for Individual) RPh
 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 / 07 / 2017
Transaction ID : A2017-1393479
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Blaire, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7316 East Thomas Road
 City Scottsdale State AZ Zip Code 85251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Diamondback Drugs Occupation (for Individual) 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
 01 / 27 / 2017
Transaction ID : A2017-91729
 Amount of Each Receipt this Period
 250.00
 Memo Item

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: (check only one)	PAGE 9 OF 39
	<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. Bliss, Marcy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 405 Heron Drive
Suite 200

City Swedesboro State NJ Zip Code 08085

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

Name of Employer (for Individual) Wedgewood Village Pharmacy Occupation (for Individual) 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 / 12 / 2017

Transaction ID : A2017-1394634

Amount of Each Receipt this Period
1000.00

Memo Item

B. Boff, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 760 Merrimon Avenue

City Asheville State NC Zip Code 28804

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

Name of Employer (for Individual) The Medicine Shoppe Occupation (for Individual) 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
 04 / 18 / 2017

Transaction ID : A2017-974684

Amount of Each Receipt this Period
50.00

Memo Item

C. Boff, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 760 Merrimon Avenue

City Asheville State NC Zip Code 28804

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

Name of Employer (for Individual) The Medicine Shoppe Occupation (for Individual) 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
 05 / 18 / 2017

Transaction ID : A2017-1193354

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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 39
<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. Bray, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 669 West 900 Noth
 City North Salt Lake State UT Zip Code 84054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MedQuest Solutions Occupation (for Individual) CPhT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 06 / 07 / 2017
Transaction ID : A2017-1393558
 Amount of Each Receipt this Period 3000.00
 Memo Item

B. Castillo, Jim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27732 Cashford Circle
 City Wesley Chapel State FL Zip Code 33544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Custom Scripts Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 28 / 2017
Transaction ID : A2017-509857
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Coker, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cherokee Custom Script Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 19 / 2017
Transaction ID : A2017-91719
 Amount of Each Receipt this Period 250.00
 Memo Item

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 11 OF 39
<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. Flanary, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 Bluff City Highway
 City Bristol State TN Zip Code 37620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anderson Compounding Pharmacy Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 12 / 2017**
Transaction ID : A2017-1394635
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Garvin, Cheri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Leesburg Pharmacy Occupation (for Individual) Rph
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 18 / 2017**
Transaction ID : A2017-509834
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Garvin, Cheri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Leesburg Pharmacy Occupation (for Individual) Rph
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 18 / 2017**
Transaction ID : A2017-974683
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 39
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Garvin, Cheri, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2017 Transaction ID : A2017-1193355		
Mailing Address 109 Old English Court SW			Amount of Each Receipt this Period 100.00		
City Leesburg	State VA	Zip Code 20175	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00		
Name of Employer (for Individual) Leesburg Pharmacy		Occupation (for Individual) Rph	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 06 / 18 / 2017 Transaction ID : A2017-1394637		
Mailing Address 109 Old English Court SW			Amount of Each Receipt this Period 100.00		
City Leesburg	State VA	Zip Code 20175	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 600.00		
Name of Employer (for Individual) Leesburg Pharmacy		Occupation (for Individual) Rph	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Glover, Eddie, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 07 / 2017 Transaction ID : A2017-565685		
Mailing Address 2515 College Avenue			Amount of Each Receipt this Period 250.00		
City Conway	State AR	Zip Code 72034	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00		
Name of Employer (for Individual) US Compounding Inc.		Occupation (for Individual) Pharmacist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 39
	<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. Grasela, Joe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) University Compounding Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2017
Transaction ID : A2017-1193356
 Amount of Each Receipt this Period
 4000.00
 Memo Item

