

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
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** 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 Quarterly 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 (12G)
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 04 01 2008 through 06 30 2008

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 L.D. King
Signature of Treasurer Electronically Filed by L.D. King Date 07 14 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
International Academy of Compounding Pharmacists PAC(COMP-PAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		46023.19
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	46223.23									
(c) Total Receipts (from Line 19)	37140.90	52940.90								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	83364.13	98964.09								
7. Total Disbursements (from Line 31)	14634.94	30234.90								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	68729.19	68729.19								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	35990.90	51440.90
(i) Itemized (use Schedule A)	1150.00	1500.00
(ii) Unitemized	37140.90	52940.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	37140.90	52940.90
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 Transfer (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))	37140.90	52940.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	37140.90	52940.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	584.94	934.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	584.94	934.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10250.00	25500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	3800.00	3800.00
(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))	3800.00	3800.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	14634.94	30234.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14634.94	30234.90

DETAILED SUMMARY PAGE
of Disbursements

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	37140.90	52940.90
34. Total Contribution Refunds (from Line 28(d))	3800.00	3800.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33340.90	49140.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	584.94	934.90
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	584.94	934.90

**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 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Mary Abharian		Date of Receipt MM / DD / YYYY 06 / 18 / 2008		
	Mailing Address 255 Union Blvd. Suite 100		Transaction ID: A2008-1067913		
	City Lakewood	State CO	Zip Code 80228	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Peoples Pharmacy	Occupation Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Tod Adams		Date of Receipt MM / DD / YYYY 06 / 18 / 2008		
	Mailing Address 211 E. New Circle Rd.		Transaction ID: A2008-1067900		
	City Lexington	State KY	Zip Code 40505	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Northside Pharmacy	Occupation Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Harvey Ahl		Date of Receipt MM / DD / YYYY 04 / 23 / 2008		
	Mailing Address 340 Saint Clair Drive		Transaction ID: A2008-718719		
	City Norman	State OK	Zip Code 73072	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Blanchard Red Cross Drug Inc.	Occupation DPh FIACP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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: PAGE 7 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Jeffrey Alan Barris</p> <p>Mailing Address 23560 South Madison Street Ste. 11</p> <p>City State Zip Code Torrance CA 90505</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Pacifica Pharmacy Occupation: PharmD</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1545.45</p>	<p>Date of Receipt 05 / 13 / 2008</p> <p>Transaction ID: A2008-799781</p> <p>Amount of Each Receipt this Period 345.45</p> <p>YTD Aggregate includes \$3800 refund issued 4/10/08 (See p.37)</p>
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<p>B. Full Name (Last, First, Middle Initial) Jeffrey Alan Barris</p> <p>Mailing Address 23560 South Madison Street Ste. 11</p> <p>City State Zip Code Torrance CA 90505</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Pacifica Pharmacy Occupation: PharmD</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1890.90</p>	<p>Date of Receipt 06 / 11 / 2008</p> <p>Transaction ID: A2008-980909</p> <p>Amount of Each Receipt this Period 345.45</p> <p>YTD Aggregate includes \$3800 refund issued 4/10/08 (See p.37)</p>
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<p>C. Full Name (Last, First, Middle Initial) Jake Beckel</p> <p>Mailing Address 5710 Hoover Blvd.</p> <p>City State Zip Code Tampa FL 33634</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Anazao Health Corp. Occupation: Pharmacist FIACP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 04 / 23 / 2008</p> <p>Transaction ID: A2008-718722</p> <p>Amount of Each Receipt this Period 500.00</p>
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SUBTOTAL of Receipts This Page (optional)	1190.90
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael Blaire

Mailing Address 7316 East Thomas Road

City State Zip Code
Scottsdale AZ 85251

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Diamondback Drugs Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 22 / 2008
Transaction ID: A2008-714230

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Eric Brennan

Mailing Address 146 High Street

City State Zip Code
Newburyport MA 01950-3938

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Preble Group MS Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 04 / 02 / 2008
Transaction ID: A2008-516744

Amount of Each Receipt this Period 250.00

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

Mailing Address 309 Gordon Drive

City State Zip Code
Exton PA 19341

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Lionville Natural Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 22 / 2008
Transaction ID: A2008-714231

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 37
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Richard Brisson

Mailing Address 458 Dartmouth Street

City State Zip Code
New Bedford MA 02740

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Pharmahealth Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 25 / 2008

