



**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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

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 .....	68729.19									
(c) Total Receipts (from Line 19) .....	4336.35	57277.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	73065.54	103300.44								
7. Total Disbursements (from Line 31) .....	18936.83	49171.73								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	54128.71	54128.71								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

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	4336.35	55777.25
(i) Itemized (use Schedule A) .....	0.00	1500.00
(ii) Unitemized .....	4336.35	57277.25
(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) .....	4336.35	57277.25
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)) .....	4336.35	57277.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4336.35	57277.25

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	7186.83	8121.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	7186.83	8121.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	11750.00	37250.00
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 .....	0.00	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)) .....	0.00	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))..	18936.83	49171.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18936.83	49171.73

**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 .....	4336.35	57277.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	3800.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4336.35	53477.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7186.83	8121.73
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7186.83	8121.73

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 16  
(check only one)  
 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 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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Phil Altman</p> <p>Mailing Address 6 South Greely Ave.</p> <p>City State Zip Code Chappaqua NY 10514</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Healthy Choice Apothecary      Occupation: RPh</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 20 / 2008</span></p> <p><b>Transaction ID:</b> A2008-1646654</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
--	--

<p><b>B.</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. <span style="border: 1px solid black; padding: 2px;">C</span></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 ▼  <span style="border: 1px solid black; padding: 2px;">2236.35</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07 / 29 / 2008</span></p> <p><b>Transaction ID:</b> A2008-1379270</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">345.45</span></p>
--	--

<p><b>C.</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. <span style="border: 1px solid black; padding: 2px;">C</span></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 ▼  <span style="border: 1px solid black; padding: 2px;">2581.80</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 12 / 2008</span></p> <p><b>Transaction ID:</b> A2008-1428890</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">345.45</span></p>
--	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">940.90</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 16

(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

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)  
Jeffrey Alan Barris

Mailing Address 23560 South Madison Street Ste. 11

City State Zip Code  
Torrance CA 90505

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

Name of Employer Occupation  
Pacifica Pharmacy PharmD

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2927.25

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 0 / 2 0 0 8

Transaction ID: A2008-1872767

Amount of Each Receipt this Period

345.45

**B.**

Full Name (Last, First, Middle Initial)  
Robert Blomquist

Mailing Address 146 North Brent St.

City State Zip Code  
Ventura CA 93003

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

Name of Employer Occupation  
Cabrillo Pharmacy RPh

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

Date of Receipt

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

Transaction ID: A2008-1654635

Amount of Each Receipt this Period

500.00

**C.**

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

Mailing Address 760 Merrimon Avenue

City State Zip Code  
Asheville NC 28804

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

Name of Employer Occupation  
The Medicine Shoppe RPh

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: A2008-1679548

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1095.45

**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 8 / 16  
(check only one)  
 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 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)  
Bob Fishman

Mailing Address 4401 Sheridan Street

City State Zip Code  
Hollywood FL 33021

FEC ID number of contributing federal political committee. C

Name of Employer Post Haste Pharmacy      Occupation RPh

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
08 / 20 / 2008

**Transaction ID:** A2008-1646829

Amount of Each Receipt this Period  
250.00

**B.** 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 ▼  
950.00

Date of Receipt  
07 / 29 / 2008

**Transaction ID:** A2008-1379271

Amount of Each Receipt this Period  
100.00

**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 ▼  
1050.00

Date of Receipt  
08 / 18 / 2008

**Transaction ID:** A2008-1621161

Amount of Each Receipt this Period  
100.00

**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 9 / 16  
(check only one)  
 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 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)  
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 Occupation  
Huntsville Compounding Pharmacy Pharmacist  
Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1150.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 8  
Transaction ID: A2008-1860692  
Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
John Herr  
Mailing Address 106 Prospect St.  
City State Zip Code  
Ridgewood NJ 07450  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Town & Country Compounding/Consulting RPh FIACP  
Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 8  
Transaction ID: A2008-1646653  
Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Justin Kohll  
Mailing Address 617 North 114th Street  
City State Zip Code  
Omaha NE 68154-1514  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Essential Pharmacy Compounded RPh  
Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 8  
Transaction ID: A2008-1646627  
Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 600.00  
**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 10 / 16

(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

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)

Mike Pass

Mailing Address 3644 Webber Street

City State Zip Code  
Sarasota FL 34232

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

Name of Employer  
Family Pharmacy of Sarasota Inc.