B. Grzib, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Heron Dr. Ste.200
 City Swedesboro State NJ Zip Code 01749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wedgewood Village Pharmacy Occupation (for Individual) 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 Y
 03 / 07 / 2017
Transaction ID : A2017-509833
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Grzib, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Heron Dr. Ste.200
 City Swedesboro State NJ Zip Code 01749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wedgewood Village Pharmacy Occupation (for Individual) RPh
 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
 06 / 12 / 2017
Transaction ID : A2017-1393562
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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 14 OF 39
<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. Herring, Henry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 912 S.16th Street
 City Wilmington State NC Zip Code 28401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Pharmacy Occupation (for Individual) 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 / 12 / 2017
Transaction ID : A2017-1394636
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Higgins, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 137 North Market Street
 City Paxton State IL Zip Code 60957
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Doug's Pharmacy Occupation (for Individual) 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 / 12 / 2017
Transaction ID : A2017-1393563
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Hill, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 931 Highway 28 Suite 204
 City Milford State OH Zip Code 45150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hill's Compounding 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
 01 / 27 / 2017
Transaction ID : A2017-91731
 Amount of Each Receipt this Period
 500.00
 Memo Item

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: (check only one)	PAGE 15 OF 39
<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. Hodges, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6095 Pine Mountain Road NW Suite
 City Kennesaw State GA Zip Code 30152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Innovation Compounding Occupation (for Individual) PharmD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 19 / 2017**
Transaction ID : A2017-91721
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hodges, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6095 Pine Mountain Road NW Suite
 City Kennesaw State GA Zip Code 30152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Innovation Compounding Occupation (for Individual) PharmD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt **03 / 28 / 2017**
Transaction ID : A2017-509858
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Hodges, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6095 Pine Mountain Road NW Suite
 City Kennesaw State GA Zip Code 30152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Innovation Compounding Occupation (for Individual) PharmD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4750.00

Date of Receipt **06 / 12 / 2017**
Transaction ID : A2017-1393564
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4750.00
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 39
	<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	<input type="checkbox"/> 17

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

A. Hoyt, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1498 East Valley Road
 City Santa Barbara State CA Zip Code 93108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Ysidro Pharmacy Occupation (for Individual) R.Ph.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 12 / 2017
Transaction ID : A2017-1393565
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Jackson, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5510 Lafayette Rd #260
 City Indianapolis State IN Zip Code 46254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Custom Med Apothecary Occupation (for Individual) RPh FIACP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 07 / 2017
Transaction ID : A2017-565684
 Amount of Each Receipt this Period 750.00
 Memo Item

C. James, Kate, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 Oak Street
 City Eugene State OR Zip Code 97401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Broadway Apothecary Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 12 / 2017
Transaction ID : A2017-1394632
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3750.00
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 39
<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. Jensen, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 318 North Dakota
 City canton State SD Zip Code 57013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Compounding Consultants Occupation (for Individual) CPhT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 16 / 2017**
Transaction ID : A2017-310595
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Johnson, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 845 South Beech
 City Casper State WY Zip Code 82601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmacy Compounding of Roswell Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 19 / 2017**
Transaction ID : A2017-91722
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Koshland, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 Folsom Street Suite B
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Koshland Pharm: Custom Compounding Pha Occupation (for Individual) PharmD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 07 / 2017**
Transaction ID : A2017-565687
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 39
	<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. Lake, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9215 Lignon Green Lane
 City Germantown State TN Zip Code 38139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Letco Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 19 / 2017**
Transaction ID : A2017-91723
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Lake, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9215 Lignon Green Lane
 City Germantown State TN Zip Code 38139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Letco Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 07 / 2017**
Transaction ID : A2017-565688
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Lake, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9215 Lignon Green Lane
 City Germantown State TN Zip Code 38139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Letco Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **06 / 29 / 2017**
Transaction ID : A2017-1394645
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 19 OF 39
<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. Lambrecht, Kent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2868
 City Edwards State CO Zip Code 81632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vail Valley Pharmacy Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 29 / 2017**
Transaction ID : A2017-1394641
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Miller, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4021 Cascade Road SE
 City Grand Rapids State MI Zip Code 49546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keystone Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 07 / 2017**
Transaction ID : A2017-509832
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Miller, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4021 Cascade Road SE
 City Grand Rapids State MI Zip Code 49546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keystone Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **06 / 12 / 2017**
Transaction ID : A2017-1394633
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 20 OF 39
<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. Miller, Ron, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11090 E. Artesia Blvd. Suite H