Transaction ID: A2008-1100488

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Al Brown

Mailing Address P.O.Box 267 195 Main Street

City State Zip Code
Chatham NJ 07928-0267

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Liberty Drug and Surgical Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 29 / 2008

Transaction ID: A2008-927206

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Gary Butler

Mailing Address 4440 North Highway 7

City State Zip Code
Hot Springs Vil. AR 71909

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Village Health Mart Drug PharmD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2008

Transaction ID: A2008-789376

Amount of Each Receipt this Period 250.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 37
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

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

Mailing Address 2260 Holly Springs Parkway

City State Zip Code
Canton GA 30115

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

Name of Employer Cherokee Custom Script Pharmacy
Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2008

Transaction ID: A2008-1100468

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mike Collins

Mailing Address 2544 McLeod

City State Zip Code
Saginaw MI 48604

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

Name of Employer Healthway Compounding Pharmacy
Occupation Pharmacist FIACP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2008

Transaction ID: A2008-934249

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Kim Cowan

Mailing Address 400 W Elm

City State Zip Code
Colleyville TX 76034

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

Name of Employer Glenview Professional Pharmacy
Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2008

Transaction ID: A2008-927208

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
David Creecy
 Mailing Address 498 Wythe Creek Road
 City Poquoson State VA Zip Code 23662
 Date of Receipt 06 / 25 / 2008
Transaction ID: A2008-1100470
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Poquoson Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 250.00

B. Full Name (Last, First, Middle Initial)
Sarah Dodge
 Mailing Address 11009 Sweetmeadow Dr
 City Oakton State VA Zip Code 22124
 Date of Receipt 06 / 25 / 2008
Transaction ID: A2008-1097464
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer International Academy of Compounding P Occupation Lobbyist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 250.00

C. Full Name (Last, First, Middle Initial)
Jan Downing
 Mailing Address 2634 Elderberry
 City Gilmer State TX Zip Code 75644
 Date of Receipt 06 / 25 / 2008
Transaction ID: A2008-1102620
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Med-Shop Pharmacy Occupation Technician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Raymond Foer

Mailing Address 7815 New Holland Way

City State Zip Code
Boynton Beach FL 33437

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Transaction ID: A2008-699749

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Lorri Gebo-Shaver

Mailing Address 235 South 4th

City State Zip Code
Pocatello ID 83201

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

Name of Employer Shaver Pharmacy & Compounding Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

Transaction ID: A2008-1067899

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Jim Gillespie

Mailing Address 2121 Whitesburg Drive

City State Zip Code
Huntsville AL 35801

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

Name of Employer Huntsville Compounding Pharmacy Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Transaction ID: A2008-699751

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

850.00

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Jim Gillespie</p> <p>Mailing Address 2121 Whitesburg Drive</p> <p>City State Zip Code Huntsville AL 35801</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Huntsville Compounding Pharmacy</p> <p>Occupation Pharmacist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 650.00</p>	<p>Date of Receipt 04 / 23 / 2008</p> <p>Transaction ID: A2008-718721</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Jim Gillespie</p> <p>Mailing Address 2121 Whitesburg Drive</p> <p>City State Zip Code Huntsville AL 35801</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Huntsville Compounding Pharmacy</p> <p>Occupation Pharmacist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>	<p>Date of Receipt 05 / 19 / 2008</p> <p>Transaction ID: A2008-898725</p> <p>Amount of Each Receipt this Period 100.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Jim Gillespie</p> <p>Mailing Address 2121 Whitesburg Drive</p> <p>City State Zip Code Huntsville AL 35801</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Huntsville Compounding Pharmacy</p> <p>Occupation Pharmacist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 850.00</p>	<p>Date of Receipt 06 / 17 / 2008</p> <p>Transaction ID: A2008-1078750</p> <p>Amount of Each Receipt this Period 100.00</p>
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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: PAGE 14 / 37
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Eddie Glover

Mailing Address 2515 College Avenue

City State Zip Code
Conway AR 72034

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

Name of Employer Occupation
US Compounding Inc. Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2008

Transaction ID: A2008-772727

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1875 3rd Avenue

City State Zip Code
San Diego CA 92101

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

Name of Employer Occupation
University Compounding Pharmacy Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2008

Transaction ID: A2008-927434

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
James Greene

Mailing Address 406 West Poinsett St.

