

**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="2015"/>	<input type="text" value="49687.63"/>	<input type="text" value="49687.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="37010.62"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="26785.00"/>	<input type="text" value="62385.00"/>
(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="63795.62"/>	<input type="text" value="112072.63"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="25327.92"/>	<input type="text" value="73604.93"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="38467.70"/>	<input type="text" value="38467.70"/>
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: 07 / 01 / 2015 To: 12 / 31 / 2015

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).....	22700.00	56200.00
(ii) Unitemized	4085.00	6185.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	26785.00	62385.00
(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)	26785.00	62385.00
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))..... ▶	26785.00	62385.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26785.00	62385.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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	19827.92	32604.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	19827.92	32604.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	41000.00
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)) ..	25327.92	73604.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25327.92	73604.93

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)	26785.00	62385.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26785.00	62385.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	19827.92	32604.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	19827.92	32604.93

**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 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Eyad Alsabbagh
 Full Name (Last, First, Middle Initial)
 Mailing Address 7731 Cox Lane
 City West Chester State OH Zip Code 45069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Biomed Pharmacy Occupation PhD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : A2015-2363671
 Amount of Each Receipt this Period
1000.00

B. Ralph Balchin
 Full Name (Last, First, Middle Initial)
 Mailing Address 575 N. Glynn Street
 City Fayetteville State GA Zip Code 30214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jones Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : A2015-2363666
 Amount of Each Receipt this Period
1000.00

C. Stephen Bernardi
 Full Name (Last, First, Middle Initial)
 Mailing Address 577 Main Street
 City Waltham State MA Zip Code 02452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Johnson Compounding & Wellness Center Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : A2015-1795081
 Amount of Each Receipt this Period
1000.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:
Transaction ID:

**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 8 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Robert Blomquist
 Full Name (Last, First, Middle Initial)
 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 Pharmacist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : A2015-1795082
 Amount of Each Receipt this Period
 500.00

B. John Boff
 Full Name (Last, First, Middle Initial)
 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 Pharmacist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2015
Transaction ID : A2015-1795078
 Amount of Each Receipt this Period
 50.00

C. John Boff
 Full Name (Last, First, Middle Initial)
 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 Pharmacist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2015
Transaction ID : A2015-2192392
 Amount of Each Receipt this Period
 50.00

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: (check only one)	PAGE 9 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John Boff
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Merrimon Avenue
 City Asheville State NC Zip Code 28804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Medicine Shoppe Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **09 / 18 / 2015**
Transaction ID : A2015-2363678
 Amount of Each Receipt this Period **50.00**

B. John Boff
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Merrimon Avenue
 City Asheville State NC Zip Code 28804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Medicine Shoppe Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **10 / 18 / 2015**
Transaction ID : A2015-2558624
 Amount of Each Receipt this Period **50.00**

C. John Boff
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Merrimon Avenue
 City Asheville State NC Zip Code 28804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Medicine Shoppe Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **11 / 18 / 2015**
Transaction ID : A2015-2751040
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **150.00**
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 OF 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 760 Merrimon Avenue

City Asheville State NC Zip Code 28804

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

Name of Employer The Medicine Shoppe Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
12 / 18 / 2015
Transaction ID : A2015-2955764

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Charles Cather

Mailing Address 4016 Massillion Road Suite B

City Uniontown State OH Zip Code 44685

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

Name of Employer Compounding Pharmacy of Green Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
11 / 17 / 2015
Transaction ID : A2015-2751035

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Sam Costello

Mailing Address 2422-J Danville Road SW

City Decatur State AL Zip Code 35603

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

Name of Employer Pill Box Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
11 / 17 / 2015
Transaction ID : A2015-2751030

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 36
	<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)