City Cerritos	State CA	Zip Code 90703
------------------	-------------	-------------------

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

Name of Employer (for Individual) Triad Compounding Pharmacy	Occupation (for Individual) 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	/	29	/	2017

Transaction ID : A2017-1395079

Amount of Each Receipt this Period
250.00

Memo Item

B. Oberlander, Kevin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Dakota Pharmacy	Occupation (for Individual) 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	/	29	/	2017

Transaction ID : A2017-1394643

Amount of Each Receipt this Period
250.00

Memo Item

C. Pederson, Gregg, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5290 East Yale Circle Ste. 101

City Denver	State CO	Zip Code 80222
----------------	-------------	-------------------

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

Name of Employer (for Individual) Pharmacy Resources Inc.	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
06	/	07	/	2017

Transaction ID : A2017-1393559

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 39
<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. Redline, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Redline Pharmacy Solutions Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 17 / 2017
Transaction ID : A2017-1193349
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Richardson, Kim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Pitt Street/P.O. Box 158
 City Mt. Pleasant State SC Zip Code 29464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pitt Street Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 19 / 2017
Transaction ID : A2017-91725
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Rossetti, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 149 Shrewsbury Street
 City Worcester State MA Zip Code 01604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boulevard Pharmaceutical Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 19 / 2017
Transaction ID : A2017-91726
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 39
<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. Schuckman, Jade, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2412 West 16th
 City Bedford State IN Zip Code 47421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medicine Plus Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 29 / 2017
Transaction ID : A2017-1394644
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Sechrist, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 370
 City Mountain View State OK Zip Code 73062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Veterinary Enterprises of Tomorrow Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 07 / 2017
Transaction ID : A2017-565686
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Silvonek, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3330 Hamilton Blvd.
 City Allentown State PA Zip Code 18103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dorneyville Pharmacy Occupation (for Individual) RPh FIACP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 07 / 2017
Transaction ID : A2017-1393557
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 39
	<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. Skanson, Brant, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8040 South Virginia #3
 City Reno State NV Zip Code 89511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sierra Compounding Pharmacy Occupation (for Individual) 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 / 17 / 2017
Transaction ID : A2017-1193350
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Sparks, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9901 S. Wilcrest
 City Houston State TX Zip Code 77099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) 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 / 17 / 2017
Transaction ID : A2017-1193352
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C. Watts, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 32007
 City Juneau State AK Zip Code 99803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ron's Apothecary 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
 04 / 11 / 2017
Transaction ID : A2017-974681
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6500.00
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 24 OF 39
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Worthing, Nathan, , ,

Mailing Address 3075 Clark Road

City Ypsilanti	State MI	Zip Code 48197
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Clark Professional Pharmacy	Occupation (for Individual) 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
04	/	11	/	2017

Transaction ID : A2017-974682

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	45600.00

**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"/> 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 Reimbursement for PAC fundraising calls not on behalf of Federal candidates

001
 002
 003
Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 10 / 2017

FEC Identification Number

C

Transaction ID : B639736

Amount of Each Disbursement this Period

280.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement Reimbursement for PAC fundraising calls not on behalf of Federal candidates

001
 002
 003
Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2017

FEC Identification Number

C

Transaction ID : B639983

Amount of Each Disbursement this Period

193.75

Memo Item

Full Name (Last, First, Middle Initial)

C. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement Reimbursement for PAC fundraising calls not on behalf of Federal candidates

001
 002
 003
Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 24 / 2017

FEC Identification Number

C

Transaction ID : B640245

Amount of Each Disbursement this Period

448.00

Memo Item

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

921.75

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"/> 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
Reimbursement for PAC fundraising calls not on behalf of Federal candidates

