

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Rogers, Emory, , ,
Type or Print Name of Treasurer $\qquad$


NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.


FEC Form 3X (Rev. 05/2016)

## Write or Type Committee Name

## Professional Compounding Centers of America PAC

Report Covering the Period:

From:

To:

$\square$
COLUMN A This Period
COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,

| Y/rry |
| :---: |
| 2021 |


(b) Cash on Hand at

Beginning of Reporting Period $\qquad$


$\square 72839.00$
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines
6(a) and 6(c) for Column B) $\qquad$

7. Total Disbursements (from Line 31) $\qquad$


8. Cash on Hand at Close of Reporting Period
(subtract Line 7 from Line 6(d)) $\qquad$

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
0.00
10. Debts and Obligations Owed BY the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
0.00
$x$
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

FEC Form 3X (Rev. 05/2016)

## Write or Type Committee Name

## Professional Compounding Centers of America PAC


11. Contributions (other than loans) From:
(a) Individuals/Persons Other

Than Political Committees
(i) Itemized (use Schedule A)............


| $\square$ | 0.00 |  |
| :--- | :--- | :--- |
|  |  | 0.00 |
|  |  | 0 |

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees. $\qquad$
17. Other Federal Receipts
(Dividends, Interest, etc.) $\qquad$
18. Transfers from Non-Federal and Levin Funds


|  | 0.00 |
| :---: | :---: |
|  | 0.00 |


19. Total Receipts (add Lines 11(d), $12,13,14,15,16,17$, and $18(\mathrm{c})) \ldots \ldots \ldots$
$\square=11717.00$
$\square 72839.00$
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ......... $\square$

FEC Form 3X (Rev. 05/2016)

## II. Disbursements

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share $\qquad$
$\qquad$
(ii) Non-Federal Share. $\qquad$
(b) Other Federal Operating Expenditures $\qquad$
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))
22. Transfers to Affiliated/Other Party Committees.
23. Contributions to

Federal Candidates/Committees and Other Political Committees
24. Independent Expenditures (use Schedule E)
25. Coordinated Party Expenditures
(52 U.S.C. § 30116(d))
(use Schedule F).. $\qquad$
26. Loan Repayments Made $\qquad$
27. Loans Made
28. Refunds of Contributions To:
(a) Individuals/Persons Other

Than Political Committees $\qquad$
(b) Political Party Committees
(c) Other Political Committees (such as PACs).
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) (c)) $\ldots$ $\cdots$
29. Other Disbursements (Including Non-Federal Donations) $\qquad$
$\rightarrow 2,1000.00$

COLUMN B Calendar Year-to-Date

| 0 | 0.00 |
| :---: | :---: |
| - 0.0 | 0.00 |
| $0 .$ | 0.00 |
|  | 0.00 |
| 9 | 0.00 |
| , 72386 |  |
|  |  |
| 0 | 0.00 |
| , $0^{0}$ | 0.00 |
| $0.0$ | 0.00 |
| , 0 | 0.00 |
| , 0 | 0.00 |
|  | 0.00 |
| 0 | 0.00 |

1000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))
(a) Allocated Federal Election Activity (from Schedule H6)
$\qquad$
(ii) "Levin" Share.
(b) Federal Election Activity Paid Entirely With Federal Funds $\qquad$
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))..


31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31). $\qquad$
$\square$
$\rightarrow \quad 73386.20$

Page 5
FEC Form 3X (Rev. 05/2016)
III. Net Contributions/

| COLUMN A Total This Period |
| :---: |
| $11717.00$ |
| $0.00$ |
| $11717.00$ |
| $0,0.00$ |
| $0.00$ |
| $0.00$ |


33. Total Contributions (other than loans)
(from Line 11(d), page 3)
34. Total Contribution Refunds (from Line 28(d))
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .........
37. Offsets to Operating Expenditures (from Line 15, page 3) $\qquad$
38. Net Operating Expenditures (subtract Line 37 from Line 36) $\qquad$

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

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

FOR LINE NUMBER: PAGE 6 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)
Professional Compounding Centers of America PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 19814 ICELAND COURT |  |  |
| :---: | :---: | :---: |
| City SPRING | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77379-1401 \end{array}$ |
| FEC ID number of contributing federal political committee. | C $\square$ $+$ . . |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Vice President of Pharmacy Software |  |
| Receipt For: Primary General Other (specify) | Aggrega | -to-Date $1200.00$ |

Date of Receipt


Transaction ID : 16009074
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BOTTONI, DON, , $\qquad$
Mailing Address 10010 ELKHART AVE

| City <br> LUBBOCK | State <br> TX | Zip Code <br> $79424-8211$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16009075
Amount of Each Receipt this Period


## Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. CLARK, DEBORAH, , ,

Mailing Address 2010 THORNDALE ROAD

| City INDIAN TRAIL | State NC | Zip Code 28079-5376 |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. |  |  |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) <br> Compounding Pharmacist |
|  | Aggrega |  |

Date of Receipt


Transaction ID : 16009076
Amount of Each Receipt this Period

$\square$ Memo Item


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

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

FOR LINE NUMBER: PAGE 7 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. DAY, ARJUN, , ,

Mailing Address 12722 TRAIL HOLLOW

| City HOUSTON | $\begin{aligned} & \hline \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77024-4011 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) sident of Clinical Services |
|  | Aggreg |  |

Date of Receipt


Transaction ID : 16009077
Amount of Each Receipt this Period


Memo Item

## Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEATSMAN, AMY,

Mailing Address 4923 WELFORD DR

| City <br> BELLAIRE | State <br> TX | Zip Code <br> $77401-5335$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID: 16009078
Amount of Each Receipt this Period


## Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. HARBIN, LIZABETH, , ,

Mailing Address 4409 OLD BROOK RUN

| City <br> MOUNTAIN BRK | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35243-4046 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) Comm, Edu, HR |
|  | Aggreg |  |

Date of Receipt

| $07$ | $\begin{gathered} D \quad D \\ 09 \end{gathered}$ | 2021 |
| :---: | :---: | :---: |

Transaction ID : 16009080
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)..................................................................... | $257.00$ |
| :---: | :---: |
| 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 8 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 19623 TRAVIS CANNON LANE |  |  |
| :---: | :---: | :---: |
| City RICHMOND | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77407-5503 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) |  |
| Receipt For: Primary $\square$ General Other (specify) | Aggreg | r-to-Date $240.00$ |

Date of Receipt


## Transaction ID : 16009081

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HOLMAN, CALVIN, ,

Mailing Address 1645 Oakridge Rd

| City <br> Weimar | State <br> TX | Zip Code <br> $78962-3762$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16009083
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. JONES, JANE, ,

Mailing Address 3901 TARRINGTON LANE

| City <br> UPPER ARLINGTON |
| :--- |
| FEC ID number of contributing <br> federal political committee. |
| OH |
| Name of Employer (for Individual) <br> PCCA |
| Receipt For: <br> $\square$ Primary <br> Other (specify) |
| General |

Date of Receipt


Transaction ID : 16009084
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................. | $60.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)........................................................ |  |

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

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

FOR LINE NUMBER: PAGE 9 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MARTIN, CHARLES, , ,

Mailing Address 4538 NORTHRIDGE CIRCLE

| Mailing Address 4538 NORTHRIDGE CIRCLE |  |
| :---: | :---: |
| City CRESTWOOD | State Zip Code <br> KY $40014-8646$ |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Clinical Services Manager |
|  | Aggregate Year-to-Date $\square$ |

Date of Receipt

| $07$ | $\begin{gathered} D \quad D \\ 09 \end{gathered}$ | $\begin{aligned} & y=r \\ & 2021 \end{aligned}$ |
| :---: | :---: | :---: |

## Transaction ID : 16009086

Amount of Each Receipt this Period


Memo Item

## Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MERRELL RHOADS, MELISSA,

Mailing Address 4036 KENT CT

| City <br> NAPLES | State <br> FL | Zip Code <br> $34116-7310$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16009087
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. OBRIEN, JOHN, , ,

Mailing Address 3234 GREENBRIAR

| City HOUSTON | State TX | Zip Code <br> $77098-2416$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) of Business Intelligence |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $240.00$ |

Date of Receipt


Transaction ID : 16009088
Amount of Each Receipt this Period


Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................. | $232.00$ |
| :---: | :---: |
| 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 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 1507 N JEFFERSON STREET |  |  |
| :---: | :---: | :---: |
| City <br> ARLINGTON | State <br> VA | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 22205-2839 \end{array}$ |
| FEC ID number of contributing federal political committee. |  |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Director of Government Affairs |  |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $420.00$ |

Date of Receipt


## Transaction ID : 16009090

Amount of Each Receipt this Period


Memo Item

## Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPEAIRS, KIMBERLY, , ,

Mailing Address 7054 SERRANO DRIVE

| City <br> FORT WORTH | State <br> TX | Zip Code <br> $76126-2320$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID: 16009091
Amount of Each Receipt this Period
$\square 75.00$

[^0]
## Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. BIGGS, MICHELLE, , ,

Mailing Address 19814 ICELAND COURT

| City <br> SPRING | State <br> TX | Zip Code <br> $77379-1401$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| PCCA | Occupation (for Individual) <br> Vice President of Pharmacy Software |  |
| Receipt For: <br> Primary <br> Other (specify) |  |  |

Date of Receipt


Transaction ID : 16009092
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)..................................................................... | $210.00$ |
| :---: | :---: |
| 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 11 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)
Professional Compounding Centers of America PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 10010 ELKHART AVE |  |  |
| :---: | :---: | :---: |
| City LUBBOCK | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 79424-8211 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) |  |
|  | Aggrega |  |

Date of Receipt


Transaction ID : 16009093
Amount of Each Receipt this Period


Memo Item

## Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLARK, DEBORAH,
,,
Mailing Address 2010 THORNDALE ROAD

| City <br> INDIAN TRAIL | State <br> NC | Zip Code <br> $28079-5376$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16009094
Amount of Each Receipt this Period


| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <br> c. DAY, ARJUN, , |  |  | Date of Receipt |
| :---: | :---: | :---: | :---: |
| Mailing Address 12722 TRAIL HOLLOW |  |  |  |
| City HOUSTON | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77024-4011 \end{array}$ | Transaction ID : 16009095 |
|  |  |  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. |  |  | 192.00 |
| Name of Employer (for Individual) PCCA |  | Occupation (for Individual) Vice President of Clinical Services | - Memo Item |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date |  |  |
| SUBTOTAL of Receipts This Page (optional) |  |  | , 257.00 |
| TOTAL This Period (last page this lin |  | .............................. |  |

## 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 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 4923 WELFORD DR |  |  |
| :---: | :---: | :---: |
| City BELLAIRE | State <br> TX | $\begin{aligned} & \hline \text { Zip Code } \\ & 77401-5335 \end{aligned}$ |
| FEC ID number of contributing federal political committee. | C $\square$ —是 $\square$ . |  |
| Name of Employer (for Individual) PCCA |  | (for Individual) <br> of Corporate Communications |
|  | Aggrega | -to-Date $325.00$ |

Date of Receipt


## Transaction ID : 16009096

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HARBIN, LIZABETH, , ,

Mailing Address 4409 OLD BROOK RUN

| City <br> MOUNTAIN BRK | State <br> AL | Zip Code <br> $35243-4046$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16009098
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. HARGER, ROBERT, ,

Mailing Address 19623 TRAVIS CANNON LANE

| City | State <br> TX | Zip Code <br> 77407-5503 |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |

Date of Receipt


Transaction ID : 16009099
Amount of Each Receipt this Period


Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................. | $85.00$ |
| :---: | :---: |
| 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 13 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. HOLMAN, CALVIN, ,

Mailing Address 1645 Oakridge Rd

| Mailing Address 1645 Oakridge Rd |  |
| :---: | :---: |
| City Weimar | State Zip Code <br> TX $78962-3762$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Director of Information Technology |
|  | Aggregate Year-to-Date |

Date of Receipt

| $07$ | $\begin{gathered} D \quad D \\ 23 \end{gathered}$ | $\begin{aligned} & y=r \\ & 2021 \end{aligned}$ |
| :---: | :---: | :---: |

## Transaction ID : 16009101

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. JONES, JANE, , ,

Mailing Address 3901 TARRINGTON LANE

| City <br> UPPER ARLINGTON | State <br> OH | Zip Code <br> $43220-2299$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16009102
Amount of Each Receipt this Period


Memo Item

| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MARTIN, CHARLES, , , |  |  | Date of Receipt |
| :---: | :---: | :---: | :---: |
| Mailing Address 4538 NORTHRIDGE CIRCLE |  |  |  |
| City CRESTWOOD | State KY | Zip Code |  |
|  |  | 40014-8646 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ | + | $192.00$ |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) Services Manager | Memo Item |
|  |  | r-to-Date $2496.00$ |  |
| SUBTOTAL of Receipts This Page (optional)................................................................ |  |  | $232.00$ |
| 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 85 (check only one)


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NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 4036 KENT CT |  |  |
| :---: | :---: | :---: |
| City NAPLES | State FL | Zip Code 34116-7310 |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Director of Formulation Development |  |
|  | Aggreg | r-to-Date $260.00$ |

Date of Receipt


## Transaction ID : 16009105

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. OBRIEN, JOHN, , ,

Mailing Address 3234 GREENBRIAR

| City <br> HOUSTON | State <br> TX | Zip Code <br> $77098-2416$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16009106
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SHANK, AMY, , ,

Mailing Address 1507 N JEFFERSON STREET

| City <br> ARLINGTON |
| :--- |
| FEC ID number of contributing <br> federal political committee. |
| State <br> VA |
| Name of Employer (for Individual) <br> PCCA |
| Receipt For: <br> $\square$ Primary $\quad \square$ General <br> Other (specify) |

