Image# 12951668254 PAGE 1 / 11

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office Use Only	
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼		ample: If typir or the lines.	ng, type	12FE4M5		
International Academy o	f Compoundin	g Pharmad	ists PAC	(COMP P	AC)		1
ADDRESS (number and street)	4638 Riverstone Blv	d 					
Check if different							
than previously reported. (ACC)	Missouri City				TX [77459	
2. FEC IDENTIFICATION NUM	BER ▼	CITY 🛦		5	STATE 🛦	ZIP CODE A	
C C00424143		3. IS THIS REPORT		NEW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8) Nov (Non-1 Year 0	20 (M11) Election Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)		Jun 20 (M6)	Sep	20 (M9) Dec (Non-I Year (20 (M12) Election Only)
April 15	L	Apr 20 (M4)		Jul 20 (M7)	Oct 2	20 (M10) Jan	31 (YE)
Quarterly Report (Q1) July 15	(c) 12-Day	×	Primary (12F	")	General	12G) Runo	off (12R)
Quarterly Report (Q2) October 15	Report for		Convention (12C)	Special (12S)	
Quarterly Report (Q3)			M M /	D D /	Y Y Y	in the	
January 31 Year-End Report (YE)		Election on	05	29	2012	State of	TX
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Ele		General (300	G)	Runoff (3	0R) Spec	ial (30S)
Termination Report (TER)	Report for	tne:	M = M /	D D /	Y	in the	
(1211)		Election on				State of	
5. Covering Period 04	/ D D / Y	2012	through	M M	/ D D /	2012	
certify that I have examined this	Report and to the	best of mv kno	wledge and l	pelief it is true	e. correct and	complete.	
Type or Print Name of Treasurer	David G Miller					<u>'</u>	
Signature of Treasurer David G	Miller		[Electronically	Filed] D	ate 05	/ D D / Y Y Y 16 20 16 20 1	12
NOTE: Submission of false, erroneou	is or incomplete info	ormation may o	thiect the per	son sianina th	is Renort to th	e nenalties of 2 IISC	8437a
Office	20, or incomplete lill	Jimanon may Si	abject tile per	John Signing III	is risport to th	•	
Use Only						FEC FORM 3 Rev. 12/2004	5X

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)

2012 05 09 2012 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 38351.86 January 1, 2012 (b) Cash on Hand at 17410.34 Beginning of Reporting Period..... 2700.00 1250.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 18660.34 41051.86 6(a) and 6(c) for Column B)..... 9629.86 32021.38 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 9030.48 9030.48 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

 Debts and Obligations Owed BY the Committee (Itemize all on

Schedule C and/or Schedule D)

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

0.00

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

International Academy of Compounding Pharmacists PAC (COMP PAC)

I. Receipts	COLUMN A	COLUMN B
i. neceipis	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	800.00	1350.00
(i) Itemized (use Schedule A)	800.00	1330.00
(ii) Unitemized	, 450.00	1350.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	, 1250.00	2700.00
(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)	1250.00	2700.00
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Lance Booking	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	3.00	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(7	7 7
(b) Lavin Funda (fram Cabadula III)	0.00	0.00
(b) Levin Funds (from Schedule H5)	3.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	1250.00	2700.00
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	1250.00	2700.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	sements COLUMN A Total This Period	
Operating Expenditures: —	10101 11113 1 61100	Calendar Year-to-Date
(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	1629.86	6521.38
Expenditures(c) Total Operating Expenditures	1029.00	0321.30
(add 21(a)(i), (a)(ii), and (b))▶	1629.86	6521.38
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees	0000.00	
and Other Political Committees	8000.00	25500.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(dae ourioddic 1)		
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(h) Delitical Deuty Committees	0.00	0.00
(b) Political Party Committees	0.00	7
(such as PACs)	0.00	0.00
(0.00.1.00)	7	7
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
		0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
F		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
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
בווופס סטנמונון, סטנמונון מווע סטנטון		3.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9629.86	32021.38
		1302130
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	9629.86	32021.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1250.00	2700.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1250.00	2700.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1629.86	6521.38
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1629.86	6521.38

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LIN	E NUMBER	: PAGE	6 OF	11
(check o				
X 11a	11b	11c	12	
13	14	15	16	17