003

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2017

FEC Identification Number

C

Transaction ID : B640735

Amount of Each Disbursement this Period

154.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 650282

City
Dallas

State
TX

Zip Code
75265

Purpose of Disbursement
Bank Service Charge

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2017

FEC Identification Number

C

Transaction ID : B643658

Amount of Each Disbursement this Period

173.35

Memo Item

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address P.O. Box 650282

City
Dallas

State
TX

Zip Code
75265

Purpose of Disbursement
Bank Service Charge

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2017

FEC Identification Number

C

Transaction ID : B646331

Amount of Each Disbursement this Period

85.18

Memo Item

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

412.53

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"/> 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. Educational Conference

Mailing Address 4638 Riverstone Blvd.

City
Missouri City

State
TX

Zip Code
77459

Purpose of Disbursement
Reimbursement for PAC event expenses not on behalf of Federal candidates

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	7

FEC Identification Number

C

Transaction ID : B644206

Amount of Each Disbursement this Period

1204.51

Memo Item

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 650282

City
Dallas

State
TX

Zip Code
75265

Purpose of Disbursement
Bank Service Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B647345

Amount of Each Disbursement this Period

151.36

Memo Item

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address P.O. Box 650282

City
Dallas

State
TX

Zip Code
75265

Purpose of Disbursement
Bank Service Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	7

FEC Identification Number

C

Transaction ID : B650100

Amount of Each Disbursement this Period

92.95

Memo Item

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

1448.82

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

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NAME OF COMMITTEE (In Full)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 650282

City
Dallas

State
TX

Zip Code
75265

Purpose of Disbursement
Bank Service Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : B651772

Amount of Each Disbursement this Period

[REDACTED] 297.82

Memo Item

Full Name (Last, First, Middle Initial)

B. IACP

Mailing Address 4638 Riverstone Blvd

City
Missouri City

State
TX

Zip Code
77459

Purpose of Disbursement
Reimbursement for PAC fundraising calls not on behalf of Federal candidates

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : B642481

Amount of Each Disbursement this Period

[REDACTED] 220.00

Memo Item

Full Name (Last, First, Middle Initial)

C. IACP

Mailing Address 4638 Riverstone Blvd

City
Missouri City

State
TX

Zip Code
77459

Purpose of Disbursement
Reimbursement for PAC fundraising calls not on behalf of Federal candidates

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : B643518

Amount of Each Disbursement this Period

[REDACTED] 308.00

Memo Item

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

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

[REDACTED] 825.82

[REDACTED]

**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"/> 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. IACP

Mailing Address 4638 Riverstone Blvd

City
Missouri City

State
TX

Zip Code
77459

Purpose of Disbursement
Reimbursement for PAC fundraising calls not on behalf of Federal candidates

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
04 / 04 / 2017

FEC Identification Number

C []

Transaction ID : B645394

Amount of Each Disbursement this Period

[] 445.50

Memo Item

Full Name (Last, First, Middle Initial)

B. IACP

Mailing Address 4638 Riverstone Blvd

City
Missouri City

State
TX

Zip Code
77459

Purpose of Disbursement
Reimbursement for PAC fundraising calls not on behalf of Federal candidates

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
04 / 12 / 2017

FEC Identification Number

C []

Transaction ID : B645773

Amount of Each Disbursement this Period

[] 187.00

Memo Item

Full Name (Last, First, Middle Initial)

C. IACP

Mailing Address 4638 Riverstone Blvd

City
Missouri City

State
TX

Zip Code
77459

Purpose of Disbursement
Reimbursement for PAC fundraising calls not on behalf of Federal candidates

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 16 / 2017

FEC Identification Number

C []

Transaction ID : B647686

Amount of Each Disbursement this Period

[] 429.00

Memo Item

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

[] 1061.50

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"/> 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. IACP