Date of Receipt


Transaction ID : 16009108
Amount of Each Receipt this Period

$\square$ Memo Item


## 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 85 (check only one)


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NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SPEAIRS, KIMBERLY, , ,

Mailing Address 7054 SERRANO DRIVE

| City <br> FORT WORTH | State <br> TX | Zip Code <br> $76126-2320$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| PCCA |  |  | | Occupation (for Individual) |
| :--- |
| Receipt For: |
| Primary <br> Other (specify) $\boldsymbol{\nabla}$ |

Date of Receipt


## Transaction ID : 16009109

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BIGGS, MICHELLE, , ,

Mailing Address 19814 ICELAND COURT

| City <br> SPRING | State <br> TX | Zip Code <br> $77379-1401$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16347951
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BOTTONI, DON, , ,

Mailing Address 10010 ELKHART AVE

| City <br> LUBBOCK | State <br> TX | Zip Code <br> $79424-8211$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| PCCA |  |  | | Receipt For: |
| :--- |
| PrimaryOccupation (for Individual) <br> Clinical Compounding Pharmacist <br> $\square$ <br> Other (specify) General |

Date of Receipt

| ${ }^{\text {M }} 08$ | $\begin{gathered} D \quad D \\ 06 \end{gathered}$ | 2021 |
| :---: | :---: | :---: |

Transaction ID : 16347952
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)..................................................................... | $200.00$ |
| :---: | :---: |
| 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 16 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 2010 THORNDALE ROAD |  |  |
| :---: | :---: | :---: |
| City <br> INDIAN TRAIL | State NC | $\begin{array}{\|l} \hline \text { Zip Code } \\ 28079-5376 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) |  |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $560.00$ |

Date of Receipt

| M 08 | D 06 | Y 2021 |
| :---: | :---: | :---: |

Transaction ID : 16347953
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. DAY, ARJUN, ,

Mailing Address 12722 TRAIL HOLLOW

| City <br> HOUSTON | State <br> TX | Zip Code <br> $77024-4011$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. |  |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16347954
Amount of Each Receipt this Period
$\square \quad 192.00$

[^1]Date of Receipt

| $08$ | $\begin{gathered} D \quad D \\ 06 \end{gathered}$ | $2021$ |
| :---: | :---: | :---: |

Transaction ID : 16347955
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................. | $257.00$ |
| :---: | :---: |
| 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 17 OF 85 (check only one)


Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 4409 OLD BROOK RUN |  |  |
| :---: | :---: | :---: |
| City MOUNTAIN BRK | State <br> AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35243-4046 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) VP PA, Comm, Edu, HR |  |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $560.00$ |

Date of Receipt

| M1M M |  |  |
| :---: | :---: | :---: | :---: |
| 08 | D <br> 06 | 2021 |

## Transaction ID : 16347957

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HARGER, ROBERT, , ,

Mailing Address 19623 TRAVIS CANNON LANE

| City <br> RICHMOND | State <br> TX | Zip Code <br> $77407-5503$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. |  |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16347958
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. HOLMAN, CALVIN, ,

Mailing Address 1645 Oakridge Rd

| City <br> Weimar | State <br> TX | Zip Code <br> $78962-3762$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) | Occupation (for Individual) <br> Director of Information Technology |  |
| PCCAReceipt For:  <br> Primary <br> Other (specify) Aggregate Year-to-Date $\mathbf{V}$ |  |  |

Date of Receipt


Transaction ID : 16347960
Amount of Each Receipt this Period


Memo Item


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

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

FOR LINE NUMBER: PAGE 18 OF 85 (check only one)


Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. JONES, JANE, , ,

Mailing Address 3901 TARRINGTON LANE

| Mailing Address 3901 TARRINGTON LANE |  |
| :---: | :---: |
| City <br> UPPER ARLINGTON | State Zip Code <br> OH $43220-2299$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Clinical Compounding Pharmacist |
|  | Aggregate Year-to-Date <br> 280.00 |

Date of Receipt

| 08 | $\begin{array}{\|c\|} \hline D \\ \hline 06 \end{array}$ | $2021$ |
| :---: | :---: | :---: |

## Transaction ID : 16347961

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MARTIN, CHARLES, , ,

Mailing Address 4538 NORTHRIDGE CIRCLE

| City <br> CRESTWOOD | State <br> KY | Zip Code <br> $40014-8646$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16347963
Amount of Each Receipt this Period
$\square 192.00$

[^2]| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MERRELL RHOADS, MELISSA, , , |  |  | Date of Receipt |
| :---: | :---: | :---: | :---: |
| Mailing Address 4036 KENT CT |  |  |  |
| City NAPLES | $\begin{aligned} & \hline \text { State } \\ & \text { FL } \end{aligned}$ | Zip Code | Transaction ID : 16347964 |
|  |  | 34116-7310 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C |  | $\text { , } 20.00$ |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) of Formulation Development | Memo Item |
|  |  | 280.00 |  |
| SUBTOTAL of Receipts This Page (optional) |  |  | $\square \quad 232.00$ |
| 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 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. OBRIEN, JOHN, ,

Mailing Address 3234 GREENBRIAR

| Mailing Address 3234 GREENBRIAR |  |
| :---: | :---: |
| City HOUSTON | State Zip Code <br> TX $77098-2416$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Director of Business Intelligence |
| Receipt For:$\square$Primary $\quad \square$ General <br> $\square$ Other (specify) $\nabla$ | Aggregate Year-to-Date $\square$ |

Date of Receipt

| 08 | $\begin{array}{\|c\|} \hline D \\ \hline 06 \end{array}$ | $2021$ |
| :---: | :---: | :---: |

Transaction ID : 16347965
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SHANK, AMY, , ,

Mailing Address 1507 N JEFFERSON STREET

| City <br> ARLINGTON | State <br> VA | Zip Code <br> $22205-2839$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| PCCA |  |  | | Receipt For: |
| :--- |
| $\square$Primary $\quad \square$ General <br> Other (specify) $\nabla$ |

Date of Receipt


Transaction ID : 16347967
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SPEAIRS, KIMBERLY, , ,

Mailing Address 7054 SERRANO DRIVE

| City <br> FORT WORTH |
| :--- |
| FEC ID number of contributing <br> federal political committee. |
| TX |
| Name of Employer (for Individual) <br> PCCA |
| Receipt For: <br> $\square$ <br> Primary $\quad \square$ General <br> Other (specify) |

Date of Receipt


Transaction ID : 16347968
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)...................................................................... | $130.00$ |
| :---: | :---: |
| 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 20 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)
Professional Compounding Centers of America PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 19814 ICELAND COURT |  |  |
| :---: | :---: | :---: |
| City SPRING | $\begin{aligned} & \hline \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77379-1401 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Vice President of Pharmacy Software |  |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $1500.00$ |

Date of Receipt


Transaction ID : 16347969
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BOTTONI, DON, , ,
,
Mailing Address 10010 ELKHART AVE

| City <br> LUBBOCK | State <br> TX | Zip Code <br> $79424-8211$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA | Occupation (for Individual) <br> Clinical Compounding Pharmacist |  |
| Receipt For: <br> $\square$ <br> Primary <br> Other (specify) $\boldsymbol{\nabla}$ |  |  |

Date of Receipt


Transaction ID : 16347970
Amount of Each Receipt this Period


| Full Name of Individual (Last, Firs <br> C. CLARK, DEBORAH, , , | al) or Full | nization Name | Date of Receipt |
| :---: | :---: | :---: | :---: |
| Mailing Address 2010 THORNDALE ROAD |  |  |  |
| City INDIAN TRAIL | State NC | Zip Code |  |
|  |  | 28079-5376 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |  | 40.00 |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) Compounding Pharmacist | Memo Item |
|  |  | r-to-Date $600.00$ |  |
| SUBTOTAL of Receipts This Page |  | .......... | $, \quad 165.00$ |
| TOTAL This Period (last page this lin | y)..... | ........................... |  |

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

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

FOR LINE NUMBER: PAGE 21 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. DAY, ARJUN, , ,

Mailing Address 12722 TRAIL HOLLOW

| Mailing Address 12722 TRAIL HOLLOW |  |
| :---: | :---: |
| City HOUSTON | State Zip Code <br> TX $77024-4011$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Vice President of Clinical Services |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date <br> 2880.00 |

Date of Receipt

| $\begin{gathered} M \\ 08 \end{gathered}$ | D 10 <br> 20 | $\begin{aligned} & y=r \\ & 2021 \end{aligned}$ |
| :---: | :---: | :---: |

Transaction ID : 16347972
Amount of Each Receipt this Period


Memo Item

## Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEATSMAN, AMY,

Mailing Address 4923 WELFORD DR

| City <br> BELLAIRE | State <br> TX | Zip Code <br> $77401-5335$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16347973
Amount of Each Receipt this Period


## Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. HARBIN, LIZABETH, , ,

Mailing Address 4409 OLD BROOK RUN

| City <br> MOUNTAIN BRK | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35243-4046 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) Comm, Edu, HR |
|  | Aggreg | r-to-Date <br> 600.00 |

Date of Receipt


Transaction ID : 16347975
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)..................................................................... | $257.00$ |
| :---: | :---: |
| 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 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 19623 TRAVIS CANNON LANE |  |  |
| :---: | :---: | :---: |
| City RICHMOND | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77407-5503 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) |  |
| Receipt For: Primary $\square$ General Other (specify) | Aggreg | r-to-Date $300.00$ |

Date of Receipt


Transaction ID : 16347976
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HOLMAN, CALVIN, ,

Mailing Address 1645 Oakridge Rd

| City <br> Weimar | State <br> TX | Zip Code <br> $78962-3762$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{\nabla}$ |  |  |

Date of Receipt


Transaction ID : 16347978
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. JONES, JANE, ,

Mailing Address 3901 TARRINGTON LANE

| City <br> UPPER ARLINGTON |
| :--- |
| FEC ID number of contributing <br> federal political committee. |
| OH |
| Name of Employer (for Individual) <br> PCCA |
| Receipt For: <br> $\square$ Primary <br> Other (specify) |
| General |

Date of Receipt


Transaction ID : 16347979
Amount of Each Receipt this Period

$\square$ Memo Item


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

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

FOR LINE NUMBER: PAGE 23 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MARTIN, CHARLES, , ,

Mailing Address 4538 NORTHRIDGE CIRCLE

| Mailing Address 4538 NORTHRIDGE CIRCLE |  |
| :---: | :---: |
| City CRESTWOOD | State Zip Code <br> KY $40014-8646$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Clinical Services Manager |
|  | Aggregate Year-to-Date <br> 2880.00 |

Date of Receipt

| $\begin{gathered} M \\ 08 \end{gathered}$ | D 10 <br> 20 | $\begin{aligned} & y=r \\ & 2021 \end{aligned}$ |
| :---: | :---: | :---: |

## Transaction ID : 16347981

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MERRELL RHOADS, MELISSA, ,

Mailing Address 4036 KENT CT

| City <br> NAPLES | State <br> FL | Zip Code <br> $34116-7310$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For:  <br> Primary <br> Other (specify) $\boldsymbol{V}$ Occupation (for Individual) <br> Director of Formulation Development |  |  |

Date of Receipt


Transaction ID : 16347982
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. OBRIEN, JOHN, , ,

Mailing Address 3234 GREENBRIAR

| City HOUSTON | State TX | Zip Code <br> $77098-2416$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) of Business Intelligence |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $300.00$ |

Date of Receipt


Transaction ID : 16347983
Amount of Each Receipt this Period


Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................ | $232.00$ |
| :---: | :---: |
| 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 85 (check only one)


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NAME OF COMMITTEE (In Full)
Professional Compounding Centers of America PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 11677 GRANDVIEW DR |  |  |
| :---: | :---: | :---: |
| City <br> MONTGOMERY | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{aligned} & \hline \text { Zip Code } \\ & 77356-4276 \end{aligned}$ |
| FEC ID number of contributing federal political committee. |  |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Director of Education |  |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $225.00$ |

Date of Receipt


## Transaction ID : 16347984

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SHANK, AMY, , ,

Mailing Address 1507 N JEFFERSON STREET

| City <br> ARLINGTON | State <br> VA | Zip Code <br> $22205-2839$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16347985
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SPEAIRS, KIMBERLY, , ,

Mailing Address 7054 SERRANO DRIVE

| City FORT WORTH | State TX | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 76126-2320 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) of Communications and Engagє |
| Receipt For: Primary General Other (specify) | Aggreg | -to-Date $1125.00$ |

Date of Receipt


Transaction ID : 16347986
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)...................................................................... | $\square 135.00$ |
| :---: | :---: |
| 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 85 (check only one)


Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMmITTEE (In Full)
Professional Compounding Centers of America PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 19814 ICELAND COURT |  |  |
| :---: | :---: | :---: |
| City SPRING | $\begin{aligned} & \hline \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77379-1401 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Vice President of Pharmacy Software |  |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $1600.00$ |

Date of Receipt


Transaction ID : 16347987
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BOTTONI, DON, , ,
,
Mailing Address 10010 ELKHART AVE

| City <br> LUBBOCK | State <br> TX | Zip Code <br> $79424-8211$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA | Occupation (for Individual) <br> Clinical Compounding Pharmacist |  |
| Receipt For: <br> $\square$ <br> Primary <br> Other (specify) $\boldsymbol{\nabla}$ |  |  |

