Image# 201601279004624345				PAGE 1 / 36
	EPORT OF RE ND DISBURSI Other Than An Authori	EMENTS	Office	e Use Only
1. NAME OF TYP COMMITTEE (in full)		Example: If typing, type over the lines.	12FE4M5	
International Academy of	Compounding Pharm	acists PAC (COMP	PAC)	
ADDRESS (number and street)	638 Riverstone Blvd			
Check if different than previously reported. (ACC)	//////////////////////////////////////		TX 774	459
2. FEC IDENTIFICATION NUMB			STATE 🔺	ZIP CODE
C C00424143	3. IS TH REPO	V	AMENDE (A)	Ð
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1)</li> <li>July 15 Quarterly Report (Q2)</li> <li>October 15 Quarterly Report (Q3)</li> <li>X January 31 Year-End Report (YE)</li> <li>July 31 Mid-Year Report (Non-election Year Only) (MY)</li> <li>Termination Report (TER)</li> </ul>	(b) Monthly Report Due On: Mar 20 ( Apr 20 (f (c) 12-Day PRE-Election Report for the: Election on (d) 30-Day POST-Election Report for the: Election on	M3) Jun 20 (M6	i) Sep 20 (M	9) Dec 20 (M12) (Non-Election Year Only) 9) Ver Only)
5. Covering Period 07	eport and to the best of my Villiam R. Letendre Sr.	through 12	31	2015 plete.
Signature of Treasurer	Letendre Sr.	[Electronically Filed]	Date 01 /	27 / Y Y Y Y Y 2016
NOTE: Submission of false, erroneous	, or incomplete information ma	y subject the person signing	this Report to the pen	alties of 2 U.S.C. §437g.
Office Use Only			FE	<b>EC FORM 3X</b> Rev. 12/2004

01/27/2016 10 : 08

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page **2** 

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

International Academy of Compounding Pharmacists PAC (COMP PAC)

R	eport Covering the Period: From:	07 01 / Y Y Y Y Y 07 01 To	. 12 31 / Y Y Y Y Y 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		49687.63
	(b) Cash on Hand at Beginning of Reporting Period	37010.62	
	(c) Total Receipts (from Line 19)	26785.00	62385.00
	<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	63795.62	112072.63
7.	Total Disbursements (from Line 31)	25327.92	73604.93
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38467.70	38467.70
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

X

#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### International Academy of Compounding Pharmacists PAC (COMP PAC)

R	eport Covering the Period: From: 07	/         D         /         Y         Y         Y         Y           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 (iii) TOTAL (add	4085.00	6185.00
	Lines 11(a)(i) and (ii)	26785.00	62385.00
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
	<ul> <li>(such as PACs)</li> <li>(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry</li> </ul>	0.00	0.00
12	Totals to Line 33, page 5)	26785.00	62385.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00
17	Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00
	(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

I

#### DETAILED SUMMARY PAGE

II. Disbursements	COLUMN A	COLUMN B
. Operating Expenditures:	Total This Period	Calendar Year-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	19827.92	32604.93
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li> </ul>	19827.92	32604.93
. Transfers to Affiliated/Other Party		
Committees Contributions to Federal Candidates/Committees	0.00	0.00
and Other Political Committees	5500.00	41000.00
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	0.00	0.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))►	0.00	0.00
. Other Disbursements	0.00	0.00
<ul> <li>Federal Election Activity (2 U.S.C. §431(20))</li> <li>(a) Allocated Federal Election Activity</li> </ul>		
(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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	25327.92	73604.93
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)▶	25327.92	73604.93

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#### DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	26785.00	62385.00
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26785.00	62385.00
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	19827.92	32604.93
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	19827.92	32604.93

FOR LINE NUMBER:

PAGE 6 OF

36

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)		12	17			
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpos	e of soliciting	contribut	tions			
NAME OF COMMITTEE (In Full) International Academy of Con	npounding	Pharmacists PAC (CO	MP PAC)						
Full Name (Last, First, Middle Initial)         A.       Eyad Alsabbagh         Mailing Address 7731 Cox Lane			Date of Recei	pt	YY	Y			
City West Chester	State OH	Zip Code 45069	07 Transaction Amount of Ead	01 <b>ID : A2015-2</b> ch Receipt th					
FEC ID number of contributing federal political committee.	С				1000	.00			
Name of Employer Biomed Pharmacy Receipt For:	Occupation PhD Aggregate	Year-to-Date ▼	_						
Other (specify)		1250.00							
Full Name (Last, First, Middle Initial)           B.         Ralph Balchin           Mailing Address 575 N. Glynn Street			Date of Recei	pt	Vr Vr	V			
City	State	Zip Code	07 01 2015 Transaction ID : A2015-2363666 Amount of Each Receipt this Period						
Fayetteville FEC ID number of contributing federal political committee.	GA	30214	Amount of Ead	ch Receipt th	.00				
Name of Employer Jones Pharmacy	Occupation Pharmacist		_						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
Full Name (Last, First, Middle Initial) C. Stephen Bernardi			Date of Recei	pt					
Mailing Address 577 Main Street	State	Zip Code	07	23	2015	Y			
Waltham	MA	02452	Transaction Amount of Ead						
FEC ID number of contributing federal political committee.	С		· · · ·		1000	.00			
Name of Employer Johnson Compounding & Wellness Center	Occupation Pharmacist								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00							
SUBTOTAL of Receipts This Page (optional)				7	3000.	00			