Detailed Summary Page 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) Full Name (Last, First, Middle Initial) Chris Burgess Date of Receipt Mailing Address 322 N. Ingleside Street 04 18 2012 City State Zip Code Transaction ID: A2012-967810 Fairhope AL 36532 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Pharmacist Heritage Compounding Pharmacy Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jim Gillespie Date of Receipt Mailing Address 2121 Whitesburg Drive 04 18 2012 City State Zip Code Transaction ID: A2012-967811 AL Huntsville 35801 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Huntsville Compounding Pharmacy Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Eddie Glover Date of Receipt Mailing Address 2515 College Avenue 04 18 2012 City State Zip Code Transaction ID: A2012-967812 AR Conway 72034 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation **Pharmacist** US Compounding Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

- 9

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	MBER: PAGE		11
(check onl	(check only one)			
X 11a	11b	11c	12	
13	14	15	16	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 NAME OF COMMITTEE (In Full)	the name and address of any political committee to	o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Scott Thomson Mailing Address 1922 Honey Laurel Dr City Conroe FEC ID number of contributing federal political committee. Name of Employer Richie's Pharmacy Receipt For: Primary General Other (specify)	State Zip Code TX 77304 C Occupation Pharmacist Aggregate Year-to-Date ▼ 500.00	Date of Receipt 04 02 2012 Transaction ID: A2012-967785 Amount of Each Receipt this Period 500.00	
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt	
City	State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼		
Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address	Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼		
SUBTOTAL of Receipts This Page (optional)		500.00	
TOTAL This Period (last page this line numb	<u> </u>	800.00	

S 17

SCHEDULE B (FEC Form 3X)			EOD LINE	OR LINE NUMBER: PAGE 8 OF 11		
ITEMIZED DISBURSEMENTS		Use separate schedule(s) (ched	\ I -	OR LINE NUMBER: Check only one)		
• •	LIVIIZED DISDUTISEIVILIVIS	for each category of the Detailed Summary Page	X 21b	22 23 24 25 26		
		Detailed Summary Page	27	28a 28b 28c 29 30b		
	ny information copied from such Reports and Statem					
	for commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full)					
$ \rangle$	International Academy of Compour	nding Pharmacists	PAC (COM	P PAC)		
\angle	Full Name (Last, First, Middle Initial)					
Α.	_			Date of Disbursement		
				M M / D D / Y Y Y Y		
	Mailing Address P.O. Box 650282	04 01 2012				
	City	Nata Zia Cada				
	City S Dallas	State Zip Code TX 75265		Transaction ID : B409755		
	Purpose of Disbursement	70200				
	Bank Service Charge		001	Amount of Each Disbursement this Period		
	Candidate Name		Category/	40.00		
			Туре	43.62		
		nent For: 2012				
		Primary General Other (specify)				
	State: TX District:	Other (specify) ▼ Not Applicate	le			
_	Full Name (Last, First, Middle Initial)					
В.	•			Date of Disbursement		
			M = M / D = D			
	Mailing Address P.O. Box 650282			04 04 2012		
	City S Dallas	State Zip Code TX 75265		Transaction ID : B410667		
	Purpose of Disbursement	73203				
	Bank Service Charge			Amount of Each Disbursement this Period		
	Candidate Name		Category/	55.57		
			Type	55.57		
		nent For: 2012				
		Primary General				
	State: TX District:	Other (specify) ▼ Not Applicat	ale			
_	Full Name (Last, First, Middle Initial)	Тесттриоск	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
C.	JB & Associates			Date of Disbursement		
				M M / D D / Y Y Y Y		
	Mailing Address 2011 Waugh Drive			05 01 2012		
	Other	7'- 0-4-				
	•	State Zip Code TX 77006		Transaction ID : B409885		
	Purpose of Disbursement	77000				
	Admin expen-Fundraising Exp.		003	Amount of Each Disbursement this Period		
	Candidate Name		Category/	406.25		
	000		Type	406.25		
		nent For: 2012				
	Senate President	Primary General Other (specify) ▼				
	State: TX District:	Not Applicab	le			
Г	I					
s	UBTOTAL of Disbursements This Page (optional)			505.44		
\vdash						
т	OTAL This Period (last page this line number only)					