Date of Receipt


## Transaction ID : 16347988

Amount of Each Receipt this Period


| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. CLARK, DEBORAH, , , |  |  | Date of Receipt |
| :---: | :---: | :---: | :---: |
| Mailing Address 2010 THORNDALE ROAD |  |  |  |
| City INDIAN TRAIL | State NC | Zip Code |  |
|  |  | 28079-5376 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. |  |  | , 40.00 |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) Compounding Pharmacist | Memo Item |
|  | Aggreg | $\text { r-to-Date } \boldsymbol{\nabla}$ |  |
| SUBTOTAL of Receipts This Page (optional)................................................................ |  |  | , 165.00 |
| TOTAL This Period (last page this line number only)....................................................... |  |  | 9 9 |

## 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 85 (check only one)


Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. DAY, ARJUN, , ,

Mailing Address 12722 TRAIL HOLLOW

| Mailing Address 12722 TRAIL HOLLOW |  |
| :---: | :---: |
| City HOUSTON | State Zip Code <br> TX $77024-4011$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Vice President of Clinical Services |
|  | Aggregate Year-to-Date <br> 3072.00 |

Date of Receipt

| $\begin{gathered} M \\ 09 \end{gathered}$ | $\begin{gathered} D 1 D \\ 03 \end{gathered}$ | $\begin{aligned} & y=r \\ & 2021 \end{aligned}$ |
| :---: | :---: | :---: |

## Transaction ID : 16347990

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. DEATSMAN, AMY,

Mailing Address 4923 WELFORD DR

| City <br> BELLAIRE | State <br> TX | Zip Code <br> $77401-5335$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


## Transaction ID : 16347991

Amount of Each Receipt this Period


## Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. HARBIN, LIZABETH, , ,

Mailing Address 4409 OLD BROOK RUN

| City <br> MOUNTAIN BRK | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35243-4046 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) Comm, Edu, HR |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $640.00$ |

Date of Receipt

| $09$ | $\begin{gathered} D \quad D \\ 03 \end{gathered}$ | $2021$ |
| :---: | :---: | :---: |

Transaction ID : 16347993
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)..................................................................... | $257.00$ |
| :---: | :---: |
| 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 27 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 19623 TRAVIS CANNON LANE |  |  |
| :---: | :---: | :---: |
| City RICHMOND | State TX | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77407-5503 \end{array}$ |
| FEC ID number of contributing federal political committee. $\square$ |  |  |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) Compounding Pharmacist |
|  | Aggre |  |

Date of Receipt


## Transaction ID : 16347994

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HOLMAN, CALVIN, ,

Mailing Address 1645 Oakridge Rd

| City <br> Weimar | State <br> TX | Zip Code <br> $78962-3762$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID: 16347996
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. JONES, JANE, ,

Mailing Address 3901 TARRINGTON LANE

| City <br> UPPER ARLINGTON | State <br> OH | Zip Code 43220-2299 |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. |  |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Clinical Compounding Pharmacist |  |
|  | Aggreg | r-to-Date $320.00$ |

Date of Receipt


Transaction ID : 16347997
Amount of Each Receipt this Period


Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................. | $60.00$ |
| :---: | :---: |
| 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 28 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MARTIN, CHARLES, , ,

Mailing Address 4538 NORTHRIDGE CIRCLE

| Mailing Address 4538 NORTHRIDGE CIRCLE |  |
| :---: | :---: |
| City CRESTWOOD | State Zip Code <br> KY $40014-8646$ |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Clinical Services Manager |
|  | Aggregate Year-to-Date $\square$ |

Date of Receipt


## Transaction ID : 16347999

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MERRELL RHOADS, MELISSA, ,

Mailing Address 4036 KENT CT

| City <br> NAPLES | State <br> FL | Zip Code <br> $34116-7310$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348000
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. OBRIEN, JOHN, , ,

Mailing Address 3234 GREENBRIAR

| City HOUSTON | State TX | Zip Code <br> $77098-2416$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) of Business Intelligence |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $320.00$ |

Date of Receipt

| $09$ | $\begin{gathered} D 10 \mathrm{D} \\ 03 \end{gathered}$ | Y $r^{Y}{ }^{Y}$ 2021 |
| :---: | :---: | :---: |

Transaction ID : 16348001
Amount of Each Receipt this Period


Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................. | $232.00$ |
| :---: | :---: |
| 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 29 OF 85 (check only one)


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NAME OF COMMITTEE (In Full)
Professional Compounding Centers of America PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 11677 GRANDVIEW DR |  |  |
| :---: | :---: | :---: |
| City <br> MONTGOMERY | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{aligned} & \hline \text { Zip Code } \\ & 77356-4276 \end{aligned}$ |
| FEC ID number of contributing federal political committee. $\square$ |  |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Director of Education |  |
|  | Aggrega | r-to-Date $\boldsymbol{\nabla}$  <br>  250.00 |

Date of Receipt


Transaction ID : 16348002
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SHANK, AMY, , ,

Mailing Address 1507 N JEFFERSON STREET

| City <br> ARLINGTON | State <br> VA | Zip Code <br> $22205-2839$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348003
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SPEAIRS, KIMBERLY, , ,

Mailing Address 7054 SERRANO DRIVE

| City <br> FORT WORTH |
| :--- |
| FEC ID number of contributing <br> federal political committee. |
| State <br> TX |
| Name of Employer (for Individual) <br> PCCA |
| Receipt For: <br> $\square$ Primary $\quad \square$ General <br> Other (specify) |

Date of Receipt


Transaction ID : 16348004
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)...................................................................... | $135.00$ |
| :---: | :---: |
| 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 30 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)
Professional Compounding Centers of America PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 19814 ICELAND COURT |  |  |
| :---: | :---: | :---: |
| City SPRING | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77379-1401 \end{array}$ |
| FEC ID number of contributing federal political committee. | C $\square$ $+$ . . |  |
| Name of Employer (for Individual) PCCA |  | (for Individual) sident of Pharmacy Software |
| Receipt For: Primary General Other (specify) | Aggrega | -to-Date $1700.00$ |

Date of Receipt

| $\begin{gathered} M \\ 09 \end{gathered}$ | $\begin{gathered} \text { D D } \\ 17 \end{gathered}$ | $\begin{gathered} r r r \\ 2021 \end{gathered}$ |
| :---: | :---: | :---: |

Transaction ID : 16348005
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BOTTONI, DON, , ,
,
Mailing Address 10010 ELKHART AVE

| City <br> LUBBOCK State <br> TX Zip Code <br> $79424-8211$ <br> FEC ID number of contributing <br> federal political committee. C  <br> Name of Employer (for Individual)   <br> PCCA   |
| :--- |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |

Date of Receipt


Transaction ID: 16348006
Amount of Each Receipt this Period


| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. CLARK, DEBORAH, , , |  |  | Date of Receipt |
| :---: | :---: | :---: | :---: |
| Mailing Address 2010 THORNDALE ROAD |  |  |  |
| City INDIAN TRAIL | State NC | Zip Code |  |
|  |  | 28079-5376 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. |  |  | , 40.00 |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) Compounding Pharmacist | Memo Item |
|  | Aggreg <br> - |  |  |
| SUBTOTAL of Receipts This Page (optional)................................................................ |  |  | , 165.00 |
| TOTAL This Period (last page this line number only)..................................................... |  |  | 9 - |

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

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

FOR LINE NUMBER: PAGE 31 OF 85 (check only one)


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NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. DAY, ARJUN, , ,

Mailing Address 12722 TRAIL HOLLOW

| Mailing Address 12722 TRAIL HOLLOW |  |
| :---: | :---: |
| City HOUSTON | State Zip Code <br> TX $77024-4011$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Vice President of Clinical Services |
|  | Aggregate Year-to-Date <br> 3264.00 |

Date of Receipt


## Transaction ID : 16348008

Amount of Each Receipt this Period


Memo Item

## Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEATSMAN, AMY,

Mailing Address 4923 WELFORD DR

| City <br> BELLAIRE | State <br> TX | Zip Code <br> $77401-5335$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348009
Amount of Each Receipt this Period
$\square 25.00$

[^3]Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HARBIN, LIZABETH, , ,

Mailing Address 4409 OLD BROOK RUN

| City <br> MOUNTAIN BRK | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35243-4046 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) VP PA, Comm, Edu, HR |  |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $680.00$ |

Date of Receipt


Transaction ID : 16348011
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)..................................................................... | $257.00$ |
| :---: | :---: |
| 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 32 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 19623 TRAVIS CANNON LANE |  |  |
| :---: | :---: | :---: |
| City RICHMOND | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77407-5503 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) |  |
| Receipt For: Primary $\square$ General Other (specify) | Aggreg | r-to-Date $340.00$ |

Date of Receipt


Transaction ID : 16348012
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HOLMAN, CALVIN, ,

Mailing Address 1645 Oakridge Rd

| City <br> Weimar | State <br> TX | Zip Code <br> $78962-3762$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. |  |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348014
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. JONES, JANE, ,

Mailing Address 3901 TARRINGTON LANE

| City <br> UPPER ARLINGTON |
| :--- |
| FEC ID number of contributing <br> OH Zip Code <br> federal political committee. C <br> Name of Employer (for Individual)   <br> PCCA   |
| Receipt For: <br> $\square$ Primary $\quad \square$ General <br> Other (specify) |

Date of Receipt


Transaction ID : 16348015
Amount of Each Receipt this Period


Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................. | $60.00$ |
| :---: | :---: |
| 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 33 OF 85 (check only one)


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NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. JONES, MICHEAL, ,

Mailing Address 3800 MAIN ST \#547

| Mailing Address 3800 MAIN ST \#547 |  |
| :---: | :---: |
| City <br> HOUSTON | State Zip Code <br> TX $77002-9685$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Senior Benefits Administrator |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : 16348016
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MARTIN, CHARLES, , ,

Mailing Address 4538 NORTHRIDGE CIRCLE

| City <br> CRESTWOOD | State <br> KY | Zip Code <br> $40014-8646$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\nabla$ |  |  |

Date of Receipt


Transaction ID : 16348017
Amount of Each Receipt this Period
$\square 192.00$

[^4]| Full Name of Individual (Last, Firs <br> C. MERRELL RHOADS, ME | al) or Ful | zation Name | Date of Receipt |
| :---: | :---: | :---: | :---: |
| Mailing Address 4036 KENT CT |  |  |  |
| City | $\begin{gathered} \hline \text { State } \\ \text { FL } \end{gathered}$ | Zip Code |  |
| NAPLES |  | 34116-7310 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | $\ldots$ | $\text { , } 20.00$ |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) of Formulation Development | Memo Item |
| Receipt For: $\square$ Primary $\quad \square$ General $\square$ Other (specify) | Aggregate Year-to-Date |  |  |
| SUBTOTAL of Receipts This Page (optional)............................................................... |  |  |  |
| TOTAL This Period (last page this I | y).... | ........ |  |

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

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

FOR LINE NUMBER: PAGE 34 OF 85 (check only one)


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NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 3234 GREENBRIAR |  |  |
| :---: | :---: | :---: |
| City HOUSTON | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77098-2416 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Director of Business Intelligence |  |
|  | Aggreg | r-to-Date $340.00$ |

Date of Receipt


## Transaction ID : 16348019

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. PRESCOTT, RENEE M., , ,

Mailing Address 11677 GRANDVIEW DR

| City <br> MONTGOMERY | State <br> TX | Zip Code <br> $77356-4276$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. |  |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348020
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SHANK, AMY, , ,

Mailing Address 1507 N JEFFERSON STREET

| City <br> ARLINGTON |
| :--- |
| FEC ID number of contributing <br> federal political committee. |
| State <br> VA |
| Name of Employer (for Individual) <br> PCCA |
| Receipt For: <br> $\square$ <br> Primary <br> Other (specify) |
| General |

Date of Receipt


Transaction ID : 16348021
Amount of Each Receipt this Period


Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................. | $80.00$ |
| :---: | :---: |
| 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 35 OF 85 (check only one)


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NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SPEAIRS, KIMBERLY, , ,

Mailing Address 7054 SERRANO DRIVE

| City <br> FORT WORTH | State <br> TX | Zip Code <br> $76126-2320$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| PCCA |  |  | | Occupation (for Individual) |
| :--- |
| Receipt For: |
| Primary <br> Other (specify) $\boldsymbol{\nabla}$ |

Date of Receipt


Transaction ID : 16348022
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BIGGS, MICHELLE, , ,

Mailing Address 19814 ICELAND COURT

| City SPRING | State | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77379-1401 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Vice President of Pharmacy Software |  |
| $\begin{aligned} & \text { Receipt For: } \\ & \square \text { Primary } \quad \square \text { General } \\ & \square \text { Other (specify) } \end{aligned}$ | Aggregat | r-to-Date <br> 1800.00 |

Date of Receipt


Transaction ID : 16348023
Amount of Each Receipt this Period
$\square \quad 100.00$

[^5]Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BOTTONI, DON, , ,

Mailing Address 10010 ELKHART AVE

| City <br> LUBBOCK | State <br> TX | Zip Code <br> $79424-8211$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| PCCA |  | Occupation (for Individual) <br> Clinical Compounding Pharmacist |
| Receipt For:  <br> Primary <br> Other (specify) Aggregate Year-to-Date $\mathbf{V}$ |  |  |

Date of Receipt


Transaction ID : 16348024
Amount of Each Receipt this Period


Memo Item


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

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

FOR LINE NUMBER: PAGE 36 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 2010 THORNDALE ROAD |  |  |
| :---: | :---: | :---: |
| City INDIAN TRAIL | State NC | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 28079-5376 \end{array}$ |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Clinical Compounding Pharmacist |  |
| Receipt For:$\square$Primary $\quad \square$ General <br> $\square$ Other (specify) $\nabla$ | Aggreg | r-to-Date $720.00$ |