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

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#### :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

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:

FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page	×	11a		11b	11c	12					
					13		14	15	16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the													
$\backslash$	NAME OF COMMITTEE (In Full)													
$\Big/$	International Academy of Compo	ounding l	Pharmacists PAC (CON	MP F	-AC)									
Α.	Full Name (Last, First, Middle Initial) Robert Blomquist			Date of Receipt										
	Mailing Address 146 North Brent St.			07 23 2015 Transaction ID : A2015-1795082										
	City	State	Zip Code		Trans	acti	ion ID :	A2015-1	795082					
	Ventura	CA	93003		Amount	of	Each Re	eceipt th	is Period					
	FEC ID number of contributing federal political committee.	С					,	7	500	.00				
	Name of Employer	Occupation												
	Cabrillo Pharmacy	Pharmacist												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		500.00											
в.	Full Name (Last, First, Middle Initial) John Boff				Date of	Re	eceipt							
	Mailing Address 760 Merrimon Avenue						18	/ Y	2015	Y				
	City	State	Zip Code		Trans	acti	ion ID : /	A2015-1						
	Asheville	NC	28804		Amount	of	Each Re	eceipt th	is Period					
	FEC ID number of contributing federal political committee.	С				.00								
	Name of Employer	Occupation		_										
	The Medicine Shoppe	Pharmacist												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		600.00											
			, , , , , , , , , , , , , , , , , , , ,											
С.					Date of	Re	eceipt							
	Mailing Address 760 Merrimon Avenue				м м 08	/	D D 18	/ Y	ү ү 2015	Y				
	City Asheville	State NC	Zip Code 28804				ion ID :							
		NO	20004		Amount	of	Each Re	eceipt th	is Period					
	FEC ID number of contributing federal political committee.	С					,		50	0.00				
	Name of Employer	Occupation												
	The Medicine Shoppe	Pharmacist												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		650.00											
s	UBTOTAL of Receipts This Page (optional)		•••••				7		600	.00				

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

FOR LINE NUMBER:

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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	nd Statements may not be sold or used by any p the name and address of any political committee	
NAME OF COMMITTEE (In Full) International Academy of Col	mpounding Pharmacists PAC (CO	MP PAC)
Full Name (Last, First, Middle Initial)         A.         John Boff         Mailing Address 760 Merrimon Avenue		Date of Receipt
City Asheville	State Zip Code NC 28804	09 18 2015 Transaction ID : A2015-2363678
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer The Medicine Shoppe	Occupation Pharmacist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	]
Full Name (Last, First, Middle Initial) B. John Boff	Date of Receipt	
Mailing Address 760 Merrimon Avenue		M = M         /         D = D         /         Y = Y = Y = Y         Y           10         18         2015
City	State Zip Code	Transaction ID : A2015-2558624
Asheville	NC 28804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer The Medicine Shoppe	Occupation Pharmacist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	]
Full Name (Last, First, Middle Initial) C. John Boff		Date of Receipt
Mailing Address 760 Merrimon Avenue		11 18 2015
City Asheville	State Zip Code NC 28804	Transaction ID : A2015-2751040 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
The Medicine Shoppe	Pharmacist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 800.00	1
SUBTOTAL of Receipts This Page (optional	) J	150.00

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

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			Detailed Summary Page		<b>×</b> 11a		11b	11c	12				
	y information copied from such Reports and S for commercial purposes, other than using the												
<u> </u>	NAME OF COMMITTEE (In Full) International Academy of Comp												
A.	Full Name (Last, First, Middle Initial) John Boff				Date of	Re	ceipt						
	Mailing Address 760 Merrimon Avenue			M = M         /         D = D         /         Y = Y = Y         Y           12         18         2015									
	City Asheville	State NC	Zip Code 28804	Transaction ID : A2015-2955764           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,			50.00			
	Name of Employer The Medicine Shoppe	Occupation Pharmacist											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00										
	Full Name (Last, First, Middle Initial) Charles Cather					Re	ceipt						
	Mailing Address 4016 Massillion Road Suite B	-			M M	/	D 17		2015	Y			
-	City Uniontown	State OH	Zip Code 44685					A2015-2 Receipt tl					
	FEC ID number of contributing federal political committee.				5		2	50.00					
	Name of Employer Compounding Pharmacy of Green												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]									
с.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt						
	Mailing Address 2422-J Danville Road SW				M M 11	1	D 17		2015	Y			
	City Decatur	State AL	Zip Code 35603					: A2015-2 Receipt tl					
	FEC ID number of contributing federal political committee.	С					л		10	00.00			
	Name of Employer	Occupation	1										
	Pill Box Pharmacy Receipt For:	Pharmacist											
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]									
S	UBTOTAL of Receipts This Page (optional)								130	00.00			
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		Detailed Summary Page		11a		11b		11c	12				
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Any information copied from such Reports an or for commercial purposes, other than using	nd Statements ma	ay not be sold or used by any p address of any political committee	erson e to so	tor the blicit cor	purp ntrib	pose oution:	ot so s fro	oliciting m such	contribu	tions tee.			
NAME OF COMMITTEE (In Full)													
International Academy of Co	mpounding	Pharmacists PAC (CO	MP	PAC)									
Full Name (Last, First, Middle Initial) <b>4. Kort Delost</b>				Date of	f Re	ceipt							
Mailing Address 47 East 500 South			08 28 2015										
City	State	Zip Code		Trans	acti	ion IE	) : A	2015-2	192393				
Bountiful	UT	84010	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С					7		7	300	.00			
Name of Employer The Medicine Shoppe	Occupation RPh Presid												
Receipt For:		Year-to-Date ▼	_										
Primary General Other (specify)	1												
Full Name (Last, First, Middle Initial) <b>3. John DeMars</b>						eceipt							
Mailing Address 203 Amick's Ferry Road S	Mailing Address 203 Amick's Ferry Road Suite 400					2	D 27	/ Y	y y 2015	Y			
City	State	Zip Code		Trans	acti	ion ID	) : A2	2015-2	558941				
Chapin	Chapin SC 29036							eipt th	is Period				
FEC ID number of contributing federal political committee.	С					7		y	500	.00			
Name of Employer Vet Med Inc.	Occupation Pharmacist												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]										
Full Name (Last, First, Middle Initial)				Date of	f Re	ceipt							
Mailing Address 3455 Wilkens Avenue				м м 12		D	D 22	/ Y	ү ү 2015	Y			
City	State	Zip Code		Trans	act	ion II	D : A	2015-2	955772				
Baltimore	MD	21229		Amount	t of	Each	Rec	eipt th	is Period				
FEC ID number of contributing federal political committee.	C					7		7	250	0.00			
Name of Employer	Occupation	1											
Voshell's Pharmacy	Pharmacist	t											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary     General       Other (specify) ▼		250.00											
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FOR LINE NUMBER:

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(C	heck only	y one)								
11			for each category of the Detailed Summary Page		X 11a 13	11		11c 15	12 16	17				
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	NAME OF COMMITTEE (In Full)													
$\langle \rangle$	International Academy of Comp	oounding l	Pharmacists PAC (COI	MP	PAC)									
Α.	Full Name (Last, First, Middle Initial) Cheri Garvin				Date of	Recei	pt							
	Mailing Address 109 Old English Court SW				м м 08		18	/ Y	ү ү 2015	Y				
	City Leesburg	State VA	Zip Code 20175	Transaction ID : A2015-2192389 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						7	100					
	Name of Employer Leesburg Pharmacy	Occupation Rph												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00											
в.	Full Name (Last, First, Middle Initial) Cheri Garvin				Date of	Recei	pt							
	Mailing Address 109 Old English Court SW				м м 09	/	18	/ Y	ү ү 2015	Y				
	City	State	Zip Code				ID : A2							
	Leesburg	VA	20175	_	Amount	t of Ea	ch Rece	eipt this	s Period					
	FEC ID number of contributing federal political committee.	С						7	100	.00				
	Name of Employer Leesburg Pharmacy	Occupation Rph												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00											
<u>с</u> .	Full Name (Last, First, Middle Initial) Cheri Garvin				Date of	Recei	pt							
	Mailing Address 109 Old English Court SW				м м 10	/	D D 18	/ Y	y y 2015	Y				
	City Leesburg	State VA	Zip Code 20175	_			ID:A2		<b>58623</b> s Period					
	FEC ID number of contributing federal political committee.	С			Amoun	, OI LA		j j		0.00				
	Name of Employer	Occupation												
	Leesburg Pharmacy	Rph												
	Receipt For:	Aggregate	Year-to-Date ▼	ł										
	Other (specify)		900.00											
s	<b>SUBTOTAL</b> of Receipts This Page (optional)		•••••	•				3	300	.00				

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			Detailed Summary Page		(11a		11b		11c		12			
					13		14		15		16	17		
	y information copied from such Reports and St for commercial purposes, other than using the													
$\overline{)}$	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	International Academy of Compo	ounding I	Pharmacists PAC (CO	MP I	PAC)									
Α.	Full Name (Last, First, Middle Initial) Cheri Garvin	Sarvin												
	Mailing Address 109 Old English Court SW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
	City	State	Zip Code		Trans	acti	ion IE	):A	2015-2	7510	)37			
	Leesburg	VA	20175	- 1	Amount	t of	Each	Re	ceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С					3		7		100.	00		
	Name of Employer Leesburg Pharmacy	Occupation Rph												
	Receipt For:		Year-to-Date ▼											
	Primary General Other (specify) ▼		1000.00											
В.	Full Name (Last, First, Middle Initial) Cheri Garvin					Re	eceipt							
	Mailing Address 109 Old English Court SW				M M	/		D 18	/ Y	ү 20	ү 15	Y		
	City	State	Zip Code		Trans	acti	ion ID	) : A	2015-29	9557	765			
	Leesburg	VA	20175	_  '	Amount	t of	Each	Re	ceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С					7		7		100.	00		
	Name of Employer Leesburg Pharmacy	Occupation Rph												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00											
с.	Full Name (Last, First, Middle Initial) Robert Giaquinto				Date of	Re	eceipt							
	Mailing Address 464 Forest Avenue				м м 12	1		D 21	/ Y	ү 20	ү 15	Y		
	City Rye	State NY	Zip Code 10580						<b>2015-2</b> ceipt th					
	FEC ID number of contributing federal political committee.	С					7		7		250.	00		
	Name of Employer	Occupation		_										
	Rye Beach Pharmacy	Pharmacist												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		, 250.00											
s	UBTOTAL of Receipts This Page (optional)						7		7		450.0	00		
т	OTAL This Period (last page this line number c	only)	••••••				7		,					

FOR LINE NUMBER:

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(cl	heck only	y one	e)				
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	ny information copied from such Reports and S for commercial purposes, other than using the					purpo			g conti		
	NAME OF COMMITTEE (In Full)	name and a	duress of any pointear committee	10 3		nnbu				mille	
	International Academy of Comp	ounding	Pharmacists PAC (COI	MP	PAC)						
Α.	Full Name (Last, First, Middle Initial) Douglas Higgins				Date of	Rec	eipt				
	Mailing Address 137 North Market Street				м м 10	/	D D D	/ Y	y 201	5	
	City Paxton	State IL	Zip Code 60957	_				A2015-2 eceipt th			
	FEC ID number of contributing federal political committee.	С				,			1	000.0	00
	Name of Employer Doug's Pharmacy	Occupation Pharmacist									
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
в.	Full Name (Last, First, Middle Initial) Jeff Hill				Date of	Rec	eipt				
	Mailing Address 931 Highway 28 Suite 204		7.0.1		M M 07	/	D D D		201		
	City Milford	State OH	Zip Code 45150	$\vdash$				A2015-2			
	FEC ID number of contributing federal political committee.	С				1 OI E		eceipt th		500.0	0
	Name of Employer Hill's Compounding Pharmacy	Occupation Pharmacist									
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Bill Johns				Date of	Rec	eipt				
	Mailing Address P.O. Box 771797				м м 07	1	D D 27	/ Y	201		
	City Memphis	State TN	Zip Code 38117-1797	_				A2015-1 eceipt th			
	FEC ID number of contributing federal political committee.	С				,		- 7	1	000.0	00
	Name of Employer	Occupation		$\neg$							
	Peoples Custom RX	RPh FIACP									
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1000.00								
s	UBTOTAL of Receipts This Page (optional)			 -					2	500.0	0

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	) RECEIPTS		Use separate schedule(s)	(check only	y one)			
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	COMMITTEE (In Full) tional Academy of Comp	ounding	Pharmacists PAC (CO	MP PAC)				
	(Last, First, Middle Initial) Johnson			Date of	f Receipt			
Mailing Ad	dress 845 South Beech			M – M 1_1	/ D D 17	/ Y	ү ү 2015	Y
City Casper		State WY	Zip Code 82601		action ID : t of Each R			
	imber of contributing itical committee.	С					500	.00
Name of E Pharmacy Receipt Fo	Compounding of Roswell	Occupation RPh		_				
Prim		Aggregate	Year-to-Date ▼ 500.00					
Full Name <b>B.</b> Robin J	(Last, First, Middle Initial) ohnson			Date of	f Receipt			
	dress 1600 Coulter #307			М М 08	/ D D 28	/ Y	y y 2015	Y
City Amarillo		State TX	Zip Code 79106		action ID :			
	imber of contributing itical committee.	С					1000.	00
	npounding Pharmacy	Occupation Pharmacist						
Receipt Fo		Aggregate	Year-to-Date ▼ 1000.00					
	(Last, First, Middle Initial) Kodman			Date of	f Receipt			
Mailing Ad	dress 20 North 7th Street			07	/ D D 27	/ Y	y y 2015	Y
City Indiana		State PA	Zip Code 15701		action ID : t of Each R			
	umber of contributing itical committee.	С					250	.00
Name of E		Occupation						
Receipt Fo		Pharmacist Aggregate	Year-to-Date ▼ 250.00					
SUBTOTAL	of Receipts This Page (optional)						1750.	00
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IΤ			Use separate schedule(s)	(cl	heck only	y one)				
11			for each category of the Detailed Summary Page		X 11a	11b	11c		12 16	17
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	NAME OF COMMITTEE (In Full)			5 10 8		IIIIDUIIOIIS	ITOITI SUC		mille	e.
$\rangle$	International Academy of Com	pounding	Pharmacists PAC (COI	MP	PAC)					
<u> </u>	Full Name (Last, First, Middle Initial) Larry Krohn				Date of	Receipt				
	Mailing Address 1110 Cowan-Lorraine Road				M M	/ D	D / Y		Y	
	City	State	Zip Code	_	07 Trans	23 action ID		201 1 <b>7950</b>		
	Gulfport	MS	39507	_		t of Each				
	FEC ID number of contributing federal political committee.	С				, <u>,</u> ,		_	300.0	00
	Name of Employer	Occupation								
	Beach Pharmacy	Pharmacist								
	Receipt For:	Aggregate	Year-to-Date <b>V</b>							
	Primary   General     Other (specify)   V		300.00							
В.	Full Name (Last, First, Middle Initial) Mike Leake	1			Date of	Receipt				
	Mailing Address P.O. Box 726				м м 07	/ D	D / Y	201		
	City	State	Zip Code			action ID				
	Danville	KY	40423-0726		Amount	t of Each	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С						_	250.0	0
	Name of Employer	Occupation								
	Louisville Pharmacy	RPh FIACP								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]						
с.	Full Name (Last, First, Middle Initial) Bill Letendre	1			Date of	Receipt				
	Mailing Address 9901 S. Wilcrest				M M 12	/ D		y 201		ſ
	City	State	Zip Code		Trans	action ID	: A2015-2	29557	74	
	Houston	ТХ	77099		Amount	t of Each	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С						_	250.0	00
	Name of Employer	Occupation								
	PCCA-Pharmacy Mangement Department	MS Pharm	MBA FIACP							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
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	NAME OF COMMITTEE (In Full) International Academy of Comp	oounding	Pharmacists PAC (CO	MP PA	C)					
Α.	0			Dat	e of I	Receipt				
	Mailing Address 153 California Street	Ototo	Zie Oode	(	™ 07	/ D 27		у у 2015	Y	
	City Newton	State MA	Zip Code 02458				: <b>A2015-1</b> Receipt th		d	
	FEC ID number of contributing federal political committee.	С				7		50	0.00	
	Name of Employer Americas Compounding Center Rx	Occupation Pharmacist								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00							
в.	Full Name (Last, First, Middle Initial) Richard Marlin			Dat	e of I	Receipt				
	Mailing Address P.O. Box 2208		7.0.1		™ 1_1	/ 17		2015	Y	
	City Youngstown	State OH	Zip Code 44504-2208				A2015-2 Receipt th		d	
	FEC ID number of contributing federal political committee.	С				7		50	0.00	
	Name of Employer Allen's PharmaServ	Occupation Pharmacist								
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) Sonia Martinez			Dat	e of I	Receipt				
	Mailing Address 6627 South Dixie Highway				0 <b>7</b>	/ D 27		2015	Y	
	City Miami	State FL	Zip Code 33143				: A2015-1 Receipt th		d	
	FEC ID number of contributing federal political committee.	С				7	7	100	0.00	
	Name of Employer Marco Drugs & Compounding	Occupation Pharmacist								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1						
s	UBTOTAL of Receipts This Page (optional)					7	7	200	0.00	]