Occupation  
RPh FIACP

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A2008-1379514

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Jim Richards

Mailing Address PO Box 99

City State Zip Code  
Chatsworth GA 30705

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

Name of Employer  
Corner Drugs

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 8 / 2 0 / 2 0 0 8

Transaction ID: A2008-1654374

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) .....

4336.35

**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

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) Paymentech	Transaction ID: B224476 Date of Disbursement
	Mailing Address 14221 Dallas Pkwy Bldg Two	<input type="text" value="07"/> <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Dallas State TX Zip Code 75254	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="203.17"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) Paymentech	Transaction ID: B237709 Date of Disbursement
	Mailing Address 14221 Dallas Pkwy Bldg Two	<input type="text" value="08"/> <input type="text" value="05"/> / <input type="text" value="2008"/>
	City Dallas State TX Zip Code 75254	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="15.61"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) Paymentech	Transaction ID: B237714 Date of Disbursement
	Mailing Address 14221 Dallas Pkwy Bldg Two	<input type="text" value="09"/> <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Dallas State TX Zip Code 75254	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="38.86"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="257.64"/>
<b>TOTAL</b> 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)

PAGE 12 / 16

<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

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)

International Academy of Compounding Pharmacists

Mailing Address 4638 Riverstone Blvd Ste 100

City Missouri City State TX Zip Code 77459

Purpose of Disbursement  
Facilities/catering reimbursement for annual luncheon.

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: TX

District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Not Applicable

Transaction ID: B226479

Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

6832.31

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

6832.31

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

7089.95

# 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

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) Friends of Farr <hr/> Mailing Address 729 15th Street NW 3rd Floor <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Contribution Candidate Name Sam Farr <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B223344 Date of Disbursement 08 / 07 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Friends of Lois Capps <hr/> Mailing Address 38 Ivy Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Contribution Candidate Name Lois Capps <hr/> 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) ▼	Transaction ID: B235618 Date of Disbursement 09 / 24 / 2008 <hr/> Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Citizens For Harkin <hr/> Mailing Address 426 C Street N.E. <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Contribution Candidate Name Tom Harkin <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B235621 Date of Disbursement 09 / 24 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> 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

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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Roberts for Senate</p> <p>Mailing Address 666 11th Street NW Suite 800</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Pat Roberts</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: KS District:</p>	<p><b>Transaction ID:</b> B235616 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <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>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	4		2	0	0	8													
1000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kaptur for Congress</p> <p>Mailing Address P.O. Box 899</p> <p>City Toledo State OH Zip Code 43697</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Marcy Kaptur</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: OH District: 09</p>	<p><b>Transaction ID:</b> B235617 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <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>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	4		2	0	0	8													
1000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Burgess for Congress</p> <p>Mailing Address 217 Third St. SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Michael C. Burgess</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: TX District: 26</p>	<p><b>Transaction ID:</b> B221775 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <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>7</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	7		2	0	0	8	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	7		2	0	0	8													
500.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1" style="width: 100%;"><tr><td>2500.00</td></tr></table>	2500.00
2500.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

**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

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) Burgess for Congress	Transaction ID: B221776 Date of Disbursement
	Mailing Address 217 Third St. SE	<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Michael C. Burgess	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Texans for Senator John Cornyn	Transaction ID: B223343 Date of Disbursement
	Mailing Address 16714 Fitzhugh Road	<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City Dripping Springs State TX Zip Code 78620	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name John Cornyn	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hatch Election Committee	Transaction ID: B235619 Date of Disbursement
	Mailing Address P.O. Box 1480	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="250.00"/>
	Candidate Name Orrin G Hatch	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2250.00"/>
<b>TOTAL</b> 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)

PAGE 16 / 16

<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

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)  
Tammy Baldwin for Congress

Transaction ID: B221777

Date of Disbursement

Mailing Address P.O. Box 696

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

City Madison State WI Zip Code 53703

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name  
Tammy Baldwin

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

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

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

500.00
--------

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

11750.00
----------