Date of Receipt


Transaction ID : 16348025
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. DAY, ARJUN, ,

Mailing Address 12722 TRAIL HOLLOW

| City <br> HOUSTON | State <br> TX | Zip Code <br> $77024-4011$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID: 16348026
Amount of Each Receipt this Period
$\square \quad 192.00$

[^6]Date of Receipt


Transaction ID : 16348027
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................ | $257.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | 9 - |

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

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

FOR LINE NUMBER: PAGE 37 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 4409 OLD BROOK RUN |  |  |
| :---: | :---: | :---: |
| City MOUNTAIN BRK | State <br> AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35243-4046 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) VP PA, Comm, Edu, HR |  |
| Receipt For: Primary General Other (specify) | Aggreg | r-to-Date $720.00$ |

Date of Receipt

| $10^{M}$ | 01 | $2021$ |
| :---: | :---: | :---: |

## Transaction ID : 16348029

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HARGER, ROBERT, , ,

Mailing Address 19623 TRAVIS CANNON LANE

| City <br> RICHMOND | State <br> TX | Zip Code <br> $77407-5503$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. |  |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348030
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HOLMAN, CALVIN, ,

Mailing Address 1645 Oakridge Rd

| City <br> Weimar | State <br> TX | Zip Code <br> $78962-3762$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| PCCA |  | Occupation (for Individual) <br> Director of Information Technology |
| Receipt For:  <br> Primary <br> Other (specify) Aggregate Year-to-Date $\mathbf{V}$ |  |  |

Date of Receipt


Transaction ID : 16348032
Amount of Each Receipt this Period

$\square$ Memo Item


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

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

FOR LINE NUMBER: PAGE 38 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. JONES, JANE, , ,

Mailing Address 3901 TARRINGTON LANE

| Mailing Address 3901 TARRINGTON LANE |  |
| :---: | :---: |
| City <br> UPPER ARLINGTON | State Zip Code <br> OH $43220-2299$ |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Clinical Compounding Pharmacist |
|  | Aggregate Year-to-Date |

Date of Receipt

| $\begin{gathered} M 10^{\prime} \end{gathered}$ | $\begin{gathered} D 1 \\ 01 \end{gathered}$ |  |
| :---: | :---: | :---: |

Transaction ID : 16348033
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. JONES, MICHEAL, , ,
,
Mailing Address 3800 MAIN ST \#547

| City HOUSTON | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77002-9685 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Senior Benefits Administrator |  |
|  | Aggrega | r-to-Date <br> 240.00 |

Date of Receipt


Transaction ID : 16348034
Amount of Each Receipt this Period


| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <br> c. MARTIN, CHARLES, , , |  |  | Date of Receipt |
| :---: | :---: | :---: | :---: |
| Mailing Address 4538 NORTHRIDGE CIRCLE |  |  |  |
| City CRESTWOOD | State <br> KY$\quad$Zip Code <br> $40014-8646$ |  | Transaction ID : 16348035 |
|  |  |  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. |  |  | $\qquad$ |
| Name of Employer (for Individual)PCCA |  | ion (for Individual) <br> Services Manager |  |
| Receipt For:$\square$Primary $\quad \square$ General <br> $\square$ Other (specify) | Aggrega <br> $\square$ | r-to-Date $3456.00$ |  |
| SUBTOTAL of Receipts This Page (optional). |  |  | N- 242.00 |
| TOTAL This Period (last page this line number only) |  |  | 9 |

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

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

FOR LINE NUMBER: PAGE 39 OF 85 (check only one)


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NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 4036 KENT CT |  |  |
| :---: | :---: | :---: |
| City NAPLES | State FL | Zip Code 34116-7310 |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Director of Formulation Development |  |
|  | Aggreg | r-to-Date $360.00$ |

Date of Receipt

| $10^{M}$ | 01 | $2021$ |
| :---: | :---: | :---: |

## Transaction ID : 16348036

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. OBRIEN, JOHN, , ,

Mailing Address 3234 GREENBRIAR

| City <br> HOUSTON | State <br> TX | Zip Code <br> $77098-2416$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For:  <br> Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{V}$ Occupation (for Individual) <br> Director of Business Intelligence |  |  |

Date of Receipt


Transaction ID : 16348037
Amount of Each Receipt this Period
$\square 20.00$

| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name PRESCOTT, RENEE M., , , |  |  | Date of Receipt |
| :---: | :---: | :---: | :---: |
| Mailing Address 11677 GRANDVIEW DR |  |  |  |
| City | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | Zip Code |  |
| MONTGOMERY |  | 77356-4276 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. |  |  | Memo Item |
| Name of Employer (for Individual) Occupation (for Individual) <br> PCCA |  |  |  |
| Receipt For:$\square$Primary $\quad \square$ General <br> $\square$ Other (specify) | Aggrega | r-to-Date <br> 300.00 |  |
| SUBTOTAL of Receipts This Page (optional) |  |  | $\square, \quad 65.00$ |
| 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 40 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 1507 N JEFFERSON STREET |  |  |
| :---: | :---: | :---: |
| City <br> ARLINGTON | State VA | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 22205-2839 \end{array}$ |
| FEC ID number of contributing federal political committee. |  |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Director of Government Affairs |  |
|  | Aggrega | r-to-Date $630.00$ |

Date of Receipt

| M 10 | D 01 | Y 2021 |
| :---: | :---: | :---: |

Transaction ID : 16348039
Amount of Each Receipt this Period


Memo Item

## Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPEAIRS, KIMBERLY, , ,

Mailing Address 7054 SERRANO DRIVE

| City FORT WORTH | State <br> TX | $\begin{array}{\|r\|} \hline \text { Zip Code } \\ 76126-2320 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA |  | tion (for Individual) <br> of Communications and Engas |
|  | Aggreg |  |

Date of Receipt


Transaction ID : 16348040
Amount of Each Receipt this Period
$\square 55.00$

[^7]
## Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. BIGGS, MICHELLE, , ,

Mailing Address 19814 ICELAND COURT

| City <br> SPRING | State <br> TX | Zip Code <br> $77379-1401$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA | Occupation (for Individual) <br> Vice President of Pharmacy Software |  |
| Receipt For:  <br> $\square$  <br> PrimaryOther (specify) Aggregate Year-to-Date $\boldsymbol{\nabla}$ |  |  |

Date of Receipt


Transaction ID : 16348041
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional).......................................................................... | $\begin{aligned} & 210.00 \end{aligned}$ |
| :---: | :---: |
| 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 41 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 10010 ELKHART AVE |  |  |
| :---: | :---: | :---: |
| City LUBBOCK | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 79424-8211 \end{array}$ |
| FEC ID number of contributing federal political committee. |  |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Clinical Compounding Pharmacist |  |
|  | Aggre |  |

Date of Receipt


Transaction ID : 16348042
Amount of Each Receipt this Period


Memo Item

## Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLARK, DEBORAH,
,,
Mailing Address 2010 THORNDALE ROAD

| City <br> INDIAN TRAIL | State <br> NC | Zip Code <br> $28079-5376$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348043
Amount of Each Receipt this Period
$\square 40.00$

[^8]| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. DAY, ARJUN, , , |  |  | Date of Receipt |
| :---: | :---: | :---: | :---: |
| Mailing Address 12722 TRAIL HOLLOW |  |  |  |
| City HOUSTON | State TX | Zip Code 77024-4011 |  |
|  |  |  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. $\square$ |  |  | 192.00 |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) sident of Clinical Services | Memo Item |
| Receipt For: $\square$ Primary $\square$ General $\square$ Other (specify) | Aggreg <br> - | r-to-Date <br> 3648.00 |  |
| SUBTOTAL of Receipts This Page ( |  | ........ | $257.00$ |
| TOTAL This Period (last page this lin |  | ... |  |

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

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

FOR LINE NUMBER: PAGE 42 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 4923 WELFORD DR |  |  |
| :---: | :---: | :---: |
| City BELLAIRE | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77401-5335 \end{array}$ |
| FEC ID number of contributing federal political committee. |  |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Manager of Corporate Communications |  |
| Receipt For: Primary $\square$ General Other (specify) | Aggreg | r-to-Date $475.00$ |

Date of Receipt

| MIM |  |
| :---: | :---: | :---: | :---: |
| 10 | D D |
| 15 | 2021 |

## Transaction ID : 16348045

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HARBIN, LIZABETH, , ,

Mailing Address 4409 OLD BROOK RUN

| City <br> MOUNTAIN BRK | State <br> AL | Zip Code <br> $35243-4046$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For:  <br> Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{V}$ Occupation (for Individual) <br> VP PA, Comm, Edu, HR |  |  |

Date of Receipt


Transaction ID : 16348047
Amount of Each Receipt this Period
$\square 40.00$Memo Item
}

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HARGER, ROBERT, ,

Mailing Address 19623 TRAVIS CANNON LANE

| City <br> RICHMOND | State <br> TX | Zip Code <br> $77407-5503$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |

## Date of Receipt

| ${ }^{\text {M }} 10$ | $\begin{array}{r} D 1 D \\ \quad 15 \end{array}$ | $2021$ |
| :---: | :---: | :---: |

Transaction ID : 16348048
Amount of Each Receipt this Period


| Name of Employer (for Individual) |
| :--- |
| PCCA |
| Receipt For: |
| $\square$ Primary $\quad \square$ General |
| $\square$ Other (specify) |


| Occupation (for Individual) <br> Clinical Compounding Pharmacist |
| :--- | :--- |
| Aggregate Year-to-Date $\mathbf{V}$ |

Memo Item

| SUBTOTAL of Receipts This Page (optional)..................................................................... | $85.00$ |
| :---: | :---: |
| 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 43 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. HOLMAN, CALVIN, ,

Mailing Address 1645 Oakridge Rd

| City <br> Weimar | State <br> TX | Zip Code <br> $78962-3762$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| PCCA |  | Occupation (for Individual) <br> Director of Information Technology |
| Receipt For: <br> $\square$ <br> Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{V}$ | Aggregate Year-to-Date $\boldsymbol{V}$ |  |

Date of Receipt

| M14 M |  |  |
| :---: | :---: | :---: | :---: |
| 10 | 15 | 2021 |

Transaction ID : 16348050
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. JONES, JANE, , ,

Mailing Address 3901 TARRINGTON LANE

| City <br> UPPER ARLINGTON | State <br> OH | Zip Code <br> $43220-2299$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348051
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. JONES, MICHEAL, , ,

Mailing Address 3800 MAIN ST \#547

| City <br> HOUSTON | $\begin{gathered} \hline \text { State } \\ \text { TX } \end{gathered}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77002-9685 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) enefits Administrator |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $270.00$ |

Date of Receipt


Transaction ID : 16348052
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)..................................................................... | $\begin{aligned} & 70.00 \end{aligned}$ |
| :---: | :---: |
| 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 44 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MARTIN, CHARLES, , ,

Mailing Address 4538 NORTHRIDGE CIRCLE

| Mailing Address 4538 NORTHRIDGE CIRCLE |  |
| :---: | :---: |
| City CRESTWOOD | State Zip Code <br> KY $40014-8646$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Clinical Services Manager |
|  | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : 16348053
Amount of Each Receipt this Period


Memo Item

Date of Receipt


Transaction ID : 16348054
Amount of Each Receipt this Period


Date of Receipt


Transaction ID : 16348055
Amount of Each Receipt this Period

$\square$ Memo Item

| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name OBRIEN, JOHN, , , |  |  | Date of Receipt |
| :---: | :---: | :---: | :---: |
| Mailing Address 3234 GREENBRIAR |  |  |  |
| City <br> HOUSTON | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77098-2416 \end{array}$ | Transaction ID : 16348055 |
|  |  |  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. |  |  | $20.00$ |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) of Business Intelligence | Memo Item |
|  | Aggrega |   <br>   |  |
| SUBTOTAL of Receipts This Page (optional)................................................................ |  |  | $\square \quad 232.00$ |
| 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 45 OF 85 (check only one)


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NAME OF COMMITTEE (In Full)
Professional Compounding Centers of America PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 11677 GRANDVIEW DR |  |  |
| :---: | :---: | :---: |
| City <br> MONTGOMERY | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{aligned} & \hline \text { Zip Code } \\ & 77356-4276 \end{aligned}$ |
| FEC ID number of contributing federal political committee. $\square$ |  |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Director of Education |  |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $325.00$ |

Date of Receipt


## Transaction ID : 16348056

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SHANK, AMY, , ,

Mailing Address 1507 N JEFFERSON STREET

| City <br> ARLINGTON | State <br> VA | Zip Code <br> $22205-2839$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. |  |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348057
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SPEAIRS, KIMBERLY, , ,

Mailing Address 7054 SERRANO DRIVE

| City <br> FORT WORTH |
| :--- |
| FEC ID number of contributing <br> federal political committee. |
| State <br> TX |
| Name of Employer (for Individual) <br> PCCA |
| Receipt For: <br> $\square$ Primary $\quad \square$ General <br> Other (specify) |

Date of Receipt


Transaction ID : 16348058
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)...................................................................... | $\square 135.00$ |
| :---: | :---: |
| 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 46 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)
Professional Compounding Centers of America PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 19814 ICELAND COURT |  |  |
| :---: | :---: | :---: |
| City SPRING | $\begin{aligned} & \hline \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77379-1401 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Vice President of Pharmacy Software |  |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $2000.00$ |

Date of Receipt

| M 10 | $\begin{gathered} D \quad D \\ 29 \end{gathered}$ | $2021$ |
| :---: | :---: | :---: |