Full Name (Last, First, Middle Initial) A. Kort Delost		Date of Receipt MM / DD / YYYY 08 / 28 / 2015 Transaction ID : A2015-2192393
Mailing Address 47 East 500 South		Amount of Each Receipt this Period 300.00
City Bountiful	State UT	Zip Code 84010
FEC ID number of contributing federal political committee. C		
Name of Employer The Medicine Shoppe	Occupation RPh President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. John DeMars		Date of Receipt MM / DD / YYYY 10 / 27 / 2015 Transaction ID : A2015-2558941
Mailing Address 203 Amick's Ferry Road Suite 400		Amount of Each Receipt this Period 500.00
City Chapin	State SC	Zip Code 29036
FEC ID number of contributing federal political committee. C		
Name of Employer Vet Med Inc.	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Jay Dorsch		Date of Receipt MM / DD / YYYY 12 / 22 / 2015 Transaction ID : A2015-2955772
Mailing Address 3455 Wilkens Avenue		Amount of Each Receipt this Period 250.00
City Baltimore	State MD	Zip Code 21229
FEC ID number of contributing federal political committee. C		
Name of Employer Voshell's Pharmacy	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 12 OF 36
(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. Cheri Garvin
Full Name (Last, First, Middle Initial)
Mailing Address 109 Old English Court SW
City Leesburg State VA Zip Code 20175
FEC ID number of contributing federal political committee. **C**
Name of Employer Leesburg Pharmacy Occupation Rph
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt
08 / 18 / 2015
Transaction ID : A2015-2192389
Amount of Each Receipt this Period
100.00

B. Cheri Garvin
Full Name (Last, First, Middle Initial)
Mailing Address 109 Old English Court SW
City Leesburg State VA Zip Code 20175
FEC ID number of contributing federal political committee. **C**
Name of Employer Leesburg Pharmacy Occupation Rph
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt
09 / 18 / 2015
Transaction ID : A2015-2363679
Amount of Each Receipt this Period
100.00

C. Cheri Garvin
Full Name (Last, First, Middle Initial)
Mailing Address 109 Old English Court SW
City Leesburg State VA Zip Code 20175
FEC ID number of contributing federal political committee. **C**
Name of Employer Leesburg Pharmacy Occupation Rph
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt
10 / 18 / 2015
Transaction ID : A2015-2558623
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: (check only one)	PAGE 13 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Cheri Garvin
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Old English Court SW
 City Leesburg State VA Zip Code 20175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leesburg Pharmacy Occupation Rph
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2015
Transaction ID : A2015-2751037
 Amount of Each Receipt this Period
 100.00

B. Cheri Garvin
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Old English Court SW
 City Leesburg State VA Zip Code 20175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leesburg Pharmacy Occupation Rph
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : A2015-2955765
 Amount of Each Receipt this Period
 100.00

C. Robert Giaquinto
 Full Name (Last, First, Middle Initial)
 Mailing Address 464 Forest Avenue
 City Rye State NY Zip Code 10580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rye Beach Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : A2015-2955768
 Amount of Each Receipt this Period
 250.00

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 14 OF 36
(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)

Full Name (Last, First, Middle Initial)
A. Douglas Higgins

Mailing Address 137 North Market Street

City Paxton State IL Zip Code 60957

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

Name of Employer Doug's Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : A2015-2558927

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Jeff Hill

Mailing Address 931 Highway 28 Suite 204

City Milford State OH Zip Code 45150

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

Name of Employer Hill's Compounding Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : A2015-2363668

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Bill Johns

Mailing Address P.O. Box 771797

City Memphis State TN Zip Code 38117-1797

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

Name of Employer Peoples Custom RX Occupation RPh FIACP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : A2015-1795087

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Richard Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 845 South Beech
 City Casper State WY Zip Code 82601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pharmacy Compounding of Roswell Occupation RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2015
Transaction ID : A2015-2751028
 Amount of Each Receipt this Period
 500.00

B. Robin Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 Coulter #307
 City Amarillo State TX Zip Code 79106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer King's Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : A2015-2192398
 Amount of Each Receipt this Period
 1000.00

C. James Kodman
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 North 7th Street
 City Indiana State PA Zip Code 15701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gatti Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : A2015-1795088
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Larry Krohn
 Full Name (Last, First, Middle Initial)
 Mailing Address 1110 Cowan-Lorraine Road
 City Gulfport State MS Zip Code 39507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beach Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : A2015-1795083
 Amount of Each Receipt this Period
 300.00

B. Mike Leake
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 726
 City Danville State KY Zip Code 40423-0726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Louisville Pharmacy Occupation RPh FIACP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : A2015-2363673
 Amount of Each Receipt this Period
 250.00