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	y information copied from such Reports and for commercial purposes, other than using t										
$\left \right\rangle$	NAME OF COMMITTEE (In Full)										
	International Academy of Com	pounding	Pharmacists PAC (CO	MP	PAC	)					
Α.	Full Name (Last, First, Middle Initial) David Miller				Date o	f Re	eceipt				
	Mailing Address 4021 Cascade Road SE				M M	/	D D D	/ Y	ү 20	15	Y
	City	State	Zip Code			sact		A2015-27			
	Grand Rapids	MI	49546		Amoun	t of	Each Re	eceipt thi	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7			1000.	00
	Name of Employer	Occupation									
	Keystone Pharmacy Receipt For:	Pharmacist									
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		1000.00								
В.	Full Name (Last, First, Middle Initial) Michael S. Mleczko				Date o	f Re	eceipt				
	Mailing Address 8170 23 Mile Road				M		D D	/ Y		Y	Y
	City	State	Zip Code		11		17		20 <sup>-</sup>		
	Shelby Township	MI	48316					<b>42015-27</b> eceipt thi			
	FEC ID number of contributing federal political committee.	С					,			250.	00
	Name of Employer Advanced Care Compounding Solutions	Occupation Pharmacist									
	Receipt For:		Year-to-Date ▼								
	Primary General	Aggregate		11.							
	Other (specify) ▼	L	250.00	4							
с.	Full Name (Last, First, Middle Initial) Richard Moon				Date o	f Re	eceipt				
	Mailing Address 863 Fairmount Ave				M M	/	18	/ Y	۲ 20	15	Y
	City	State	Zip Code		Trans	sact	ion ID :	A2015-2 <sup>-</sup>	1923	890	
	Jamestown	NY	14701		Amoun	t of	Each Re	eceipt thi	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					3			100.	00
	Name of Employer	Occupation	1	$\neg$							
	Pharmacy Innovations	Pharmacist									
	Receipt For:	Aggregate	Year-to-Date ▼								
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$\setminus$	NAME OF COMMITTEE (In Full)									
	International Academy of Comp	ounding	Pharmacists PAC (CO	MP	PAC	)				
Α.	Full Name (Last, First, Middle Initial) Richard Moon				Date o	f Re	eceipt			
	Mailing Address 863 Fairmount Ave				M M	_	D	/ Y	Y Y	Y
					09		18		2015	
	City Jamestown	State NY	Zip Code 14701					A2015-2		
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	Name of Employer	Occupation								
	Pharmacy Innovations	Pharmacist								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		400.00							
<u> </u>	Full Name (Last, First, Middle Initial) Richard Moon				Date o	f Re	eceipt			
	Mailing Address 863 Fairmount Ave				M M		DD	/ Y	Y Y	Y
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	Pharmacy Innovations	Pharmacist								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary     General       Other (specify) ▼		500.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) Richard Moon				Date o	f Re	eceipt			
	Mailing Address 863 Fairmount Ave				M M	/	18	/ Y	2015	Y
	City	State	Zip Code		Trans	sact	ion ID :	A2015-2	2751038	
	Jamestown	NY	14701		Amoun	t of	Each R	eceipt th	nis Perio	d
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	Name of Employer	Occupation								
	Pharmacy Innovations	Pharmacist								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		600.00							
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		Detailed Summary Page		11a		11b	11c	12	
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Any information copied from such Reports or for commercial purposes, other than usin									
NAME OF COMMITTEE (In Full)									
angle International Academy of Co	ompounding	Pharmacists PAC (CC	MP F	PAC)	)				
Full Name (Last, First, Middle Initial) A. Alfonse Muto				Date of	f Re	eceipt			-
Mailing Address 5110 Main Street				м м 12	/	D D 22	/ Y	y y 2015	Y
City	State	Zip Code		Trans	act	ion ID : /	A2015-2	955776	
Williamsville	NY	14221	/	Amoun	t of	Each Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	C					7		500	.00
Name of Employer	Occupation								
Pine Pharmacy	Pharmacist								
Receipt For:	Aggregate	Year-to-Date ▼	7						
Other (specify)		500.00	]						
Full Name (Last, First, Middle Initial) <b>B. Kevin Oberlander</b>	I			Date of	f Re	eceipt			
Mailing Address 705 E. Main Avenue				м м 07	/	27	/ Y	2015	Y
City	State	Zip Code		Trans	acti	ion ID : A	2015-1	795092	
Bismarck	ND	58501		Amoun	t of	Each Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	C					7		500	.00
Name of Employer Dakota Pharmacy	Occupation Pharmacist								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00							
Full Name (Last, First, Middle Initial) C. Gopesh Patel	1			Date of	f Re	eceipt			
Mailing Address 4402 5th Avenue				м м 12		22	/ Y	y y 2015	Ŷ
City	State	Zip Code		Trans	sact	ion ID : /	A2015-2	955778	
Brooklyn	NY	11220	/	Amoun	t of	Each Re	eceipt th	is Period	
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Name of Employer	Occupation		$\neg$						
VLS Pharmacy Inc.	RPh								
Receipt For:	Aggregate	Year-to-Date ▼							
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			Detailed Summary Page		11a		11b	11c		2	
An	y information copied from such Reports and St	atements ma	ay not be sold or used by any n	erson 1	13 for the	pur	14 pose of	15 soliciting		16 ributi	17 ons
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to so	licit cor	htrib	outions f	rom such	n com	mitte	е.
	NAME OF COMMITTEE (In Full)										
$\underline{)}$	International Academy of Compo	ounding	Pharmacists PAC (CO	MP I	PAC)						
Α.	Full Name (Last, First, Middle Initial) Brian Pinto				Date of	Re	eceipt				
	Mailing Address 1115 South Avenue West				м м 07		D D	/ Y	Y 201		Y
	City	State	Zip Code			act	01 ion ID :	A2015-2	201 36367		
	Westfield	NJ	07090					eceipt th			