Transaction ID : 16348059
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BOTTONI, DON, , , $\qquad$
Mailing Address 10010 ELKHART AVE

| City <br> LUBBOCK | State <br> TX | Zip Code <br> $79424-8211$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For:  <br> $\square$  <br> Primary <br> Other (specify) $\boldsymbol{V}$ Occupation (for Individual) <br> Clinical Compounding Pharmacist |  |  |

Date of Receipt


Transaction ID : 16348060
Amount of Each Receipt this Period


| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <br> C. CLARK, DEBORAH, , , |  |  | Date of Receipt |
| :---: | :---: | :---: | :---: |
| Mailing Address 2010 THORNDALE ROAD |  |  |  |
| City INDIAN TRAIL | State NC | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 28079-5376 \end{array}$ | Transaction ID : 16348061 |
|  |  |  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. |  |  | Memo Item |
| Name of Employer (for Individual) <br> PCCA Occupation (for Individual) <br> Clinical Compounding Pharmacist |  |  |  |
|  | Aggregate Year-to-Date |  |  |
| SUBTOTAL of Receipts This Page (optional) |  |  | $\square, \quad 165.00$ |
| 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 47 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. DAY, ARJUN, , ,

Mailing Address 12722 TRAIL HOLLOW

| Mailing Address 12722 TRAIL HOLLOW |
| :--- |
| City <br> HOUSTON |
| FEC ID number of contributing <br> federal political committee. |
| Name of Employer (for Individual) <br> TX |
| PCCA |
| Receipt For: <br> $\square$ <br> Primary $\quad \square$ <br> Other (specify) $\boldsymbol{V}$ |

Date of Receipt

| M 10 | D $1{ }^{\text {D }}$ <br> 29 | $\begin{aligned} & y=r \\ & 2021 \end{aligned}$ |
| :---: | :---: | :---: |

Transaction ID : 16348062
Amount of Each Receipt this Period


Memo Item

## Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEATSMAN, AMY,
, , ,
Mailing Address 4923 WELFORD DR

| City <br> BELLAIRE | State <br> TX | Zip Code <br> $77401-5335$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348063
Amount of Each Receipt this Period


## Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. HARBIN, LIZABETH, , ,

Mailing Address 4409 OLD BROOK RUN

| City <br> MOUNTAIN BRK | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35243-4046 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) Comm, Edu, HR |
|  | Aggreg | r-to-Date <br> 800.00 |

Date of Receipt


Transaction ID : 16348065
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................ | $257.00$ |
| :---: | :---: |
| 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 48 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 19623 TRAVIS CANNON LANE |  |  |
| :---: | :---: | :---: |
| City RICHMOND | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77407-5503 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Clinical Compounding Pharmacist |  |
|  | Aggrega | r-to-Date $400.00$ |

Date of Receipt


## Transaction ID : 16348066

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HOLMAN, CALVIN, ,

Mailing Address 1645 Oakridge Rd

| City <br> Weimar | State <br> TX | Zip Code <br> $78962-3762$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. |  |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348068
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. JONES, JANE, ,

Mailing Address 3901 TARRINGTON LANE

| City <br> UPPER ARLINGTON |
| :--- |
| FEC ID number of contributing <br> federal political committee. |
| OH |
| Name of Employer (for Individual) <br> PCCA |
| Receipt For: <br> $\square$ Primary <br> Other (specify) |
| General |

Date of Receipt


Transaction ID : 16348069
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................. | $60.00$ |
| :---: | :---: |
| 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 49 OF 85 (check only one)


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NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 3800 MAIN ST \#547 |  |  |
| :---: | :---: | :---: |
| City <br> HOUSTON | State TX | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77002-9685 \end{array}$ |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Senior Benefits Administrator |  |
| Receipt For: Primary General Other (specify) | Aggreg | r-to-Date $300.00$ |

Date of Receipt

| $10^{M}$ | $29$ | 2021 |
| :---: | :---: | :---: |

## Transaction ID : 16348070

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MARTIN, CHARLES, , ,

Mailing Address 4538 NORTHRIDGE CIRCLE

| City <br> CRESTWOOD | State <br> KY | Zip Code <br> $40014-8646$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID: 16348071
Amount of Each Receipt this Period
$\square 192.00$

[^9]| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MERRELL RHOADS, MELISSA, , , |  |  | Date of Receipt |
| :---: | :---: | :---: | :---: |
| Mailing Address 4036 KENT CT |  |  |  |
| City NAPLES | State FL | Zip Code | Transaction ID : 16348072 |
|  |  | 34116-7310 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C |  | $20.00$ |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) of Formulation Development | Memo Item |
|  |  | r-to-Date $\boldsymbol{\nabla}$ |  |
| SUBTOTAL of Receipts This Page (optional) |  |  | $\square \quad 242.00$ |
| 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 50 OF 85 (check only one)


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NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 3234 GREENBRIAR |  |  |
| :---: | :---: | :---: |
| City HOUSTON | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{aligned} & \hline \text { Zip Code } \\ & 77098-2416 \end{aligned}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Director of Business Intelligence |  |
| Receipt For: Primary General Other (specify) | Aggreg | r-to-Date $400.00$ |

Date of Receipt


Transaction ID : 16348073
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. PRESCOTT, RENEE M., , ,

Mailing Address 11677 GRANDVIEW DR

| City <br> MONTGOMERY | State <br> TX | Zip Code <br> $77356-4276$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. |  |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348074
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SHANK, AMY, , ,

Mailing Address 1507 N JEFFERSON STREET

| City <br> ARLINGTON |
| :--- |
| FEC ID number of contributing <br> federal political committee. |
| State <br> VA |
| Name of Employer (for Individual) <br> PCCA |
| Receipt For: <br> $\square$ <br> Primary <br> Other (specify) |
| General |

Date of Receipt


Transaction ID : 16348075
Amount of Each Receipt this Period


Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................. | $80.00$ |
| :---: | :---: |
| 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 51 OF 85 (check only one)


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NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SPEAIRS, KIMBERLY, , ,

Mailing Address 7054 SERRANO DRIVE

| City <br> FORT WORTH | State <br> TX | Zip Code <br> $76126-2320$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| PCCA |  |  | | Occupation (for Individual) |
| :--- |
| Receipt For: |
| Primary <br> Other (specify) $\boldsymbol{\nabla}$ |

Date of Receipt

| $10^{M}$ | 29 | $2021$ |
| :---: | :---: | :---: |

## Transaction ID : 16348076

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BIGGS, MICHELLE, , ,

Mailing Address 19814 ICELAND COURT

| City <br> SPRING | State <br> TX | Zip Code <br> $77379-1401$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{V}$Occupation (for Individual) <br> Vice President of Pharmacy Software |  |  |

Date of Receipt


Transaction ID : 16348077
Amount of Each Receipt this Period
$\square 100.00$

[^10]Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BOTTONI, DON, , ,

Mailing Address 10010 ELKHART AVE

| City <br> LUBBOCK | State <br> TX | Zip Code <br> $79424-8211$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| PCCA |  | Occupation (for Individual) <br> Clinical Compounding Pharmacist |
| Receipt For:  <br> Primary <br> Other (specify) Aggregate Year-to-Date $\mathbf{V}$ |  |  |

Date of Receipt


Transaction ID : 16348078
Amount of Each Receipt this Period


Memo Item

| SUBTOTAL of Receipts This Page (optional).......................................................................... | $200.00$ |
| :---: | :---: |
| 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 52 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 2010 THORNDALE ROAD |  |  |
| :---: | :---: | :---: |
| City INDIAN TRAIL | State NC | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 28079-5376 \end{array}$ |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Clinical Compounding Pharmacist |  |
| Receipt For:$\square$Primary $\quad \square$ General <br> $\square$ Other (specify) $\nabla$ | Aggreg | r-to-Date $840.00$ |

Date of Receipt


## Transaction ID : 16348079

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. DAY, ARJUN, ,

Mailing Address 12722 TRAIL HOLLOW

| City <br> HOUSTON | State <br> TX | Zip Code <br> $77024-4011$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. |  |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348080
Amount of Each Receipt this Period
$\square \quad 192.00$

## Memo Item

Date of Receipt


Transaction ID : 16348081
Amount of Each Receipt this Period


Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................. | $257.00$ |
| :---: | :---: |
| 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 53 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. DUKE, BEVERLY, , ,

Mailing Address 422 HEATHERTON HILL DRIVE

| Mailing Address 422 HEATHERTON HILL DRIVE |  |  |
| :---: | :---: | :---: |
| City ROSENBERG | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77469-4718 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Controller |  |
| Receipt For: Primary General Other (specify) | Aggreg |  |

Date of Receipt

| ${ }^{\text {M }} 11$ | D 12 | Y 2021 |
| :---: | :---: | :---: |

Transaction ID : 16348082
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HARBIN, LIZABETH, , ,

Mailing Address 4409 OLD BROOK RUN

| City MOUNTAIN BRK | State <br> AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35243-4046 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) VP PA, Comm, Edu, HR |  |
|  | Aggrega |  |

Date of Receipt


Transaction ID : 16348083
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. HARGER, ROBERT, , ,

Mailing Address 19623 TRAVIS CANNON LANE

| City <br> RICHMOND | State <br> TX | Zip Code <br> $77407-5503$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |

Name of Employer (for Individual)
PCCA
Receipt For:
$\square$ Primary $\quad \square$ General
$\square$ Other (specify)

|  | Occupation (for Individual) <br> Clinical Compounding Pharmacist |
| :--- | :--- |
| Aggregate Year-to-Date $\nabla$ |  |

Date of Receipt


## Transaction ID : 16348084

Amount of Each Receipt this Period


Memo Item


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

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

FOR LINE NUMBER: PAGE 54 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. HICKS, CYNDI, , ,

Mailing Address 1319 BITTERSWEET

| City <br> RICHMOND | State <br> TX | Zip Code <br> $77406-6534$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| PCCA | Occupation (for Individual) <br> Director of Events Management and Cu |  |
| Receipt For:  <br> Primary <br> Other (specify) $\nabla$ Aggregate Year-to-Date $\nabla$ |  |  |

Date of Receipt


## Transaction ID : 16348085

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HOLMAN, CALVIN, ,

Mailing Address 1645 Oakridge Rd

| City <br> Weimar | State <br> TX | Zip Code <br> $78962-3762$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{V}$Occupation (for Individual) <br> Director of Information Technology |  |  |

Date of Receipt


Transaction ID : 16348086
Amount of Each Receipt this Period
$\square 20.00$

[^11]Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. JONES, JANE, , ,

Mailing Address 3901 TARRINGTON LANE

| City <br> UPPER ARLINGTON |
| :--- |
| FEC ID number of contributing <br> federal political committee. |
| State <br> OH |
| Name of Employer (for Individual) <br> PCCA |
| Receipt For: <br> $\square$ Primary $\quad \square$ <br> Other (specify) |

Date of Receipt


Transaction ID : 16348087
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................. | $50.00$ |
| :---: | :---: |
| 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 55 OF 85 (check only one)


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NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. JONES, MICHEAL, ,

Mailing Address 3800 MAIN ST \#547

| Mailing Address 3800 MAIN ST \#547 |  |
| :---: | :---: |
| City HOUSTON | State Zip Code <br> TX $77002-9685$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Senior Benefits Administrator |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt

| 11 | 12 | $2021$ |
| :---: | :---: | :---: |

## Transaction ID : 16348088

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MARTIN, CHARLES, , ,

Mailing Address 4538 NORTHRIDGE CIRCLE

| City <br> CRESTWOOD | State <br> KY | Zip Code <br> $40014-8646$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\nabla$ |  |  |

Date of Receipt


Transaction ID : 16348089
Amount of Each Receipt this Period
$\square 192.00$

[^12]| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <br> c. MERRELL RHOADS, MELISSA, , , |  |  | Date of Receipt |
| :---: | :---: | :---: | :---: |
| Mailing Address 4036 KENT CT |  |  |  |
| City NAPLES | $\begin{array}{\|l} \hline \text { State } \\ \text { FL } \end{array}$ | Zip Code |  |
|  |  | 34116-7310 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. |  |  | $20.00$ |
| Name of Employer (for Individual) PCCA |  | tion (for Individual) of Formulation Development | - Memo Item |
| Receipt For:$\square$Primary $\quad \square$ General <br> $\square$ Other (specify) |  | r-to-Date $420.00$ |  |
| SUBTOTAL of Receipts This Page (optional) |  |  | $\square, \quad 242.00$ |
| TOTAL This Period (last page this line number only) |  |  | 1. |

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

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

FOR LINE NUMBER: PAGE 56 OF 85 (check only one)


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NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. OBRIEN, JOHN, ,

Mailing Address 3234 GREENBRIAR

| Mailing Address 3234 GREENBRIAR |  |
| :---: | :---: |
| City HOUSTON | State Zip Code <br> TX $77098-2416$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Director of Business Intelligence |
|  | Aggregate Year-to-Date $\square$ <br> 420.00 |

Date of Receipt

| ${ }^{\text {M }} 11$ | D 12 | Y 2021 |
| :---: | :---: | :---: |

## Transaction ID : 16348091

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. PRESCOTT, RENEE M., , ,

Mailing Address 11677 GRANDVIEW DR

| City <br> MONTGOMERY | State <br> TX | Zip Code <br> $77356-4276$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. |  |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348092
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SHANK, AMY, , ,

Mailing Address 1507 N JEFFERSON STREET

| City <br> ARLINGTON |
| :--- |
| FEC ID number of contributing <br> federal political committee. |
| State <br> VA |
| Name of Employer (for Individual) <br> PCCA |
| Receipt For: <br> $\square$ Primary $\quad \square$ General <br> Other (specify) |