City State Zip Code
Greer SC 29652

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

Name of Employer Occupation
Skrrip Shoppe LLC Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2008

Transaction ID: A2008-1100471

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **5750.00**

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 / 37
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Gene Gresh

Mailing Address 520 Hartford Turnpike Unit D

City State Zip Code
Vernon CT 06066

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

Name of Employer Occupation
Pioneer Health Compounding Pharmacist
Pharmacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: A2008-955414

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Keith Hanan

Mailing Address 1199 Los Osos Valley Road

City State Zip Code
Los Osos CA 93402

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

Name of Employer Occupation
Medicine Shoppe Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: A2008-1100472

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Constance Hegerfeld

Mailing Address 2 Marsh Court

City State Zip Code
Madison WI 53718

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

Name of Employer Occupation
Women's International Pharmacy Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 8

Transaction ID: A2008-789545

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 16 / 37
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
International Academy of Compounding Pharmacists PAC(COMP-PAC)

A.

Full Name (Last, First, Middle Initial)
Steve Hill

Mailing Address P.O. Box 428

City State Zip Code
Gardendale AL 35071

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

Name of Employer
J&J Drugs Compounding Center

Occupation
Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2008

Transaction ID: A2008-1097472

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Larry Hobbs

Mailing Address 1012 West 2nd

City State Zip Code
Sulphur OK 73086

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

Name of Employer
Larry's Pharmacy

Occupation
Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: A2008-934254

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Tom Hodel

Mailing Address 299 North Binkley Street

City State Zip Code
Soldotna AK 99669

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

Name of Employer
Soldotna Professional Pharmacy

Occupation
Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: A2008-934263

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 17 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Nita Hollis

Mailing Address 4704 Chalmers

City Nashville State TN Zip Code 37215

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

Name of Employer John Hollis Inc. Occupation Pharmacy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 23 / 2008
Transaction ID: A2008-718723
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Allan Jolly

Mailing Address 651 Topeka Way Suite 600

City Castle Rock State CO Zip Code 80109

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

Name of Employer ITC Compounding Pharmacy Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2008
Transaction ID: A2008-927209
Amount of Each Receipt this Period 250.00

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

Mailing Address 2855 South Fig Street

City Lakewood State CO Zip Code 80228

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

Name of Employer Belmar Pharmacy Occupation Pharmacist FIACP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2008
Transaction ID: A2008-898726
Amount of Each Receipt this Period 250.00

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: PAGE 18 / 37
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Dan Karant

Mailing Address 3300 Greenwich Road Suite 14

City Norton State OH Zip Code 44203

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

Name of Employer Karant Pharmacy Services Inc. Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 07 / 2008
Transaction ID: A2008-772728
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Bernard Klouda

Mailing Address 4100 Lake Otis Parkway #200

City Anchorage State AK Zip Code 99508

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

Name of Employer Bernie's Pharmacy Inc. Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 30 / 2008
Transaction ID: A2008-934259
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Jim Koivisto

Mailing Address 4133 University Blvd Ste 1

City Jacksonville State FL Zip Code 32216

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

Name of Employer Halliday's & Koivistos's Pharmacy Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 08 / 2008
Transaction ID: A2008-545337
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 19 / 37
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mike Leake

Mailing Address P.O. Box 726

City Danville State KY Zip Code 40423-0726

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

Name of Employer Louisville Pharmacy Occupation Pharmacist FIACP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 25 / 2008
Transaction ID: A2008-1100473
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Bill Letendre

Mailing Address 9901 S. Wilcrest

City Houston State TX Zip Code 77099

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

Name of Employer PCCA-Pharmacy Mangement Department Occupation MS Pharm MBA FIACP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 23 / 2008
Transaction ID: A2008-718720
Amount of Each Receipt this Period: 250.00

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

Mailing Address 11722 Oak Bay Drive

City Louisville State KY Zip Code 40245

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

Name of Employer Louisville Pharmacy Occupation PharmD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 30 / 2008
Transaction ID: A2008-934260
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 / 37
	<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.	Full Name (Last, First, Middle Initial) Mike McMahan		Date of Receipt MM / DD / YYYY 06 / 25 / 2008		
	Mailing Address P.O. Box 389		Transaction ID: A2008-1100469		
	City Goldthwaite	State TX	Zip Code 76844	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer McMahan Pharmacy	Occupation Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Karen McMicken		Date of Receipt MM / DD / YYYY 06 / 25 / 2008		
	Mailing Address 15010 21st Avenue East		Transaction ID: A2008-1100474		
	City Bradenton	State FL	Zip Code 34212	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pharmaceutical Specialties Inc.	Occupation Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Bill Mixon		Date of Receipt MM / DD / YYYY 05 / 30 / 2008		
	Mailing Address 750 Fourth Street SW		Transaction ID: A2008-934252		
	City Hickory	State NC	Zip Code 28602	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Compounding Pharmacy	Occupation Pharmacist MS FIACP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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: PAGE 21 / 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Jeff Mustovic

Mailing Address 122 North Washington St.