	FEC ID number of contributing federal political committee.	С					,	7		500.0	00
	Name of Employer	Occupation									
	Tiffany Natural Pharmacy Receipt For:	RPh		_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		, 500.00								
В.	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt				
	Mailing Address P.O. Box 310				M M	/	27	/ Y	201		Y
	City	State	Zip Code			acti		A2015-2			
	Demopolis	AL	36732		Amount	t of	Each R	eceipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С					,		1	000.0	00
	Name of Employer F & F Drugs	Occupation Pharmacist									
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) v	Aggregate	1000.00	1							
с.	Full Name (Last, First, Middle Initial) Jodie Roberds				Date of	Re	eceipt				
	Mailing Address 333 N. Rivershire				м м 08	/	28	/ Y	201		Y
	City	State	Zip Code					A2015-2			
	Conroe	ТХ	77304		Amount	of	Each R	eceipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С					7	3		250.0	00
	Name of Employer	Occupation		$\neg$							
	Roberds Pharmacy	Pharmacist									
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	NAME OF COMMITTEE (In Full) International Academy of Com	pounding	Pharmacists PAC (CO	MP F	PAC)					
Α.	Full Name (Last, First, Middle Initial) David Rochefort			C	Date of	Receipt				
	Mailing Address 262 Cottage Street Suite 110	3			м м 07	/ D 18		у у 2015	Y	
	City Littleton	State NH	Zip Code 03561	A		action ID of Each			d	
	FEC ID number of contributing federal political committee.	С				7		5	0.00	
	Name of Employer Eastern States Compounding Pharmacy	Occupation Pharmacist								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	]						
в.	Full Name (Last, First, Middle Initial) David Rochefort	1			Date of	Receipt				
	Mailing Address 262 Cottage Street Suite 116				м м 08	/ D 18		2015	Y	
	City Littleton	State NH	Zip Code 03561	A		of Each I			d	
	FEC ID number of contributing federal political committee.	С				7	7	5	0.00	
	Name of Employer Eastern States Compounding Pharmacy	Occupation Pharmacist								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00							
с.	Full Name (Last, First, Middle Initial) David Rochefort	1			Date of	Receipt				
	Mailing Address 262 Cottage Street Suite 11				м м 09	/ D 18		2015	Y	
	City Littleton	State NH	Zip Code 03561	A		action ID of Each			d	
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	Name of Employer Eastern States Compounding Pharmacy	Occupation Pharmacist								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	]						
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	y information copied from such Reports and St for commercial purposes, other than using the				for the		oose of	soliciting	g contr	ibuti	ions
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Α.	Full Name (Last, First, Middle Initial) David Rochefort				Date of	Re	· ·				
	Mailing Address 262 Cottage Street Suite 116	Chata	Zin Onde		10	/	18		201		Ŷ
	City Littleton	State NH	Zip Code 03561					A2015-2 Receipt th			
	FEC ID number of contributing federal political committee.	С				. 01	,			50.	00
	Name of Employer Eastern States Compounding Pharmacy	Occupation Pharmacist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
B.	Full Name (Last, First, Middle Initial) David Rochefort				Date of	Re	ceipt				
	Mailing Address 262 Cottage Street Suite 116				M M	/	18		2015		Y
	City Littleton	State NH	Zip Code 03561					A2015-2 Receipt th			
	FEC ID number of contributing federal political committee.	С					7		_	50.0	00
	Name of Employer Eastern States Compounding Pharmacy	Occupation Pharmacist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00								
с.	Full Name (Last, First, Middle Initial) David Rochefort				Date of	Re	ceipt				
	Mailing Address 262 Cottage Street Suite 116				м м 12	/	D 18		۲ 2018		Y
	City Littleton	State NH	Zip Code 03561					A2015-2 Receipt th			
	FEC ID number of contributing federal political committee.	С					7		_	50.	00
	Name of Employer	Occupation	l								
	Eastern States Compounding Pharmacy Receipt For:	Pharmacist		_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00								
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	I Statements may not be sold or used by any p the name and address of any political committee	
NAME OF COMMITTEE (In Full) International Academy of Com	npounding Pharmacists PAC (CO	MP PAC)
Full Name (Last, First, Middle Initial)         A.       Jade Schuckman         Mailing Address 2412 West 16th         City         Bedford	State Zip Code IN 47421	Date of Receipt
FEC ID number of contributing federal political committee.	С	
Name of Employer Medicine Plus Receipt For: Primary General Other (specify)	Occupation Pharmacist Aggregate Year-to-Date ▼ 500.00	]
B. Full Name (Last, First, Middle Initial) Chad Stoneburner Mailing Address 2612 Tamiami Trail North		Date of Receipt
City Naples FEC ID number of contributing federal political committee. Name of Employer	State Zip Code FL 34103	Transaction ID : A2015-2558944       Amount of Each Receipt this Period       250.00
Clinical Compound Pharmacy Receipt For: Primary General Other (specify) v	RPh     Aggregate Year-to-Date ▼     250.00	]
Full Name (Last, First, Middle Initial) C. Prakesh Suthar		Date of Receipt
Mailing Address 138 Arnett Blvd. 	State Zip Code VA 24540	07 01 2015 Transaction ID : A2015-2363675
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer Kare Pharmacy Receipt For: Primary General Other (specify) v	Occupation Pharmacist Aggregate Year-to-Date ▼ 1000.00	]
SUBTOTAL of Receipts This Page (optional).	· · · · · · · · · · · · · · · · · · ·	1750.00