Mailing Address 4638 Riverstone Blvd

City
Missouri City

State
TX

Zip Code
77459

Purpose of Disbursement
Reimbursement for PAC fundraising calls not on behalf of Federal candidates

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	01	/	2017

FEC Identification Number

C []

Transaction ID : B648908

Amount of Each Disbursement this Period

[] 412.50 []

Memo Item

Full Name (Last, First, Middle Initial)

B. IACP

Mailing Address 4638 Riverstone Blvd

City
Missouri City

State
TX

Zip Code
77459

Purpose of Disbursement
Reimbursement for PAC fundraising calls not on behalf of Federal candidates

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2017

FEC Identification Number

C []

Transaction ID : B650812

Amount of Each Disbursement this Period

[] 242.00 []

Memo Item

Full Name (Last, First, Middle Initial)

C. IACP

Mailing Address 4638 Riverstone Blvd

City
Missouri City

State
TX

Zip Code
77459

Purpose of Disbursement
Reimbursement for PAC event expenses not on behalf of Federal candidates

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2017

FEC Identification Number

C []

Transaction ID : B650813

Amount of Each Disbursement this Period

[] 4459.01 []

Memo Item

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

[] 5113.51 []

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"/> 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.

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017
 Primary General
 Other (specify) ▼ Not Applicable

State: District:

001
Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : B640402

Amount of Each Disbursement this Period

[REDACTED] 2084.72

Memo Item

Full Name (Last, First, Middle Initial)

B. Public Affairs Support Services Inc.

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement Admin expen-Report prep.

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017
 Primary General
 Other (specify) ▼ Not Applicable

State: District:

001
Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : B642482

Amount of Each Disbursement this Period

[REDACTED] 1038.23

Memo Item

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.

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017
 Primary General
 Other (specify) ▼ Not Applicable

State: District:

001
Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : B645629

Amount of Each Disbursement this Period

[REDACTED] 1039.72

Memo Item

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

[REDACTED] 4162.67

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

[REDACTED]

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

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NAME OF COMMITTEE (In Full)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Public Affairs Support Services Inc.

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement Admin expen-Report prep.

001
Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2017 Primary General Other (specify) ▼
 State: District: Not Applicable

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2017

FEC Identification Number

C
Transaction ID : B646432
Amount of Each Disbursement this Period
1042.94

Memo Item

Full Name (Last, First, Middle Initial)

B. Public Affairs Support Services Inc.

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement Admin expen-Report prep.

001
Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2017 Primary General Other (specify) ▼
 State: District: Not Applicable

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2017

FEC Identification Number

C
Transaction ID : B648497
Amount of Each Disbursement this Period
1037.87

Memo Item

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
Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2017 Primary General Other (specify) ▼
 State: District: Not Applicable

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2017

FEC Identification Number

C
Transaction ID : B651515
Amount of Each Disbursement this Period
1038.50

Memo Item

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

3119.31

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

17065.91

**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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Robert Aderholt for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2017

Mailing Address P.O. Box 1158

FEC Identification Number

C	C00313247
---	-----------

City Haleyville State AL Zip Code 35565

Transaction ID : B650928

Purpose of Disbursement Contribution

011
Category/Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Aderholt, Robert, B, ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: AL District: 04

Memo Item

Full Name (Last, First, Middle Initial)

B. Walters for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2017

Mailing Address c/o RR Co. PO Box 15239

FEC Identification Number

C	C00546853
---	-----------

City Washington State DC Zip Code 20003

Transaction ID : B642342

Purpose of Disbursement Contribution

011
Category/Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

Walters, Mimi, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 45

Memo Item

Full Name (Last, First, Middle Initial)

C. Health First Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2017

Mailing Address P.O. Box 30844

FEC Identification Number

C	C00624841
---	-----------

City Bethesda State MD Zip Code 20824

Transaction ID : B649372

Purpose of Disbursement Contribution

011
Category/Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) ▼

State: District: Not Applicable

Memo Item

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Collins for Congress

Mailing Address P.O. Box 1295

City Gainesville State GA Zip Code 30503

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Collins, Douglas, A, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: GA District: 09