City State Zip Code
Evans City PA 16033

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

Name of Employer
Evans City Apothecary & Wellness Center

Occupation
Pharmacist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A2008-516743

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Alfonse Muto

Mailing Address 5110 Main Street

City State Zip Code
Williamsville NY 14221

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

Name of Employer
Pine Pharmacy

Occupation
Pharmacist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: A2008-1100475

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David Nicoletti

Mailing Address 6586 East Grant Rd.

City State Zip Code
Tucson AZ 85715

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

Name of Employer
Prescription Lab Compound-
ing Pharmacy

Occupation
Pharmacist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: A2008-1100476

Amount of Each Receipt this Period

500.00

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: PAGE 22 / 37
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
International Academy of Compounding Pharmacists PAC(COMP-PAC)

A.

Full Name (Last, First, Middle Initial)
Kevin Oberlander

Mailing Address 705 E. Main Avenue

City Bismarck State ND Zip Code 58501

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

Name of Employer Dakota Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 25 / 2008
Transaction ID: A2008-1100477
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Hee-Joo Park

Mailing Address 23422 Pacific Highway South

City Kent State WA Zip Code 98032

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

Name of Employer Key Pharmacy & Home Healthcare Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 29 / 2008
Transaction ID: A2008-934251
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Gregg Pederson

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 Pharmacy Resources Inc. Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 25 / 2008
Transaction ID: A2008-1100478
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 23 / 37
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
International Academy of Compounding Pharmacists PAC(COMP-PAC)

A.

Full Name (Last, First, Middle Initial)
Jim Perry

Mailing Address 319 18th Street

City State Zip Code
Rock Island IL 61201

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

Name of Employer District Drugs Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2008

Transaction ID: A2008-934250

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Carol Petersen

Mailing Address 2 Marsh Court

City State Zip Code
Madison WI 53718

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

Name of Employer Women's International Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2008

Transaction ID: A2008-718717

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ron Poole

Mailing Address 102 West Broad Street

City State Zip Code
Central City KY 42330

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

Name of Employer Poole's Pharmacy Care Occupation Pharmacist Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2008

Transaction ID: A2008-955415

Amount of Each Receipt this Period
500.00

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: PAGE 24 / 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Scott Popyk

Mailing Address 39303 Country Club Drive Ste. A-26

City State Zip Code
Farmington Hills MI 48331-3482

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

Name of Employer Occupation
Health Dimensions Pharmacist FIACP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: A2008-1067886

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
John Preckshot

Mailing Address 4450 N. Prospect Rd. Suite 7

City State Zip Code
Peoria Heights IL 61616

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

Name of Employer Occupation
Preckshot Professional Pharmacy Pharmacist FIACP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: A2008-934261

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
John Rains

Mailing Address 3300 Coulter Suite 3 #327

City State Zip Code
Amarillo TX 79106

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

Name of Employer Occupation
Plum Creek Pharmaceuticals Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: A2008-1100479

Amount of Each Receipt this Period

250.00

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: PAGE 25 / 37
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Richard Ray

Mailing Address 16955 Walden Rd 100

City State Zip Code
Montgomery TX 77356

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

Name of Employer
Ray's Pharmacy

Occupation
Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: A2008-934265

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Chris Richardson

Mailing Address 11529 Ryan Ct

City State Zip Code
Wichita KS 67205

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

Name of Employer
Custom Rx Compounding Pharmacy

Occupation
Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2008

Transaction ID: A2008-785486

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
David Rochefort

Mailing Address 262 Cottage Street Suite 116

City State Zip Code
Littleton NH 03561

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

Name of Employer
No. New England Compounding Pharmacy

Occupation
Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: A2008-719365

Amount of Each Receipt this Period
250.00

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: PAGE 26 / 37
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
International Academy of Compounding Pharmacists PAC(COMP-PAC)

A.