C. Bill Letendre
 Full Name (Last, First, Middle Initial)
 Mailing Address 9901 S. Wilcrest
 City Houston State TX Zip Code 77099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PCCA-Pharmacy Mangement Department Occupation MS Pharm MBA FIACP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : A2015-2955774
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 36
	<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	<input type="checkbox"/> 17

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

A. Arthur Margolis
Full Name (Last, First, Middle Initial)

Mailing Address 153 California Street

City Newton State MA Zip Code 02458

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

Name of Employer Americas Compounding Center Rx Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : A2015-1795089

Amount of Each Receipt this Period
 500.00

B. Richard Marlin
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 2208

City Youngstown State OH Zip Code 44504-2208

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

Name of Employer Allen's PharmaServ Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2015

Transaction ID : A2015-2751034

Amount of Each Receipt this Period
 500.00

C. Sonia Martinez
Full Name (Last, First, Middle Initial)

Mailing Address 6627 South Dixie Highway

City Miami State FL Zip Code 33143

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

Name of Employer Marco Drugs & Compounding Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : A2015-1795090

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 36
	<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)

Full Name (Last, First, Middle Initial) A. David Miller			Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2015 Transaction ID : A2015-2751029		
Mailing Address 4021 Cascade Road SE			Amount of Each Receipt this Period 1000.00		
City Grand Rapids	State MI	Zip Code 49546			
FEC ID number of contributing federal political committee. C					
Name of Employer Keystone Pharmacy		Occupation Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) B. Michael S. Mieczko			Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2015 Transaction ID : A2015-2751032		
Mailing Address 8170 23 Mile Road			Amount of Each Receipt this Period 250.00		
City Shelby Township	State MI	Zip Code 48316			
FEC ID number of contributing federal political committee. C					
Name of Employer Advanced Care Compounding Solutions		Occupation Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) C. Richard Moon			Date of Receipt M M / D D / Y Y Y Y Y 08 / 18 / 2015 Transaction ID : A2015-2192390		
Mailing Address 863 Fairmount Ave			Amount of Each Receipt this Period 100.00		
City Jamestown	State NY	Zip Code 14701			
FEC ID number of contributing federal political committee. C					
Name of Employer Pharmacy Innovations		Occupation Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Richard Moon
Full Name (Last, First, Middle Initial)

Mailing Address 863 Fairmount Ave

City Jamestown State NY Zip Code 14701

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

Name of Employer Pharmacy Innovations Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
09 / 18 / 2015
Transaction ID : A2015-2363680

Amount of Each Receipt this Period
100.00

B. Richard Moon
Full Name (Last, First, Middle Initial)

Mailing Address 863 Fairmount Ave

City Jamestown State NY Zip Code 14701

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

Name of Employer Pharmacy Innovations Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
10 / 18 / 2015
Transaction ID : A2015-2558622

Amount of Each Receipt this Period
100.00

C. Richard Moon
Full Name (Last, First, Middle Initial)

Mailing Address 863 Fairmount Ave

City Jamestown State NY Zip Code 14701

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

Name of Employer Pharmacy Innovations Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
11 / 18 / 2015
Transaction ID : A2015-2751038

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: (check only one)	PAGE 20 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Alfonse Muto
 Full Name (Last, First, Middle Initial)
 Mailing Address 5110 Main Street
 City State Zip Code
 Williamsville NY 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pine Pharmacy Pharmacist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : A2015-2955776
 Amount of Each Receipt this Period
 500.00

B. Kevin Oberlander
 Full Name (Last, First, Middle Initial)
 Mailing Address 705 E. Main Avenue
 City State Zip Code
 Bismarck ND 58501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dakota Pharmacy Pharmacist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : A2015-1795092
 Amount of Each Receipt this Period
 500.00

C. Gopesh Patel
 Full Name (Last, First, Middle Initial)
 Mailing Address 4402 5th Avenue
 City State Zip Code
 Brooklyn NY 11220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 VLS Pharmacy Inc. RPh
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : A2015-2955778
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Brian Pinto
 Full Name (Last, First, Middle Initial)
 Mailing Address 1115 South Avenue West
 City Westfield State NJ Zip Code 07090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tiffany Natural Pharmacy Occupation RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : A2015-2363670
 Amount of Each Receipt this Period
 500.00

B. Stan Reeves
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 310
 City Demopolis State AL Zip Code 36732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer F & F Drugs Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : A2015-2558926
 Amount of Each Receipt this Period
 1000.00