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2017

FEC Identification Number

C C00502039

Transaction ID : B645983

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sanford D. Bishop Jr. for Congress

Mailing Address 12 First Street SE Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Bishop, Sanford, D, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: GA District: 02

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2017

FEC Identification Number

C C00266940

Transaction ID : B648198

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Buddy Carter for Congress

Mailing Address PO Box 10570

City Savannah State GA Zip Code 31412

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Carter, Buddy, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: GA District: 01

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2017

FEC Identification Number

C C00543967

Transaction ID : B651209

Amount of Each Disbursement this Period

156.25

Memo Item

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

3656.25

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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Buddy Carter for Congress

Mailing Address PO Box 10570

City Savannah State GA Zip Code 31412

Purpose of Disbursement Contribution

011

Candidate Name
Carter, Buddy, , ,

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2017

FEC Identification Number

C C00543967

Transaction ID : B651207

Amount of Each Disbursement this Period

4843.75

Memo Item

Full Name (Last, First, Middle Initial)

B. Guthrie for Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement Contribution

011

Candidate Name
Guthrie, Brett, , ,

Office Sought: House Senate President
State: KY District: 02

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2017

FEC Identification Number

C C00445023

Transaction ID : B649354

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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, ,

Office Sought: House Senate President
State: NM District: 03

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2017

FEC Identification Number

C C00443689

Transaction ID : B651017

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7343.75

**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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Walden for Congress

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Walden, Gregory Paul, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OR District: 02

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2017

FEC Identification Number

C C00333427

Transaction ID : B645791

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Olson for Congress

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Olson, Pete, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TX District: 22

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2017

FEC Identification Number

C C00437913

Transaction ID : B642343

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lone Star Leadership PAC

Mailing Address P.O. Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼
State: District: Not Applicable

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2017

FEC Identification Number

C C00415208

Transaction ID : B645176

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3500.00

**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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Culberson for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement Contribution
Candidate Name Culberson, John, , ,
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TX District: 07

Date of Disbursement: 04 / 07 / 2017

FEC Identification Number: C00343236
Transaction ID : B645604
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

B. John Carter for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 317 15th Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution
Candidate Name Carter, John, R, ,
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TX District: 31

Date of Disbursement: 05 / 10 / 2017

FEC Identification Number: C00371203
Transaction ID : B647323
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

C. John Carter for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 1717 North Ih-35 Suite 304

City Round Rock State TX Zip Code 78664

Purpose of Disbursement Contribution
Candidate Name Carter, John, R, ,
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TX District: 31

Date of Disbursement: 06 / 27 / 2017

FEC Identification Number: C00371203
Transaction ID : B651142
Amount of Each Disbursement this Period: 4000.00

Category/Type: 011

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6000.00

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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Chris Stewart

Mailing Address 1217 Delafield Place NW

City Washington State DC Zip Code 20011

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Stewart, Chris, , ,

Office Sought: House Senate President
State: UT District: 02

Disbursement For: 2018
 Primary General
 Other (specify) Convention

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2017

FEC Identification Number

C C00506931

Transaction ID : B640582

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Chris Stewart

Mailing Address 1217 Delafield Place NW

City Washington State DC Zip Code 20011

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Stewart, Chris, , ,

Office Sought: House Senate President
State: UT District: 02

Disbursement For: 2018
 Primary General
 Other (specify) Convention

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00506931

Transaction ID : B649427

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Morgan Griffith for Congress

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Griffith, H. Morgan, , ,

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

Disbursement For: 2018
 Primary General
 Other (specify) Convention

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2017

FEC Identification Number

C C00477240

Transaction ID : B651206

Amount of Each Disbursement this Period

4843.75

Memo Item

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

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

9843.75

**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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Morgan Griffith for Congress

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement Contribution

Category/Type

Candidate Name Griffith, H. Morgan, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: VA District: 09

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B651208

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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