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	NAME OF COMMITTEE (In Full)		derees of any pointed committee								
	International Academy of Com	pounding	Pharmacists PAC (COI	MP	PAC	)					
Α.	Full Name (Last, First, Middle Initial) Roy Dean (R.D.) Walker				Date o	f Re	ceipt				
	Mailing Address 121 N. Commerce Ave.				м м 10	/	27	) / Y		) 15	Y
	City Russellville	State AR	Zip Code 72801	_				A2015-2 Receipt tl			
	FEC ID number of contributing federal political committee.	С					7			500.0	00
	Name of Employer C&D Drug Store	Occupation Pharmacist									
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify)		500.00								
			3 3	11							
в.	Full Name (Last, First, Middle Initial) Gilbert Weise Jr.				Date o	f Re	ceipt				
	Mailing Address 4343 Colonial Ave.				M M	/	27	) / Y	ү 20	ү 15	Y
	City	State	Zip Code				-	A2015-2			
	Jacksonville	FL	32210	_	Amoun	t of	Each F	leceipt tl	his P	eriod	
	FEC ID number of contributing federal political committee.	С				_	,			100.0	00
	Name of Employer Weise Prescription Shop	Occupation									
	Receipt For:	Pharmacist	Veer te Dete 🗮	_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		2100.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Nathan Worthing	1			Date o	f Re	ceipt				
	Mailing Address 3075 Clark Road				M M	/	27	) / Y		15	Y
	City Ypsilanti	State MI	Zip Code 48197				-	A2015-			
	FEC ID number of contributing federal political committee.	C	40197		Amoun	t of	Each F	leceipt tl	his P	eriod 250.0	00
							,				
	Name of Employer	Occupation	ssional Pharmacy								
	Clark Professional Pharmacy Receipt For:										
	Primary General	Aggregale	Year-to-Date ▼	d.							
	Other (specify)		250.00								
s	UBTOTAL of Receipts This Page (optional)	<u> </u>		 ►			7			850.0	00