C. Jodie Roberds
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 N. Rivershire
 City Conroe State TX Zip Code 77304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roberds Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : A2015-2192397
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 22 OF 36
(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)

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

Mailing Address 262 Cottage Street Suite 116

City Littleton	State NH	Zip Code 03561
-------------------	-------------	-------------------

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

Name of Employer Eastern States Compounding Pharmacy	Occupation Pharmacist
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2015

Transaction ID : A2015-1795080

Amount of Each Receipt this Period

50.00

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

Mailing Address 262 Cottage Street Suite 116

City Littleton	State NH	Zip Code 03561
-------------------	-------------	-------------------

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

Name of Employer Eastern States Compounding Pharmacy	Occupation Pharmacist
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2015

Transaction ID : A2015-2192391

Amount of Each Receipt this Period

50.00

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

Mailing Address 262 Cottage Street Suite 116

City Littleton	State NH	Zip Code 03561
-------------------	-------------	-------------------

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

Name of Employer Eastern States Compounding Pharmacy	Occupation Pharmacist
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2363681

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 36
	<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. David Rochefort
 Full Name (Last, First, Middle Initial)
 Mailing Address 262 Cottage Street Suite 116
 City Littleton State NH Zip Code 03561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastern States Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2015
Transaction ID : A2015-2558625
 Amount of Each Receipt this Period
 50.00

B. David Rochefort
 Full Name (Last, First, Middle Initial)
 Mailing Address 262 Cottage Street Suite 116
 City Littleton State NH Zip Code 03561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastern States Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2015
Transaction ID : A2015-2751039
 Amount of Each Receipt this Period
 50.00

C. David Rochefort
 Full Name (Last, First, Middle Initial)
 Mailing Address 262 Cottage Street Suite 116
 City Littleton State NH Zip Code 03561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastern States Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : A2015-2955766
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Jade Schuckman
Full Name (Last, First, Middle Initial)
Mailing Address 2412 West 16th
City Bedford State IN Zip Code 47421
FEC ID number of contributing federal political committee. **C**
Name of Employer Medicine Plus Occupation Pharmacist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 10 / 27 / 2015
Transaction ID : A2015-2558943
Amount of Each Receipt this Period 500.00

B. Chad Stoneburner
Full Name (Last, First, Middle Initial)
Mailing Address 2612 Tamiami Trail North
City Naples State FL Zip Code 34103
FEC ID number of contributing federal political committee. **C**
Name of Employer Clinical Compound Pharmacy Occupation RPh
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 27 / 2015
Transaction ID : A2015-2558944
Amount of Each Receipt this Period 250.00

C. Prakesh Suthar
Full Name (Last, First, Middle Initial)
Mailing Address 138 Arnett Blvd.
City Danville State VA Zip Code 24540
FEC ID number of contributing federal political committee. **C**
Name of Employer Kare Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 07 / 01 / 2015
Transaction ID : A2015-2363675
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... **1750.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Roy Dean (R.D.) Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 N. Commerce Ave.
 City Russellville State AR Zip Code 72801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer C&D Drug Store Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : A2015-2558945
 Amount of Each Receipt this Period
 500.00

B. Gilbert Weise Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4343 Colonial Ave.
 City Jacksonville State FL Zip Code 32210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Weise Prescription Shop Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : A2015-2558925
 Amount of Each Receipt this Period
 100.00

C. Nathan Worthing
 Full Name (Last, First, Middle Initial)
 Mailing Address 3075 Clark Road
 City Ypsilanti State MI Zip Code 48197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clark Professional Pharmacy Occupation Clark Professional Pharmacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : A2015-1795095
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 26 OF 36
(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. Douglas Yoch
Full Name (Last, First, Middle Initial)
Mailing Address 3330 Monroe Road Suite A
City Charlotte State NC Zip Code 28205
FEC ID number of contributing federal political committee. **C**
Name of Employer Stanley Apothecary Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 01 / 2015
Transaction ID : A2015-2363677
Amount of Each Receipt this Period
1000.00

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).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	22700.00

**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. 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: 2015
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : B577328

Amount of Each Disbursement this Period

434.00

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: 2015
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : B584825

Amount of Each Disbursement this Period

603.10

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: 2015
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : B577471