Date of Receipt


Transaction ID : 16348093
Amount of Each Receipt this Period


Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................. | $80.00$ |
| :---: | :---: |
| 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 57 OF 85 (check only one)


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NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SPEAIRS, KIMBERLY, , ,

Mailing Address 7054 SERRANO DRIVE

| Mailing Address 7054 SERRANO DRIVE |  |
| :---: | :---: |
| City FORT WORTH | State Zip Code <br> TX $76126-2320$ |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Director of Communications and Engag |
|  | Aggregate Year-to-Date $1575.00$ |

Date of Receipt

| ${ }^{\text {M }} 11$ | D 12 | r 2021 |
| :---: | :---: | :---: |

## Transaction ID : 16348094

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BIGGS, MICHELLE, , ,

Mailing Address 19814 ICELAND COURT

| City SPRING | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77379-1401 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA |  | tion (for Individual) esident of Pharmacy Software |
|  | Aggrega |  |

Date of Receipt


Transaction ID : 16348095
Amount of Each Receipt this Period
$\square \quad 100.00$

## Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BOTTONI, DON, , ,

Mailing Address 10010 ELKHART AVE

| City <br> LUBBOCK | State <br> TX | Zip Code <br> $79424-8211$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| PCCA |  |  | | Receipt For: |
| :--- |
| Primary $\quad \square$ General <br> Other (specify) |

Date of Receipt


Transaction ID : 16348096
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................. | $200.00$ |
| :---: | :---: |
| 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 58 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 2010 THORNDALE ROAD |  |  |
| :---: | :---: | :---: |
| City <br> INDIAN TRAIL | State NC | $\begin{array}{\|l} \hline \text { Zip Code } \\ 28079-5376 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) |  |
|  | Aggrega |  |

Date of Receipt


Transaction ID : 16348097
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. DAY, ARJUN, ,

Mailing Address 12722 TRAIL HOLLOW

| City <br> HOUSTON | State <br> TX | Zip Code <br> $77024-4011$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. |  |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID: 16348098
Amount of Each Receipt this Period
$\square \quad 192.00$

## Memo Item

Date of Receipt


Transaction ID : 16348099
Amount of Each Receipt this Period


Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................. | $257.00$ |
| :---: | :---: |
| 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 59 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. DUKE, BEVERLY, , ,

Mailing Address 422 HEATHERTON HILL DRIVE

| Mailing Address 422 HEATHERTON HILL DRIVE |  |  |
| :---: | :---: | :---: |
| City ROSENBERG | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77469-4718 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Controller |  |
| Receipt For: Primary General Other (specify) | Aggreg |  |

Date of Receipt

| ${ }^{\text {M }} 11$ | D 26 |  |
| :---: | :---: | :---: |

## Transaction ID : 16348100

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HARBIN, LIZABETH, , ,

Mailing Address 4409 OLD BROOK RUN

| City MOUNTAIN BRK | State <br> AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35243-4046 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) VP PA, Comm, Edu, HR |  |
|  | Aggrega |  |

Date of Receipt


Transaction ID : 16348101
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. HARGER, ROBERT, , ,

Mailing Address 19623 TRAVIS CANNON LANE

| City <br> RICHMOND | State <br> TX | Zip Code <br> $77407-5503$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA | Occupation (for Individual) <br> Clinical Compounding Pharmacist |  |
| Receipt For: <br> $\square$ <br> PrimaryOther (specify) |  |  |

Date of Receipt


## Transaction ID : 16348102

Amount of Each Receipt this Period


Memo Item


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

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

FOR LINE NUMBER: PAGE 60 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. HICKS, CYNDI, , ,

Mailing Address 1319 BITTERSWEET

| City <br> RICHMOND | $\begin{aligned} & \hline \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77406-6534 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) of Events Management and Cu |
|  | Aggreg | $r-t o-D a t e$ $220.00$ |

Date of Receipt

| 111 | $\begin{gathered} D \\ 26 \end{gathered}$ | $\square$ |
| :---: | :---: | :---: |

## Transaction ID : 16348103

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HOLMAN, CALVIN, ,

Mailing Address 1645 Oakridge Rd

| City <br> Weimar | State <br> TX | Zip Code <br> $78962-3762$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348104
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. JONES, JANE, ,

Mailing Address 3901 TARRINGTON LANE

| City <br> UPPER ARLINGTON | State <br> OH | Zip Code 43220-2299 |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Clinical Compounding Pharmacist |  |
|  | Aggreg | r-to-Date $440.00$ |

Date of Receipt


## Transaction ID : 16348105

Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................. | $50.00$ |
| :---: | :---: |
| 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 61 OF 85 (check only one)


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NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. JONES, MICHEAL, ,

Mailing Address 3800 MAIN ST \#547

| Mailing Address 3800 MAIN ST \#547 |  |
| :---: | :---: |
| City HOUSTON | State Zip Code <br> TX $77002-9685$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Senior Benefits Administrator |
|  | Aggregate Year-to-Date $\square$ <br> 360.00 |

Date of Receipt

| ${ }^{\text {M }} 11$ | $\begin{array}{\|c} D \quad D \\ 26 \end{array}$ |  |
| :---: | :---: | :---: |

## Transaction ID : 16348106

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MARTIN, CHARLES, , ,

Mailing Address 4538 NORTHRIDGE CIRCLE

| City <br> CRESTWOOD | State <br> KY | Zip Code <br> $40014-8646$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\nabla$ |  |  |

Date of Receipt


Transaction ID : 16348107
Amount of Each Receipt this Period
$\square 192.00$

[^13]| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <br> c. MERRELL RHOADS, MELISSA, , , |  |  | Date of Receipt |
| :---: | :---: | :---: | :---: |
| Mailing Address 4036 KENT CT |  |  |  |
| City NAPLES | $\begin{array}{\|c\|} \hline \text { State } \\ \text { FL } \end{array}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 34116-7310 \end{array}$ |  |
|  |  |  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. |  |  | 20.00 |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) of Formulation Development | Memo Item |
| Receipt For: $\square$ Primary $\quad \square$ General $\square$ Other (specify) | Aggreg | r-to-Date $440.00$ |  |
| SUBTOTAL of Receipts This Page (optional)............................................................. |  |  | , , 242.00 |
| 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 62 OF 85 (check only one)


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NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 3234 GREENBRIAR |  |
| :---: | :---: |
| City HOUSTON | State Zip Code <br> TX $77098-2416$ |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Director of Business Intelligence |
|  | Aggregate Year-to-Date $\square$ |

Date of Receipt

| 111 | $\begin{gathered} D \\ 26 \end{gathered}$ | $\square$ |
| :---: | :---: | :---: |

## Transaction ID : 16348109

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. PRESCOTT, RENEE M., , ,

Mailing Address 11677 GRANDVIEW DR

| City <br> MONTGOMERY | State <br> TX | Zip Code <br> $77356-4276$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. |  |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348110
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SHANK, AMY, , ,

Mailing Address 1507 N JEFFERSON STREET

| City <br> ARLINGTON |
| :--- |
| FEC ID number of contributing <br> federal political committee. |
| State <br> VA |
| Name of Employer (for Individual) <br> PCCA |
| Receipt For: <br> $\square$ <br> Primary <br> Other (specify) |
| General |

Date of Receipt


## Transaction ID : 16348111

Amount of Each Receipt this Period


| SUBTOTAL of Receipts This Page (optional)................................................................. | $80.00$ |
| :---: | :---: |
| 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 63 OF 85 (check only one)


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NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SPEAIRS, KIMBERLY, , ,

Mailing Address 7054 SERRANO DRIVE

| City <br> FORT WORTH | State <br> TX | Zip Code <br> $76126-2320$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| PCCA |  |  | | Occupation (for Individual) |
| :--- |
| Receipt For: |
| Primary <br> Other (specify) $\boldsymbol{\nabla}$ |

Date of Receipt


## Transaction ID : 16348112

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BIGGS, MICHELLE, , ,

Mailing Address 19814 ICELAND COURT

| City <br> SPRING | State <br> TX | Zip Code <br> $77379-1401$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348113
Amount of Each Receipt this Period

- 100.00

[^14]Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BOTTONI, DON, , ,

Mailing Address 10010 ELKHART AVE

| City LUBBOCK | $\begin{gathered} \hline \text { State } \\ \text { TX } \end{gathered}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 79424-8211 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) Compounding Pharmacist |
|  | Aggreg |  |

Date of Receipt


Transaction ID : 16348114
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)..................................................................... | $200.00$ |
| :---: | :---: |
| 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 64 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 2010 THORNDALE ROAD |  |  |
| :---: | :---: | :---: |
| City INDIAN TRAIL | State NC | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 28079-5376 \end{array}$ |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Clinical Compounding Pharmacist |  |
| Receipt For:$\square$Primary $\quad \square$ General <br> $\square$ Other (specify) $\nabla$ | Aggreg | r-to-Date $920.00$ |

Date of Receipt

| Min |  |
| :---: | :---: | :---: | :---: |
| 12 | D 10 |

## Transaction ID : 16348115

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. DAY, ARJUN, ,

Mailing Address 12722 TRAIL HOLLOW

| City <br> HOUSTON | State <br> TX | Zip Code <br> $77024-4011$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{\square}$ |  |  |

Date of Receipt


Transaction ID : 16348116
Amount of Each Receipt this Period

- 192.00

[^15]
## Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DEATSMAN, AMY, ,

Mailing Address 4923 WELFORD DR

| City <br> BELLAIRE | State <br> TX | Zip Code <br> $77401-5335$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| PCCA |  | Occupation (for Individual) <br> Manager of Corporate Communications |
| Receipt For:  <br> Primary <br> Other (specify) Aggregate Year-to-Date $\mathbf{V}$ |  |  |

Date of Receipt


Transaction ID : 16348117
Amount of Each Receipt this Period

$\square$ Memo Item

| SUBTOTAL of Receipts This Page (optional)..................................................................... | $257.00$ |
| :---: | :---: |
| 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 65 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. DUKE, BEVERLY, , ,

Mailing Address 422 HEATHERTON HILL DRIVE

| Mailing Address 422 HEATHERTON HILL DRIVE |  |  |
| :---: | :---: | :---: |
| City <br> ROSENBERG | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77469-4718 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Controller |  |
| Receipt For: Primary General Other (specify) | Aggreg | r-to-Date $230.00$ |

Date of Receipt

| M 12 | [D 10 | $\begin{aligned} & y=r \\ & 2021 \end{aligned}$ |
| :---: | :---: | :---: |

## Transaction ID : 16348118

Amount of Each Receipt this Period
$\square 10.00$

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HARBIN, LIZABETH, , ,

Mailing Address 4409 OLD BROOK RUN

| City MOUNTAIN BRK | State <br> AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35243-4046 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) VP PA, Comm, Edu, HR |  |
|  | Aggregat |  |

Date of Receipt


Transaction ID : 16348119
Amount of Each Receipt this Period
$\square 40.00$Memo Item
}

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. HARGER, ROBERT, ,

Mailing Address 19623 TRAVIS CANNON LANE

| City | State <br> TX | Zip Code <br> 77407-5503 |
| :--- | :--- | :--- |
| RICHMOND | C |  |
| FEC ID number of contributing <br> federal political committee. |  |  |

## Date of Receipt

| ${ }^{\text {M }} 12$ | $\begin{array}{\|c} \hline D \quad D \\ \hline 10 \end{array}$ | 2021 |
| :---: | :---: | :---: |

## Transaction ID : 16348120

Amount of Each Receipt this Period


| Name of Employer (for Individual) |
| :--- |
| PCCA |
| Receipt For: |
| $\square$ Primary $\quad \square$ General |
| $\square$ Other (specify) |


|  | Occupation (for Individual) <br> Clinical Compounding Pharmacist |
| :--- | :--- |
| Aggregate Year-to-Date $\mathbf{V}$ |  |

Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................ | $70.00$ |
| :---: | :---: |
| 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 66 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 1319 BITTERSWEET |  |  |
| :---: | :---: | :---: |
| City RICHMOND | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77406-6534 \end{array}$ |
| FEC ID number of contributing federal political committee. |  |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Director of Events Management and Cu |  |
|  | Aggrega | r-to-Date $230.00$ |

Date of Receipt


## Transaction ID : 16348121

Amount of Each Receipt this Period
$\square 10.00$

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HOLMAN, CALVIN, ,

Mailing Address 1645 Oakridge Rd

| City <br> Weimar | State <br> TX | Zip Code <br> $78962-3762$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348122
Amount of Each Receipt this Period
$\square 20.00$

[^16]Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. JONES, JANE, , ,

Mailing Address 3901 TARRINGTON LANE

| City <br> UPPER ARLINGTON |
| :--- |
| FEC ID number of contributing <br> federal political committee. |
| State <br> OH |
| Name of Employer (for Individual) <br> PCCA |
| Receipt For: <br> $\square$ Primary $\quad \square$ General <br> Other (specify) |

Date of Receipt


Transaction ID : 16348123
Amount of Each Receipt this Period

$\square$ Memo Item


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

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

FOR LINE NUMBER: PAGE 67 OF 85 (check only one)


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NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. JONES, MICHEAL, ,

Mailing Address 3800 MAIN ST \#547

| Mailing Address 3800 MAIN ST \#547 |  |
| :---: | :---: |
| City HOUSTON | State Zip Code <br> TX $77002-9685$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Senior Benefits Administrator |
|  | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : 16348124
Amount of Each Receipt this Period


Memo Item

Date of Receipt


Transaction ID : 16348125
Amount of Each Receipt this Period
$\square$ y 192.00

[^17]Date of Receipt


Transaction ID : 16348126
Amount of Each Receipt this Period


Memo Item


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

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

FOR LINE NUMBER: PAGE 68 OF 85 (check only one)