Full Name (Last, First, Middle Initial)
James Rock

Mailing Address 517 C Street NE

City Washington State DC Zip Code 20002

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

Name of Employer Parry Romani Associates Occupation Lobbyist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 25 / 2008
Transaction ID: A2008-1100480
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Beth Rosenshein

Mailing Address 300 Center Dr #6-315

City Superior State CO Zip Code 80027

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

Name of Employer Diamond Research Foundation Occupation Writer/Researcher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 16 / 2008
Transaction ID: A2008-1072359
Amount of Each Receipt this Period: 250.00

C.

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

Mailing Address P.O. Box 1160

City Edmond State OK Zip Code 73083-1160

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

Name of Employer Sherry's Discount Drug Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 16 / 2008
Transaction ID: A2008-1072357
Amount of Each Receipt this Period: 500.00

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: PAGE 27 / 37
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
George Saffa

Mailing Address 8002 South Sheridan

City State Zip Code
Tulsa OK 74133

FEC ID number of contributing federal political committee. C

Name of Employer Saffa Compounding Pharmacy Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2008

Transaction ID: A2008-1097465

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Marsha J Simon

Mailing Address 3500 Tilden St NW

City State Zip Code
washington DC 20008

FEC ID number of contributing federal political committee. C

Name of Employer Simon & Co. LLC Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2008

Transaction ID: A2008-1100481

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Brant Skanson

Mailing Address 898 Tanager Street

City State Zip Code
Incline Village NV 89451

FEC ID number of contributing federal political committee. C

Name of Employer Village Pharmacy Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2008

Transaction ID: A2008-1100482

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 37
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

Full Name (Last, First, Middle Initial)
David Smith

Mailing Address 610 E. Romie Lane #1

City Salinas State CA Zip Code 93901

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

Name of Employer A & O Clinic Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: A2008-522876

Amount of Each Receipt this Period
1500.00

B.

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

Mailing Address 9901 S. Wilcrest

City Houston State TX Zip Code 77099

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

Name of Employer PCCA Occupation Pharmacist FIACP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: A2008-540411

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Larry Sparks

Mailing Address P. O. Box 427

City Marshall State AR Zip Code 72650

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

Name of Employer Marshall Medic Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: A2008-1100483

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 7000.00

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 29 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Pat Stephens

Mailing Address 300 W. Pine Street

City Blacksburg State SC Zip Code 29702

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

Name of Employer Medi-Fare Drug & Home Health Center Occupation PharmD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 23 / 2008
Transaction ID: A2008-718718
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Evelyn Timmons

Mailing Address 10565 N. Tatum Blvd Suite B-118

City Paradise Valley State AZ Zip Code 85253

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

Name of Employer Arizona Apothecaries LTD Occupation Pharmacist FIACP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 30 / 2008
Transaction ID: A2008-934258
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 10565 North Tatum Blvd. B118

City Paradise Valley State AZ Zip Code 85253

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

Name of Employer Arizona Apothecaries LTD Occupation DVM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 16 / 2008
Transaction ID: A2008-1072358
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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 30 / 37
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Gilbert Tovar

Mailing Address 1200 S. Second St. Ste. A-1

City State Zip Code
Mc Allen TX 78501

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

Name of Employer Occupation
Lindberg Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: A2008-934262

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Evan Vickers

Mailing Address 91 North Main

City State Zip Code
Cedar City UT 84720

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

Name of Employer Occupation
Bulloch's Drug Store Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2008

Transaction ID: A2008-1100484

Amount of Each Receipt this Period
500.00

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

Mailing Address 620 Guilbeau Road Suite A

City State Zip Code
Lafayette LA 70506

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

Name of Employer Occupation
Professional Arts Pharmacy PD FIACP FACA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2008

Transaction ID: A2008-545336

Amount of Each Receipt this Period
250.00

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: PAGE 31 / 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Mr. Dan Volney

Mailing Address 3502 Wolverine Trl

City State Zip Code
Temple TX 76502

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

Name of Employer Occupation
Unique Pharmaceuticals Lt- d. President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: A2008-898580

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
John Waclawski

Mailing Address 5322 N Port Washington Rd

City State Zip Code
Glendale WI 53217

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

Name of Employer Occupation
Ye Olde Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: A2008-1100485

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Don West

Mailing Address 438 E. Burnside Street

City State Zip Code
Portland OR 97214

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

Name of Employer Occupation
Lloyd Center Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: A2008-927207