S 17

SCHEDULE B (FEC Form 3X)		FOR LINE	PAGE 9 OF 11		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	y one)		
	Detailed Summary Page	X 21b	22 23	24 25 26	
[27	28a 28b	28c 29 30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
International Academy of Compour	nding Pharmacists F	PAC (COM	P PAC)		
Full Name (Last, First, Middle Initial)					
A. Public Affairs Support Services Inc.			Date of Disbursem		
	Mailing Address 1950 Roland Clarke Place Suite 300			_2012	
,	State Zip Code VA 20191		Transaction ID :	B409883	
Reston Purpose of Disbursement	20191				
Admin expen-Report prep.		001	Amount of Each D	Disbursement this Period	
Candidate Name		Category/ Type		1109.42	
	nent For: 2012	71	,	,	
	Primary General				
State: VA District:	Other (specify) ▼ Not Applicabl	e			
Full Name (Last, First, Middle Initial)	Ttot / tppilodol				
B.			Date of Disbursem	nent	
	M = M / D = D	/			
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
Candidate Name			Amount of Each L	Disbursement this Period	
Candidate Ivalite		Category/ Type			
Office Sought: House Disbursen	nent For:				
	Primary General				
	Other (specify) ▼				
State: District: Full Name (Last, First, Middle Initial)					
C.			Date of Disbursem		
Mailing Address	Mailing Address			/	
City	State Zip Code				
Purpose of Disbursement	Purpose of Disbursement				
			Amount of Each D	Disbursement this Period	
Candidate Name		Category/ Type			
Office Sought: House Disbursen	nent For:	.,,,,			
	Primary General				
President	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)				1109.42	
and the second of the second o			7	7 1 1 1 1	
TOTAL This Period (last page this line number only)				1614.86	

SCHEDULE B (FEC Form 3X)		EOD LINE	FOR LINE NUMBER: PAGE 10 OF 11		
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	s) (check only one)			
TI LIVIIZED DIODOTIOLIVILIVIO	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26		
		27	28a 28b 28c 29 30b		
Any information copied from such Reports and Staten					
or for commercial purposes, other than using the nam	e and address of any politic	cal committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)			0		
$ \; angle$ International Academy of Compour	iding Pharmacists F	PAC (COM	P PAC)		
Full Name (Last, First, Middle Initial)					
A. Tisei Congressional Committee			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address 26 Main St			04 11 2012		
City	State Zip Code				
Lynnfield	MA 01940		Transaction ID : B408574		
Purpose of Disbursement					
Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	1000.00		
Richard R Tisei Office Sought:	nent For: 2012	Туре			
	Primary General				
President	Other (specify) ▼				
State: MA District: 06					
Full Name (Last, First, Middle Initial)					
B. Montanans for Tester			Date of Disbursement		
Matter Address and Tolking		M M / D D / Y Y Y Y			
Mailing Address 100 Daingerfield Rd.			05 04 2012		
City	State Zip Code		Transaction ID D440450		
Alexandria	VA 22314		Transaction ID : B410150		
Purpose of Disbursement Contribution		044	Assessed of Early Dichesses and this Boried		
Candidate Name		011	Amount of Each Disbursement this Period		
Jon Tester		Category/ Type	1000.00		
	nent For: 2012	Турс			
	Primary General				
President	Other (specify) ▼				
State: MT District:					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
C. Michael Burgess for Congress			M M / D D / Y Y Y Y		
Mailing Address PO Box 2334	Mailing Address PO Roy 2334				
,	State Zip Code		Transaction ID : B409209		
Denton Purpose of Disbursement	TX 76202				
Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/			
Michael C. Burgess		Type	1000.00		
	nent For: 2012				
	Primary General				
President State: TX District: 26	Other (specify) ▼				
State: TX District: 26					
SUBTOTAL of Disbursements This Page (optional)			3000.00		
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X) FOR L		FOR LINE	NE NUMBER: PAGE 11 OF 11	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27		
Any information copied from such Reports and Stater or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
International Academy of Compour	nding Pharmacists P	AC (COM	P PAC)	
Full Name (Last, First, Middle Initial) 4. Friends of John Barrasso			Data of Diahumamant	
Friends of John Barrasso			Date of Disbursement	
Mailing Address PO Box 52008			04 20 2012	
,	State Zip Code WY 82605		Transaction ID : B409208	
Casper Purpose of Disbursement	WY 82605			
Contribution		011	Amount of Each Disbursement this Period	
Candidate Name John Barrasso		Category/	5000.00	
Office Sought: House Disburser	ment For: 2012	Туре		
Senate President	Primary General Other (specify)			
State: WY District:	(opcom), V			
Full Name (Last, First, Middle Initial)				
3.			Date of Disbursement	
Mailing Address			M = M / D = D / Y = Y = Y	
City	State Zip Code			
Purpose of Disbursement			Amount of Each Disbursement this Period	
Candidate Name		Category/ Type		
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼	71.		
State: District: Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	
Mailing Address	Mailing Address			
City	State Zip Code			
Purpose of Disbursement	Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period	
President	nent For: Primary General Other (specify)	1,1,00		
State: District:				
SUBTOTAL of Disbursements This Page (optional)			5000.00	