

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

International Academy of Compounding Pharmacists PAC (COMP PAC)

ADDRESS (number and street) 4638 Riverstone Blvd

Check if different than previously reported. (ACC) Missouri City TX 77459

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00424143 3. IS THIS REPORT [X] NEW (N) OR [] AMENDED (A)

4. TYPE OF REPORT (Choose One) (b) Monthly Report Due On: [] Feb 20 (M2) [] May 20 (M5) [] Aug 20 (M8) [] Nov 20 (M11) (Non-Election Year Only)

(a) Quarterly Reports: [] April 15 Quarterly Report (Q1) [] July 15 Quarterly Report (Q2) [] October 15 Quarterly Report (Q3) [] January 31 Year-End Report (YE) [] July 31 Mid-Year Report (Non-election Year Only) (MY) [] Termination Report (TER)

(c) 12-Day PRE-Election Report for the: [X] Primary (12P) [] General (12G) [] Runoff (12R) [] Convention (12C) [] Special (12S)

Election on 05 / 29 / 2012 in the State of TX

(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 / 2012 through 05 / 09 / 2012

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 David G Miller

Signature of Treasurer David G Miller [Electronically Filed] Date 05 / 16 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

International Academy of Compounding Pharmacists PAC (COMP PAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="38351.86"/>	<input type="text" value="38351.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="17410.34"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1250.00"/>	<input type="text" value="2700.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="18660.34"/>	<input type="text" value="41051.86"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9629.86"/>	<input type="text" value="32021.38"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9030.48"/>	<input type="text" value="9030.48"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

International Academy of Compounding Pharmacists PAC (COMP PAC)

Report Covering the Period: From: / / To: / /

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

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1629.86	6521.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1629.86	6521.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	25500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9629.86	32021.38
32. 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1250.00	2700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1250.00	2700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1629.86	6521.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. 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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
	<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. Chris Burgess
Full Name (Last, First, Middle Initial)

Mailing Address 322 N. Ingleside Street

City Fairhope State AL Zip Code 36532

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

Name of Employer Heritage 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 Y Y
 04 / 18 / 2012
Transaction ID : A2012-967810

Amount of Each Receipt this Period
 100.00

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

Mailing Address 2121 Whitesburg Drive

City Huntsville State AL Zip Code 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 Y Y
 04 / 18 / 2012
Transaction ID : A2012-967811

Amount of Each Receipt this Period
 100.00

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

Mailing Address 2515 College Avenue

City Conway State AR Zip Code 72034

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

Name of Employer US Compounding Inc. 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 Y Y
 04 / 18 / 2012
Transaction ID : A2012-967812

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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 OF 11
(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. Scott Thomson
Full Name (Last, First, Middle Initial)
Mailing Address 1922 Honey Laurel Dr
City Conroe State TX Zip Code 77304
FEC ID number of contributing federal political committee. **C**
Name of Employer Richie's 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 Y
04 / 02 / 2012
Transaction ID : A2012-967785
Amount of Each Receipt this Period
500.00

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	800.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 650282

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Bank Service Charge

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

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

Transaction ID : B409755

Amount of Each Disbursement this Period

4	3	.	6	2
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 650282

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Bank Service Charge

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

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

Transaction ID : B410667

Amount of Each Disbursement this Period

5	5	.	5	7
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Full Name (Last, First, Middle Initial)

C. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement
Admin expen-Fundraising Exp.

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

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

Transaction ID : B409885

Amount of Each Disbursement this Period

4	0	.	6	2	5
---	---	---	---	---	---

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

5	0	.	5	4	4
---	---	---	---	---	---

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

5	0	.	5	4	4
---	---	---	---	---	---

**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)

Full Name (Last, First, Middle Initial)

A. Public Affairs Support Services Inc.

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement
Admin expen-Report prep.

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: VA District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

/ /

Transaction ID : B409883

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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)	PAGE 10 OF 11
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b
<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Tisei Congressional Committee			Date of Disbursement MM / DD / YYYY <input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>	
Mailing Address 26 Main St			Transaction ID : B408574	
City Lynnfield	State MA	Zip Code 01940	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
Purpose of Disbursement Contribution	<input type="text" value="011"/>	Category/Type		
Candidate Name Richard R Tisei				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MA District: 06				

Full Name (Last, First, Middle Initial) B. Montanans for Tester			Date of Disbursement MM / DD / YYYY <input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>	
Mailing Address 100 Daingerfield Rd.			Transaction ID : B410150	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
Purpose of Disbursement Contribution	<input type="text" value="011"/>	Category/Type		
Candidate Name Jon Tester				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MT District:				

Full Name (Last, First, Middle Initial) C. Michael Burgess for Congress			Date of Disbursement MM / DD / YYYY <input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>	
Mailing Address PO Box 2334			Transaction ID : B409209	
City Denton	State TX	Zip Code 76202	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
Purpose of Disbursement Contribution	<input type="text" value="011"/>	Category/Type		
Candidate Name Michael C. Burgess				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: TX District: 26				

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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)

Full Name (Last, First, Middle Initial)

A. Friends of John Barrasso

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

John Barrasso

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 20 / 2012

Transaction ID : B409208

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

5000.00

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

8000.00