

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 Professional Compounding Centers of America Political Action Committee

ADDRESS (number and street) 9901 South Wilcrest Dr Houston TX 77099 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00558452 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2016 through 03 / 31 / 2016

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 Karen Roberts Signature of Treasurer Karen Roberts [Electronically Filed] Date 04 / 15 / 2016

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

**Professional Compounding Centers of America Political Action Committee**

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="2016"/>	<input type="text" value="57307.00"/>	<input type="text" value="57307.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="57307.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="18930.00"/>	<input type="text" value="18930.00"/>
(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="76237.00"/>	<input type="text" value="76237.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="34530.00"/>	<input type="text" value="34530.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="41707.00"/>	<input type="text" value="41707.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

**Professional Compounding Centers of America Political Action Committee**

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).....	17800.00	17800.00
(ii) Unitemized .....	1130.00	1130.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18930.00	18930.00
(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) .....	18930.00	18930.00
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))..... ▶	18930.00	18930.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18930.00	18930.00

**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 .....	30.00	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	30.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34500.00	34500.00
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)) ..	34530.00	34530.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34530.00	34530.00

**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) .....	18930.00	18930.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18930.00	18930.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	30.00	30.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	30.00	30.00

**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 13
<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)  
**Professional Compounding Centers of America Political Action Committee**

**A. William Letendre**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1307 Oyster Point Dr  
 City Sugar Land State TX Zip Code 77478  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PCCA Occupation VP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **03 / 14 / 2016**  
**Transaction ID : SA11AI.4719**  
 Amount of Each Receipt this Period **2500.00**  
 Memo Item

**B. Erin Michael**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9901 S. Wilcrest Dr  
 City Houston State TX Zip Code 77099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PCCA Occupation Regional Sales Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 31 / 2016**  
**Transaction ID : SA11AI.4723**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
 Bi-monthly payroll deductions of \$50

**C. Bryan Sparks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14226 Deep Cove Lane  
 City Sugar Land State TX Zip Code 77948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PCCA Occupation Business Analyst  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **01 / 17 / 2016**  
**Transaction ID : SA11AI.4715**  
 Amount of Each Receipt this Period **5000.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>7800.00</b>
<b>TOTAL</b> 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 13  
(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)  
**Professional Compounding Centers of America Political Action Committee**

**A. L David Sparks**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11602 Haley Hollow  
City Richmond State TX Zip Code 77469  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PCCA Occupation CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 01 / 18 / 2016  
Transaction ID : SA11AI.4717  
Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Mollie Sparks**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14226 Deep Cove Lane  
City Sugar Land State TX Zip Code 77948  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self employed Occupation Housewife  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 01 / 18 / 2016  
Transaction ID : SA11AI.4716  
Amount of Each Receipt this Period 5000.00  
 Memo Item

**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  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	17800.00

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

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

FOR LINE NUMBER:  
(check only one)

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

**Professional Compounding Centers of America Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. AMERICAN DREAM FUND INC**

Mailing Address 595 JOHN MUIR DRIVE

City SAN FRANCISCO State CA Zip Code 94132

Purpose of Disbursement 2016

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

Transaction ID : SB23.4665

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERIPAC**

Mailing Address 140 COVANT #2

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement

Candidate Name

**AMERIPAC**

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : SB23.4702

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BUDDY CARTER FOR CONGRESS**

Mailing Address 200 E ST JULIAN ST SUITE 603

City SAVANNAH State GA Zip Code 31401

Purpose of Disbursement 2016 Primary

Candidate Name

**EARL LEROY CARTER**

Office Sought:  House  Senate  President

State: GA District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 10 / 2016

Transaction ID : SB23.4658

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

11000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

**Professional Compounding Centers of America Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. COLLINS FOR CONGRESS**

Mailing Address PO BOX 855

City JACKSON State GA Zip Code 30233

Purpose of Disbursement

Candidate Name

**DOUGLAS ALLEN COLLINS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	1			2	0	1	6		

**Transaction ID : SB23.4711**

Amount of Each Disbursement this Period

5	0	0	.	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. CRAMER FOR CONGRESS**

Mailing Address PO BOX 741

City GRIMES State IA Zip Code 50111

Purpose of Disbursement

Candidate Name

**ROBERT JAMES CRAMER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

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

**Transaction ID : SB23.4695**

Amount of Each Disbursement this Period

2	5	0	.	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**C. DR. MATT HEINZ FOR ARIZONA**