Amount of Each Disbursement this Period

406.00

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

1443.10

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 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. 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: 2015
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : B578406

Amount of Each Disbursement this Period

583.80

Full Name (Last, First, Middle Initial)

B. Fitts, Roberts & Co PC

Mailing Address 5718 Westheimer, Ste 800

City Houston State TX Zip Code 77057

Purpose of Disbursement
Admin expen-Tax Prep.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2015

Transaction ID : B578649

Amount of Each Disbursement this Period

300.00

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: 2015
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2015

Transaction ID : B578651

Amount of Each Disbursement this Period

686.00

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

1569.80

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 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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

/ /

Transaction ID : B584826

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement
Admin expen-Fundraising Exp.

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

/ /

Transaction ID : B579604

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address P.O. Box 650282

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Bank Service Charge

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

/ /

Transaction ID : B586036

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)

<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: 2015
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

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

Transaction ID : B588799

Amount of Each Disbursement this Period

5	8	.	7	1
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. 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: 2015
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	5

Transaction ID : B586890

Amount of Each Disbursement this Period

1	1	9	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. 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: 2015
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	5

Transaction ID : B592026

Amount of Each Disbursement this Period

1	3	8	7	.	6	2
---	---	---	---	---	---	---

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

1	3	8	7	.	6	2
---	---	---	---	---	---	---

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

1	3	8	7	.	6	2
---	---	---	---	---	---	---

**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. 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: 2015
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : B586954

Amount of Each Disbursement this Period

476.00

Full Name (Last, First, Middle Initial)

B. 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: 2015
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : B587564

Amount of Each Disbursement this Period

500.00

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: 2015
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2015

Transaction ID : B588900

Amount of Each Disbursement this Period

840.50

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

1816.50

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 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: 2015
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	03	/	2015

Transaction ID : B592786

Amount of Each Disbursement this Period

133.01

Full Name (Last, First, Middle Initial)

B. 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: 2015
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	09	/	2015

Transaction ID : B589609

Amount of Each Disbursement this Period

331.25

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: 2015
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	16	/	2015

Transaction ID : B591446

Amount of Each Disbursement this Period

500.00

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

964.26

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

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**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. IACP

Mailing Address 4638 Riverstone Blvd

City Missouri City State TX Zip Code 77459

Purpose of Disbursement Reimbursement-Fundraising Exp.

001

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2015 Primary General Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : B578405

Amount of Each Disbursement this Period

4038.06

Full Name (Last, First, Middle Initial)

B. 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.

001

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2015 Primary General Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : B577470

Amount of Each Disbursement this Period

595.87

Full Name (Last, First, Middle Initial)

C. 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.

001

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2015 Primary General Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : B579225

Amount of Each Disbursement this Period

1137.42

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

5771.35

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 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.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : B586891

Amount of Each Disbursement this Period

4356.69

Full Name (Last, First, Middle Initial)

B. 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.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2015

Transaction ID : B588901

Amount of Each Disbursement this Period

1481.86

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

5838.55

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

19827.92

**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. Salmon for Congress

Mailing Address PO Box 1290

City: Mesa State: AZ Zip Code: 85211

Purpose of Disbursement: Contribution

011

Candidate Name

Matt Salmon

Category/Type

Office Sought: House Senate President
State: AZ District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2015

Transaction ID : B582038

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Farr

Mailing Address PO Box 122

City: Monterey State: CA Zip Code: 93942

Purpose of Disbursement: Contribution

011

Candidate Name

Sam Farr

Category/Type

Office Sought: House Senate President
State: CA District: 20

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2015

Transaction ID : B578797

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Kurt Schrader for Congress

Mailing Address PO Box 3314

City: Oregon City State: OR Zip Code: 97045

Purpose of Disbursement: Contribution

011

Candidate Name

Kurt Schrader

Category/Type

Office Sought: House Senate President
State: OR District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2015

Transaction ID : B578796

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Ron Johnson for Senate Inc.

Mailing Address 219 E Washington Ave Suite 101

City Oshkosh State WI Zip Code 54901

Purpose of Disbursement
Contribution

011

Candidate Name

Ronald Harold Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : B587191

Amount of Each Disbursement this Period

1000.00

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

Amount of Each Disbursement this Period

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

1000.00

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

5500.00