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NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. OBRIEN, JOHN, ,

Mailing Address 3234 GREENBRIAR

| Mailing Address 3234 GREENBRIAR |  |
| :---: | :---: |
| City HOUSTON | State Zip Code <br> TX $77098-2416$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Director of Business Intelligence |
|  | Aggregate Year-to-Date |

Date of Receipt

| 12 | $10$ |  |
| :---: | :---: | :---: |

## Transaction ID : 16348127

Amount of Each Receipt this Period


Memo Item

## Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRESCOTT, RENEE M.,

## ., , ,

Mailing Address 11677 GRANDVIEW DR

| City <br> MONTGOMERY | State <br> TX | Zip Code <br> $77356-4276$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{V}$Occupation (for Individual) <br> Director of Education |  |  |

Date of Receipt


Transaction ID : 16348128
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SHANK, AMY, , ,

Mailing Address 1507 N JEFFERSON STREET

| City <br> ARLINGTON | State <br> VA | Zip Code 22205-2839 |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Director of Government Affairs |  |
|  | Aggrega | r-to-Date $805.00$ |

Date of Receipt


Transaction ID : 16348129
Amount of Each Receipt this Period


Memo Item

| SUBTOTAL of Receipts This Page (optional)................................................................. | $80.00$ |
| :---: | :---: |
| 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 69 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SPEAIRS, KIMBERLY, , ,

Mailing Address 7054 SERRANO DRIVE

| City <br> FORT WORTH | State <br> TX | Zip Code <br> $76126-2320$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| PCCA | Occupation (for Individual) <br> Director of Communications and Engag |  |
| Receipt For:  <br> $\square$Primary <br> Other (specify) $\nabla$ Aggregate Year-to-Date $\nabla$ |  |  |

Date of Receipt

| 12 | 10 | r rer r 2021 |
| :---: | :---: | :---: |

## Transaction ID : 16348130

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BIGGS, MICHELLE, , ,

Mailing Address 19814 ICELAND COURT

| City <br> SPRING | State <br> TX | Zip Code <br> $77379-1401$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{V}$Occupation (for Individual) <br> Vice President of Pharmacy Software |  |  |

Date of Receipt


Transaction ID : 16348131
Amount of Each Receipt this Period
$\square \quad 100.00$

[^18]Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. BOTTONI, DON, , ,

Mailing Address 10010 ELKHART AVE

| City <br> LUBBOCK | State <br> TX | Zip Code <br> $79424-8211$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| PCCA |  | Occupation (for Individual) <br> Clinical Compounding Pharmacist |
| Receipt For:  <br> Primary <br> Other (specify) Aggregate Year-to-Date $\mathbf{V}$ |  |  |

Date of Receipt


Transaction ID : 16348132
Amount of Each Receipt this Period


Memo Item


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

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

FOR LINE NUMBER: PAGE 70 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 2010 THORNDALE ROAD |  |  |
| :---: | :---: | :---: |
| City INDIAN TRAIL | State NC | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 28079-5376 \end{array}$ |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Clinical Compounding Pharmacist |  |
| Receipt For:$\square$Primary $\quad \square$ General <br> $\square$ Other (specify) $\nabla$ | Aggreg | r-to-Date $960.00$ |

Date of Receipt

| $12^{M}$ | 23 |  |
| :---: | :---: | :---: |

## Transaction ID : 16348133

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. DAY, ARJUN, ,

Mailing Address 12722 TRAIL HOLLOW

| City <br> HOUSTON | State <br> TX | Zip Code <br> $77024-4011$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. |  |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348134
Amount of Each Receipt this Period

- 192.00

[^19]Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. DEATSMAN, AMY, ,

Mailing Address 4923 WELFORD DR

| City <br> BELLAIRE | State <br> TX | Zip Code <br> $77401-5335$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| PCCA |  | Occupation (for Individual) <br> Manager of Corporate Communications |
| Receipt For:  <br> Primary <br> Other (specify) Aggregate Year-to-Date $\boldsymbol{V}$ |  |  |

Date of Receipt


Amount of Each Receipt this Period


Memo Item

| SUBTOTAL of Receipts This Page (optional)..................................................................... | $257.00$ |
| :---: | :---: |
| 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 71 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. DUKE, BEVERLY, , ,

Date of Receipt

Mailing Address 422 HEATHERTON HILL DRIVE

| Mailing Address 422 HEATHERTON HILL DRIVE |  |  |
| :---: | :---: | :---: |
| City ROSENBERG | $\begin{aligned} & \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77469-4718 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA |  | (for Individual) |
|  | Aggreg | r-to-Date <br> 240.00 |



## Transaction ID : 16348136

Amount of Each Receipt this Period


Memo Item

Date of Receipt


Transaction ID : 16348137
Amount of Each Receipt this Period


Date of Receipt
C. HARGER, ROBERT, , ,

Mailing Address 19623 TRAVIS CANNON LANE

| City <br> RICHMOND | State <br> TX | Zip Code <br> $77407-5503$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |


| Name of Employer (for Individual) <br> PCCA | Occupation (for Individual) <br> Clinical Compounding Pharmacist |
| :--- | :--- | :--- |
| Receipt For: |  |
| $\square$PrimaryOther (specify) <br> $\square$ General | Aggregate Year-to-Date $\boldsymbol{\nabla}$ |



Transaction ID : 16348138
Amount of Each Receipt this Period


Memo Item


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

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

FOR LINE NUMBER: PAGE 72 OF 85 (check only one)


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NAME OF COMmITTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 1319 BITTERSWEET |  |  |
| :---: | :---: | :---: |
| City RICHMOND | State TX | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77406-6534 \end{array}$ |
| FEC ID number of contributing federal political committee. |  |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Director of Events Management and Cu |  |
| Receipt For: $\square$ Primary $\square$ General $\square$ Other (specify) $\nabla$ | Aggreg | -to-Date $240.00$ |

Date of Receipt

| $12^{M}$ | 23 |  |
| :---: | :---: | :---: |

## Transaction ID : 16348139

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HOLMAN, CALVIN, ,

Mailing Address 1645 Oakridge Rd

| City <br> Weimar | State <br> TX | Zip Code <br> $78962-3762$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. |  |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348140
Amount of Each Receipt this Period
$\square 20.00$

[^20]Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. JONES, JANE, , ,

Mailing Address 3901 TARRINGTON LANE

| City <br> UPPER ARLINGTON |
| :--- |
| FEC ID number of contributing <br> federal political committee. |
| State <br> OH |
| Name of Employer (for Individual) <br> PCCA |
| Receipt For: <br> $\square$ Primary $\quad \square$ General <br> Other (specify) |

Date of Receipt


Transaction ID : 16348141
Amount of Each Receipt this Period

$\square$ Memo Item


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

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

FOR LINE NUMBER: PAGE 73 OF 85 (check only one)


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NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 3800 MAIN ST \#547 |  |  |
| :---: | :---: | :---: |
| City <br> HOUSTON | $\begin{aligned} & \hline \text { State } \\ & \text { TX } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 77002-9685 \end{array}$ |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |  |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Senior Benefits Administrator |  |
| Receipt For: Primary General Other (specify) | Aggreg | r-to-Date $420.00$ |

Date of Receipt

| $12^{M}$ | 23 |  |
| :---: | :---: | :---: |

Transaction ID : 16348142
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MARTIN, CHARLES, , ,

Mailing Address 4538 NORTHRIDGE CIRCLE

| City <br> CRESTWOOD | State <br> KY | Zip Code <br> $40014-8646$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. |  |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348143
Amount of Each Receipt this Period
$\square 192.00$

[^21]| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <br> c. MERRELL RHOADS, MELISSA, , , |  | Date of Receipt |
| :---: | :---: | :---: |
| Mailing Address 4036 KENT CT |  |  |
| City NAPLES | State $\quad$ Zip Code |  |
|  | FL $\quad$ 34116-7310 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. |  | $\qquad$ <br> Memo Item |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) <br> Director of Formulation Development |  |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\square$ |  |
| SUBTOTAL of Receipts This Page (optional) |  | , $\quad 242.00$ |
| 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 74 OF 85 (check only one)


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NAME OF COMmItTEE (In Full)

## Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 3234 GREENBRIAR |  |
| :---: | :---: |
| City HOUSTON | State Zip Code <br> TX $77098-2416$ |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |
| Name of Employer (for Individual) PCCA | Occupation (for Individual) Director of Business Intelligence |
|  | Aggregate Year-to-Date |

Date of Receipt


Transaction ID : 16348145
Amount of Each Receipt this Period


Memo Item

## Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRESCOTT, RENEE M.,

## ., , ,

Mailing Address 11677 GRANDVIEW DR

| City <br> MONTGOMERY | State <br> TX | Zip Code <br> $77356-4276$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> PCCA |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : 16348146
Amount of Each Receipt this Period


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SHANK, AMY, , ,

Mailing Address 1507 N JEFFERSON STREET

| City <br> ARLINGTON |
| :--- |
| FEC ID number of contributing <br> federal political committee. |
| State <br> VA |
| Name of Employer (for Individual) <br> PCCA |
| Receipt For: <br> $\square$ <br> Primary <br> Other (specify) |
| General |

Date of Receipt


Transaction ID : 16348147
Amount of Each Receipt this Period

$\square$ Memo Item


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

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

FOR LINE NUMBER: PAGE 75 OF 85 (check only one)


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NAME OF COMMITTEE (In Full)
Professional Compounding Centers of America PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 7054 SERRANO DRIVE |  |  |
| :---: | :---: | :---: |
| City FORT WORTH | State <br> TX | Zip Code $76126-2320$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) PCCA |  | ion (for Individual) <br> of Communications and Engag |
|  | Aggrega | r-to-Date $1800.00$ |

Date of Receipt


## Transaction ID : 16348148

Amount of Each Receipt this Period


Memo Item


Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

## Mailing Address

| City | State | Zip Code |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |  |
| Name of Employer (for Individual) | O | ion (for Individual) |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date |

## Date of Receipt



## Amount of Each Receipt this Period



| SUBTOTAL of Receipts This Page (optional).......................................................................... | $75.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)...................................................... | , 0 , 11282.00 |

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

| Use separate schedule(s) | FOR LINE NUMBER: (check only one) |  |  |  |  |  | GE | 76 | 76 | 85 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| for each category of the Detailed Summary Page | $\begin{array}{\|l} \square \\ 21 \mathrm{~b} \\ 28 \mathrm{a} \end{array}$ | $\begin{aligned} & 22 \\ & 28 \mathrm{~b} \end{aligned}$ | $x$ | $\begin{aligned} & 23 \\ & 28 \mathrm{c} \end{aligned}$ |  | $\begin{array}{\|} 26 \\ 29 \end{array}$ |  | 27 |  |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)
Professional Compounding Centers of America PAC
Full Name (Last, First, Middle Initial)
A. Sanford Bishop For Congress


| Mailing Address PO Box 3314 |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| City <br> Oregon City |  |  | State Zip Code <br> OR 97045 |  |
| Purpose of Disbursement |  |  |  | 011 |
| Candidate Name Schrader, Kurt, , Rep., |  |  |  | Category/ Type |
| Office Sought: <br> State: <br> OR | $\mathbf{x}$ House <br> Senate <br>  President | Disburse $\square$ | ment For: 2022Primary $\quad \mid \mathbf{x}$ <br> Other (specify) |  |

Full Name (Last, First, Middle Initial)
C. Clarke For Congress
Mailing Address 111-36 200th. Street


Date of Disbursement

| 07 | D 19 | $2021$ |
| :---: | :---: | :---: |

FEC Identification Number
C C00266940
Transaction ID : 15993073
Amount of Each Disbursement this Period
2000.00

Memo Item

Date of Disbursement

| M 07 | DID <br> 19 | $2021$ |
| :---: | :---: | :---: |

FEC Identification Number
C C00446906
Transaction ID : 15993074
Amount of Each Disbursement this Period
$\square 2000.00$

Memo Item

Date of Disbursement


FEC Identification Number
C C00415331
Transaction ID : 15993075
Amount of Each Disbursement this Period
, $\quad 1500.00$

Memo Item

| SUBTOTAL of Disbursements This Page (optional)..................................................... | 5500.00 |
| :---: | :---: |
| 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: $\quad$ PAGE 77 OF 85 (check only one)

| $\left\lvert\, \begin{aligned} & 21 b \\ & 28 a \end{aligned}\right.$ | $\begin{aligned} & 22 \\ & 28 \mathrm{~b} \end{aligned}$ | X | $\begin{aligned} & 23 \\ & 28 \mathrm{c} \end{aligned}$ |  | $\begin{aligned} & 26 \\ & 29 \end{aligned}$ |  | 27 30 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)
Professional Compounding Centers of America PAC
Full Name (Last, First, Middle Initial)
A. Curtis For Congress

Mailing Address 370 East South Temple, Suite 580

| City <br> Salt Lake City | State <br> UT | Zip Code <br> 84111 |
| :--- | :---: | :---: |
| Purpose of Disbursement |  |  |
| Candidate Name | 011 |  |
| Curtis, John, , Rep., |  | Category/ <br> Type |


Disbursement For: 2022

$\square$| Primary $\quad \boldsymbol{x}$ General |
| :--- |
| $\square$ Other (specify) |

Full Name (Last, First, Middle Initial)
B. Fightin' Ninth PAC

| Mailing Address PO Box 71596 |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| City State Zip Code <br> Richmond VA 23255 <br> Purpose of Disbursement   <br> 2021   |  |  |  |  |  |
|  |  |  |  |  | 011 |
| Candidate Name |  |  |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |  |  |


| M 07 | (010 | 2021 |
| :---: | :---: | :---: |

FEC Identification Number


Transaction ID : 15994550
Amount of Each Disbursement this Period
$\square 2021,2500.00$
Memo Item

Full Name (Last, First, Middle Initial)
C. Professional Compounding Centers of America

Mailing Address 9901 S Wilcrest Dr.