Mailing Address P.O. BOX 57698

City TUCSON State AZ Zip Code 85732

Purpose of Disbursement

Candidate Name

**MATTHEW GERALD DR. HEINZ**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	3			2	0	1	6		

**Transaction ID : SB23.4706**

Amount of Each Disbursement this Period

2	0	0	.	0	0
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Memo Item

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

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

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

**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)

**Professional Compounding Centers of America Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRELINGHUYSEN FOR CONGRESS**

Mailing Address 19 CATTANO AVENUE

City MORRISTOWN State NJ Zip Code 07960

Purpose of Disbursement

Candidate Name

**RODNEY P. FRELINGHUYSEN**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NJ District: 11

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2016

Transaction ID : **SB23.4686**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS FOR CHRIS STEWART, INC.**

Mailing Address PO BOX 657

City LEHI State UT Zip Code 84043

Purpose of Disbursement

Candidate Name

**CHRIS STEWART**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: UT District: 02

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : **SB23.4670**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS FOR CHRIS STEWART, INC.**

Mailing Address PO BOX 657

City LEHI State UT Zip Code 84043

Purpose of Disbursement

Candidate Name

**CHRIS STEWART**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: UT District: 02

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

Transaction ID : **SB23.4707**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

**Professional Compounding Centers of America Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JASON CHAFFETZ**

Mailing Address 315 WESTFIELD CIRCLE

City ALPINE State UT Zip Code 84004

Purpose of Disbursement

Candidate Name

**JASON CHAFFETZ**

Office Sought:  House  Senate  President

State: UT District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : **SB23.4662**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOE HECK**

Mailing Address PO BOX 750114

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement

Candidate Name

**JOE HECK**

Office Sought:  House  Senate  President

State: NV District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2016

Transaction ID : **SB23.4677**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MICHELLE**

Mailing Address P.O. BOX 25422

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement

Candidate Name

**MICHELLE LUJAN GRISHAM**

Office Sought:  House  Senate  President

State: NM District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2016

Transaction ID : **SB23.4690**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

4000.00

**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)

**Professional Compounding Centers of America Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. GENE GREEN CONGRESSIONAL CAMPAIGN**

Mailing Address PO BOX 16128

City HOUSTON State TX Zip Code 77222

Purpose of Disbursement

Candidate Name

**RAYMOND E. 'GENE' GREEN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : **SB23.4676**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. GRAVES FOR CONGRESS**

Mailing Address 2345 GRAND BLVD  
STE 2400

City KANSAS CITY State MO Zip Code 64108

Purpose of Disbursement

Candidate Name

**SAMUEL B JR 'SAM' GRAVES**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 06

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : **SB23.4675**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JEFF STONE FOR CONGRESS**

Mailing Address PO BOX 6684

City LA QUINTA State CA Zip Code 92248

Purpose of Disbursement

Candidate Name

**JEFFREY E STONE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2016

Transaction ID : **SB23.4699**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

8500.00

**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)	PAGE 13 OF 13
	<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)  
**Professional Compounding Centers of America Political Action Committee**

**A. MAKING A RESPONSIBLE STAND FOR HOUSEHOLDS IN AMERICA (MARSHA PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 3241

City BRENTWOOD      State TN      Zip Code 37024

Purpose of Disbursement

Candidate Name  
**MARSHA MRS. BLACKBURN**

Office Sought:  House      Disbursement For: 2016  
 Senate       Primary       General  
 President       Other (specify) ▼

State: TN      District: 07

Date of Disbursement: MM/DD/YYYY  
02 / 12 / 2016

**Transaction ID : SB23.4682**

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. MICHAEL BURGESS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 2334

City DENTON      State TX      Zip Code 76202

Purpose of Disbursement

Candidate Name  
**MICHAEL C. DR. BURGESS**

Office Sought:  House      Disbursement For: 2016  
 Senate       Primary       General  
 President       Other (specify) ▼

State: TX      District: 26

Date of Disbursement: MM/DD/YYYY  
03 / 21 / 2016

**Transaction ID : SB23.4714**

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

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

State:      District:

Date of Disbursement: MM/DD/YYYY

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2000.00

**TOTAL** This Period (last page this line number only)..... ▶ 34500.00