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

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 32 / 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Joe Wise		Date of Receipt
Mailing Address 6179 S. Balsam Way #150		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 5 / 2 0 0 8
City	State	Zip Code
Littleton	CO	80123
FEC ID number of contributing federal political committee. C		Transaction ID: A2008-1100486
		Amount of Each Receipt this Period 500.00
Name of Employer Wise Pharmacy	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Douglas Yoch		Date of Receipt
Mailing Address 3330 Monroe Road Suite A		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 5 / 2 0 0 8
City	State	Zip Code
Charlotte	NC	28205
FEC ID number of contributing federal political committee. C		Transaction ID: A2008-1100487
		Amount of Each Receipt this Period 250.00
Name of Employer Stanley Apothecary	Occupation PharmD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	35990.90

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Paymentech</p> <p>Mailing Address 14221 Dallas Pkwy Bldg Two</p> <p>City Dallas State TX Zip Code 75254</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name Paymentech</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District: Not Applicable</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B216245 Date of Disbursement 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 6.67</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Paymentech</p> <p>Mailing Address 14221 Dallas Pkwy Bldg Two</p> <p>City Dallas State TX Zip Code 75254</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name Paymentech</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District: Not Applicable</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B218390 Date of Disbursement 05 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 199.51</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Paymentech</p> <p>Mailing Address 14221 Dallas Pkwy Bldg Two</p> <p>City Dallas State TX Zip Code 75254</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name Paymentech</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District: Not Applicable</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B220485 Date of Disbursement 06 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 354.37</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

560.55

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

560.55

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Mike Ross for Congress</p> <p>Mailing Address P.O. Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mike Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 04</p>	<p>Transaction ID: B218193 Date of Disbursement 06 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 2750.00</p>
<p>B. Full Name (Last, First, Middle Initial) Sam Farr for Congress</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Sam Farr</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 17</p>	<p>Transaction ID: B212188 Date of Disbursement 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Sam Farr for Congress</p> <p>Mailing Address 555 Capitol Mall, Ste 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Sam Farr</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 17</p>	<p>Transaction ID: B218192 Date of Disbursement 06 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	4750.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Friends of Lois Capps	Transaction ID: B218703 Date of Disbursement 06 / 24 / 2008
	Mailing Address 38 Ivy Street SE	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contribution Candidate Name Lois Capps	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wexler for Congress	Transaction ID: B218704 Date of Disbursement 06 / 24 / 2008
	Mailing Address 2500 N. Military Trail Ste 251	Amount of Each Disbursement this Period 1000.00
	City Boca Raton State FL Zip Code 33431	
	Purpose of Disbursement Contribution Candidate Name Robert Wexler	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dan Burton For Congress	Transaction ID: B212189 Date of Disbursement 04 / 10 / 2008
	Mailing Address P.O. Box 50593	Amount of Each Disbursement this Period 1000.00
	City Indianapolis State IN Zip Code 46250	
	Purpose of Disbursement Contribution Candidate Name Dan Burton	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Team Emerson for Jo Ann Emerson</p> <p>Mailing Address PO Box 822</p> <p>City Cape Girardeau State MO Zip Code 63702</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Jo Ann H Emerson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 08</p>	<p>Transaction ID: B218191 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	8	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	1	8	/	2	0	0	8													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Texans for Senator John Cornyn</p> <p>Mailing Address 201 Massachusetts Ave NE Ste C3</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name John Cornyn</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District:</p>	<p>Transaction ID: B218890 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	5	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	2	5	/	2	0	0	8													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS</p> <p>Mailing Address P.O. Box 636</p> <p>City Annandale State VA Zip Code 22003</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Jim Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 02</p>	<p>Transaction ID: B213911 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	0	7	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	0	7	/	2	0	0	8													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	10250.00

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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.

Full Name (Last, First, Middle Initial)

Jeffrey A Barris

Mailing Address 22121 Albert Ave.

City State Zip Code
Torrance CA 90503

Purpose of Disbursement
Refund of Contribution

Candidate Name
Jeffrey A. Barris

Office Sought: House
 Senate
 President

State: CA

District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Not Applicable

Transaction ID: B216247

Date of Disbursement

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

Amount of Each Disbursement this Period

3800.00

010
Category/ Type

SUBTOTAL of Disbursements This Page (optional)

3800.00

TOTAL This Period (last page this line number only)

3800.00