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and St for commercial purposes, other than using the			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) International Academy of Compo	ounding	Pharmacists PAC (COI	MP PAC)
Α.	Full Name (Last, First, Middle Initial)         Douglas Yoch         Mailing Address 3330 Monroe Road Suite A         City         Charlotte         FEC ID number of contributing federal political committee.         Name of Employer         Stanley Apothecary         Receipt For:         Primary       General         Other (specify) ▼	State NC C Occupation Pharmacist Aggregate		Date of Receipt
в.	Full Name (Last, First, Middle Initial)  Mailing Address City	State	Zip Code	Date of Receipt         M M / D D / Y Y Y Y         Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Receipt For:	Occupation		
	Primary General Other (specify) ▼	Aggregate	Year-to-Date	
C.	Full Name (Last, First, Middle Initial)           Mailing Address           City	State	Zip Code	Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)		•••••	1000.00
т	OTAL This Period (last page this line number o	nlv)		22700.00

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Detailed Summary Page     27     28     28     28     28     30       Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solding contributions form auch committee.     NAME OF COMMITTEE (In Full)       NAME OF COMMITTEE (In Full)     International Academy of Compounding Pharmacists PAC (COMP PAC)       Full Name (Last, First, Middle Initial)     Date of Diabursement       A. JB & Associates     Date of Diabursement       Mailing Address 2011 Waugh Drive     Transaction ID : B577328       City     State       Purpose of Diabursement Admin experiment for: 2015       Admine (Last, First, Middle Initial)       B. Comerica Bank       Mailing Address P.O. Box 650282       City       State:       Diabursement For: 2015       Purpose of Diabu						hec	k only	one)			-	_	L				
Ary Internation copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.         NAME OF COMMITTEE (in-Ful)         International Academy of Compounding Pharmacists PAC (COMP PAC)         Full Name (Last, First, Middle Initial)         A. JB & Associates         Mailing Address 2011 Waugh Drive         City         Purpose of Dibbursement         Admin expen-Fundfalling Exp.         Candidate Name         Click Supplication         Distoursement         Mailing Address P. O. Box 660282         City         Office Sought:       House         Purpose of Disbursement         Mailing Address P. O. Box 660282         City       State         Purpose of Disbursement         Mailing Address P. O. Box 660282         City       State         Purpose of Disbursement         Bark Service Charge         Candidate Name         Cast Service Charge         Candidate Name         Cast Obstursement         Bark Service Charge         Candidate Name         Cast Disbursement         Bark Service Charge         Candidate Name         Cast Disbursement      <						×						-		L			
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$\square$	NAME OF COMMITTEE (In Full)												
	International Academy of Compour	nding Ph	armacists P	AC	(C	OMP	PAC	)					
Α.	Full Name (Last, First, Middle Initial) JB & Associates						Date c	of Dis	burse	ment			
	Mailing Address 2011 Waugh Drive						07	/	D 1			015	Y
	City	State	Zip Code				Trop		on ID	. DE70/	06		
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в.	Full Name (Last, First, Middle Initial) Fitts, Roberts & Co PC						Date c	_	burse	_	Y	Ý	Y
	Mailing Address 5718 Westheimer, Ste 800						07		2			015	
	City S Houston	State TX	Zip Code 77057				Tran	sacti	on ID	: B5786	649		
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с.	Full Name (Last, First, Middle Initial) JB & Associates						Date c	of Dis	burse	ment			
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/	International Academy of Compour	nding Pr	narmacists P	AC	(C	OMF	PA	C)						
	ull Name (Last, First, Middle Initial)													
Α.	Comerica Bank							-			ment			
N	Aailing Address P.O. Box 650282						0			05		Y	2015	Y
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N	Aailing Address 2011 Waugh Drive						0		/	12		Y	2015	Y
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	Full Name (Last, First, Middle Initial)															
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/	International Academy of Compour	nding Pl	narmacists F	PAC	(C	OMF		PAC	)						
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_	Full Name (Last, First, Middle Initial)							Date of	ن م	burg		ont				
А.	Comerica Bank						i i			sourse			V	Y Y	V	
	Mailing Address P.O. Box 650282						ļ	12	ĺ		)3			2015		
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	Mailing Address 2011 Waugh Drive							м м 12	/		6	/		2015	Y	
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	International Academy of Compou	nding Pharmacists P	AC	(C		P PAC	)				
Α.	Full Name (Last, First, Middle Initial)					Date o	of Di	sburse	ment		
	Mailing Address 4638 Riverstone Blvd					07	/	D 1	7 /	2015	
	City Missouri City	State Zip Code TX 77459				Tran	sact	ion ID	: B5784	05	
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	State: District:	Not Applicable									
в.	Full Name (Last, First, Middle Initial) Public Affairs Support Services Inc	).				Date o	_		_		
	Mailing Address 1950 Roland Clarke Place Suite 3	00				07	/		6	2015	
	Reston	State Zip Code VA 20191				Tran	sact	ion ID	: B5774	70	
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	Office Sought: House Disburser Senate President	ment For: 2015 Primary General Other (specify) ▼									
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C.	Full Name (Last, First, Middle Initial) Public Affairs Support Services Inc	<b>:</b> .				Date o	of Di				
	Mailing Address 1950 Roland Clarke Place Suite 30	00				08	/	D 0:	3	2015	
	City Reston	State Zip Code VA 20191				Tran	sact	ion ID	: B5792	25	
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А.	Public Affair	rs Support Serv	vices Inc							Date of	t Dis			ent	/	Y	M	
	Mailing Address	1950 Roland Clarke Pl	ace Suite 30	0						<sup>M</sup> 10	ĺ	3		/		015	Y	
	City		S	State VA	Zip Code					Trans	acti	ion ID	: E	358689	)1			
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	Full Name (Last, First, Middle Initial)														
А.	Salmon for Congress							Date of	Dis	burse	ment				
	Mailing Address PO Box 1290							08	/	2		/ Y	2015	Y	
	City	State	Zip Code					<b>T</b>	43		. D.C				
	Mesa	AZ	85211					Trans	acti	on ID	: 85	82038			
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	Matt Salmon			T	ype			_	-	7		7	100	0.00	١.
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	Mailing Address PO Box 122						-	м м 07	/		9	/ Y	y y 2015	Y	
	Monterey	State CA	Zip Code 93942					Trans	acti	on ID	: B5	78797			
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$\vee$	nternational Academy of Compour	nding Pharmacists	PAC	(C)		PAC)						
-	ull Name (Last, First, Middle Initial) Ron Johnson for Senate Inc.					Date of	f Dis	burse	ment			
N	Ailing Address 219 E Washington Ave Suite 101					11	/	0		201	15	Y
	Sity S Shkosh	State Zip Code WI 54901				Trans	actio	on ID	: B5871	91		
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