Date of Disbursement


FEC Identification Number


C00730150
Transaction ID : 16002717
Amount of Each Disbursement this Period


Memo Item

| SUBTOTAL of Disbursements This Page (optional).............................................................. | $3615.02$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | - , , . , \| . . . |

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

| Use separate schedule(s) | FOR LINE NUMBER: (check only one) |  |  |  |  |  | GE | 78 | O | 85 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| for each category of the Detailed Summary Page | $\begin{array}{\|l} \square \\ 21 \mathrm{~b} \\ 28 \mathrm{a} \end{array}$ | $\begin{aligned} & 22 \\ & 28 \mathrm{~b} \end{aligned}$ | $x$ | $\begin{aligned} & 23 \\ & 28 \mathrm{c} \end{aligned}$ |  | $\begin{array}{\|} 26 \\ 29 \end{array}$ |  | 27 |  |  |

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NAME OF COMMITTEE (In Full)
Professional Compounding Centers of America PAC

Full Name (Last, First, Middle Initial)
A. Buddy PAC


Full Name (Last, First, Middle Initial)
B. Mullin For Congress


Date of Disbursement

| 09 | D $\quad 12$ | $2021$ |
| :---: | :---: | :---: |

FEC Identification Number
C
Transaction ID : 16017446
Amount of Each Disbursement this Period
$\square$ Memo Item 2021
$\square$

Date of Disbursement


FEC Identification Number
C C00498345
Transaction ID : 16017447
Amount of Each Disbursement this Period
2000.00

Memo Item

Date of Disbursement


FEC Identification Number
C C00674259
Transaction ID : 16017448
Amount of Each Disbursement this Period
$\square \quad 2500.00$

Memo Item


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



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NAME OF COMMITTEE (In Full)
Professional Compounding Centers of America PAC


Full Name (Last, First, Middle Initial)
B. Sylvia Garcia For Congress


Full Name (Last, First, Middle Initial)
C. Jerry Carl For Congress

Mailing Address PO Box 852138


Date of Disbursement


FEC Identification Number
C C00660555

Transaction ID : 16017450
Amount of Each Disbursement this Period
1000.00

Memo Item

Date of Disbursement


FEC Identification Number
C C00697789
Transaction ID : 16017451
Amount of Each Disbursement this Period
$\square, 2000.00$

Memo Item


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

| Use separate schedule(s) | FOR LINE NUMBER: (check only one) |  |  |  |  |  | GE | 80 | O | 85 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| for each category of the Detailed Summary Page | $\begin{array}{\|l} \square \\ \hline \end{array} 21 \mathrm{~b}$ | $\begin{aligned} & 22 \\ & 28 \mathrm{~b} \end{aligned}$ | $x$ | $\begin{aligned} & 23 \\ & 28 \mathrm{c} \end{aligned}$ |  | $\begin{aligned} & 26 \\ & 29 \end{aligned}$ |  | 3 |  |  |

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$\rangle \begin{aligned} & \text { NAME OF COMMITTEE (In Full) } \\ & \text { Professional Compounding Centers of America PAC }\end{aligned}$

Full Name (Last, First, Middle Initial)
A. Texans For Henry Cuellar Congressional Campaign

| $\begin{array}{ll}\text { Mailing Address } & 1519 \text { Washington Street } \\ \text { Suite } 200\end{array}$ |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| City |  |  | State | Zip Code |  |
| Laredo |  |  | TX | 78040 |  |
| Purpose of Disbursement |  |  |  |  |  |
|  |  |  |  |  | 011 |
| Candidate Name |  |  |  |  |  |
| Cuellar, Henry, , Rep., |  |  |  |  | Type |
| Office Sought: |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| State: TX | District: 28 |  |  |  |  |
| Full Name (Last, First, Middle Initial) |  |  |  |  |  |
| Scott Peter | For Congr |  |  |  |  |



Full Name (Last, First, Middle Initial)
C. Lisa Blunt Rochester For Congress


Date of Disbursement

| 09 | D $\quad 12$ | $2021$ |
| :---: | :---: | :---: |

FEC Identification Number


C00371302
Transaction ID : 16017452
Amount of Each Disbursement this Period
2000.00

Memo Item

Date of Disbursement


FEC Identification Number
C C00503110
Transaction ID : 16017453
Amount of Each Disbursement this Period
$\square, 1000.00$

Memo Item

Date of Disbursement

| 09 | D 12 22 | Y Y 2021 |
| :---: | :---: | :---: |
| 09 | 22 | 2021 |

FEC Identification Number
C C00590778
Transaction ID : 16017454
Amount of Each Disbursement this Period
$\square, 1000.00$

Memo Item

| SUBTOTAL of Disbursements This Page (optional).................................................... | , 4000.00 |
| :---: | :---: |
| TOTAL This Period (last page this line number only)...................................................... |  |

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

| Use separate schedule(s) | FOR LINE NUMBER: (check only one) |  |  |  |  |  | GE | 81 | 1 | 85 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| for each category of the Detailed Summary Page | $\begin{array}{\|l} \square \\ 21 \mathrm{~b} \\ 28 \mathrm{a} \end{array}$ | $\begin{aligned} & 22 \\ & 28 \mathrm{~b} \end{aligned}$ | $x$ | $\begin{aligned} & 23 \\ & 28 \mathrm{c} \end{aligned}$ |  | $\begin{array}{\|} 26 \\ 29 \end{array}$ |  | 27 |  |  |

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NAME OF COMMITTEE (In Full)
Professional Compounding Centers of America PAC

Full Name (Last, First, Middle Initial)
A. Ben Cline For Congress, Inc.

| Mailing Address P.O. Box 1790 |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| City <br> Harrisonburg |  |  |  | State VA | $\begin{gathered} \text { Zip Code } \\ 22803 \end{gathered}$ |  |
| Purpose of Disbursement |  |  |  |  |  | 011 |
| Candidate Name Cline, Benjamin, , Rep., |  |  |  |  |  | Category/ Type |
| Office Sought: State: VA |  |  | Disburse |  |  |  |

Full Name (Last, First, Middle Initial)
B. Wexton For Congress

| Mailing Address PO Box 650550 |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| City State <br> VA Zip Code <br> Sterling 20165  <br> Purpose of Disbursement   |  |  |  |  |  |
|  |  |  |  |  | 011 <br> Category/ <br> Type |
| Office Sought: <br> State: <br> VA | $\mathbf{x}$ House <br> Senate <br> $\square$ President | Disbursement For: 2022$\square$Primary $\quad \square \boldsymbol{x}$ General <br> Other (specify) |  |  |  |
| Full Name (Last, First, Middle Initial) <br> C. First in Freedom PAC |  |  |  |  |  |
| Mailing Address 611 Pennsylvania Ave, SE \#396 |  |  |  |  |  |
| City <br> Washington |  |  | $\begin{array}{\|c} \hline \text { State } \\ \text { DC } \end{array}$ | $\begin{array}{\|c} \hline \text { Zip Code } \\ 20003 \\ \hline \end{array}$ |  |
| Purpose of Disbursement 2021 |  |  |  |  | 011 |
| Candidate Name |  |  |  |  | Category/ Type |
| Office Sought: |  House <br> $\square$ Senate <br> $\square$ President <br> District:  |  |  |  |  |

Date of Disbursement

| 09 | D $\quad 12$ | $2021$ |
| :---: | :---: | :---: |

FEC Identification Number


C00661561
Transaction ID : 16017456
Amount of Each Disbursement this Period
1000.00

Memo Item

Date of Disbursement

| 09 | [ 28 | $2021$ |
| :---: | :---: | :---: |

FEC Identification Number
C C00638023
Transaction ID : 16020050
Amount of Each Disbursement this Period
1500.00

Memo Item

Date of Disbursement


FEC Identification Number


Transaction ID : 16020052
Amount of Each Disbursement this Period


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

TOTAL This Period (last page this line number only)


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



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$\rangle \begin{aligned} & \text { NAME OF COMMITTEE (In Full) } \\ & \text { Professional Compounding Centers of America PAC }\end{aligned}$
Full Name (Last, First, Middle Initial)
A. Elizabeth Pannill Fletcher For Congress

| Mailing Address 3262 Westheimer Rd \#636 |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| City <br> Houston |  |  | $\begin{gathered} \text { State } \\ \text { TX } \end{gathered}$ | $\begin{aligned} & \hline \text { Zip Code } \\ & 77098 \end{aligned}$ |  |
| Purpose of Disbursement |  |  |  |  | 011 |
| Candidate Name <br> Fletcher, Elizabeth, , Rep., |  |  |  |  | Category/ Type |
| Office Sought: <br> State: TX | $\mathbf{x}$ House <br> Senate <br>  President | Disburse |  |  |  |

Full Name (Last, First, Middle Initial)
B. Professional Compounding Centers of America


| M 10 | 10 <br> 28 | $2021$ |
| :---: | :---: | :---: |

FEC Identification Number
C C00741090

Transaction ID : 16161320
Amount of Each Disbursement this Period


Memo Item
Full Name (Last, First, Middle Initial)
C. Jerry Carl For Congress

| Mailing Address PO Box 852138 |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| City <br> Mobile |  |  | $\begin{array}{\|c} \text { State } \\ \mathrm{AL} \end{array}$ | $\begin{gathered} \text { Zip Code } \\ 36685 \end{gathered}$ |  |
| Purpose of Disbursement |  |  |  |  | 011 |
| Candidate Name Carl, Jerry, , , Jr |  |  |  |  | Category/ Type |
| Office Sought: <br> State: AL | $\mathbf{x}$ House <br> Senate <br>  President |  |  | $\square$ General <br> fy) |  |

Date of Disbursement


FEC Identification Number
C C00697789
Transaction ID : 16163165
Amount of Each Disbursement this Period
$\square 2000.00$

Memo Item

| SUBTOTAL of Disbursements This Page (optional)......................................................... | $4071.18$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)...................................................... |  |

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



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$\rangle \begin{aligned} & \text { NAME OF COMMITTEE (In Full) } \\ & \text { Professional Compounding Centers of America PAC }\end{aligned}$

| Full Name (Last, First, Middle Initial) <br> A. Mullin For Congress |  |  |  |  | Date of Disbursement |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Mailing Address PO Box 3681 |  |  |  |  |  |
| City State Zip Code <br> Muskogee OK 74402 |  |  |  |  | FEC Identification Number |
|  |  |  |  |  | $\qquad$ <br> Transaction ID : 16163166 Amount of Each Disbursement this Period |
| Candidate Name Mullin, Markwayne, , Rep., |  |  |  | Category/ Type |  |
| Office Sought: | $\boldsymbol{x}$ House <br> Senate <br> $\square$ President |  |  |  | $\qquad$ $\square$ Memo Item |

Full Name (Last, First, Middle Initial)
B. Moolenaar For Congress

| $\begin{array}{ll}\text { Mailing Address } & 5915 \text { Eastman Avenue } \\ \text { Suite } 100\end{array}$ |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| City Midland |  |  |  | State <br> MI | $\begin{gathered} \hline \text { Zip Code } \\ 48640 \end{gathered}$ |  |  |
| Purpose of Disbursement |  |  |  |  |  |  | 011 |
| Candidate Name Moolenaar, John, , Rep., |  |  |  |  |  |  | Category/ Type |
| Office Sought: <br> State: MI | $\mathbf{x}$ Ho <br> Se <br> $\square$ Pre <br> District:  | House <br> Senate <br> President | Disbursement For: 2022$\square$Primary $\quad \times \boldsymbol{x}$ General <br> $\square$ |  |  |  |  |

Date of Disbursement


FEC Identification Number
C C00561530
Transaction ID : 16206343
Amount of Each Disbursement this Period
1000.00

Memo Item
Full Name (Last, First, Middle Initial)
C. Kuster For Congress, Inc

Mailing Address PO Box 1498


Date of Disbursement


FEC Identification Number


C00462861
Transaction ID : 16333024
Amount of Each Disbursement this Period
$\square, 1000.00$

Memo Item

| SUBTOTAL of Disbursements This Page (optional)...................................................... | 4000.00 |
| :---: | :---: |
| TOTAL This Period (last page this line number only) ................................................ |  |

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NAME OF COMMITTEE (In Full)
Professional Compounding Centers of America PAC


Full Name (Last, First, Middle Initial)
B. Ben Cline For Congress, Inc.


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



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$\rangle$ NaME OF COMmITTEE (In Full)

| Full Name (Last, First, Middle Initial) Texans for Greg Abbott |  |  |  |  | Date of Disbursement |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Mailing Address PO Box 308 |  |  |  |  |  |
| City Austin |  | State TX | $\begin{gathered} \text { Zip Code } \\ 78767 \end{gathered}$ |  | FEC Identification Number |
| Purpose of Disbursement |  |  |  | 011 | Transaction ID : 16000712 <br> Amount of Each Disbursement this Period |
| Candidate Name |  |  |  | Category/ Type |  |
| Office Sought: <br> State: |  House <br>  <br> Senate <br> $\square$ President |  |  |  | Memo Item |

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

Mailing Address

c.

## Mailing Address

| City |
| :--- |
| Purpose of Disbursement |
| Candidate Name |
| Otfice Sought: |

## Date of Disbursement

## M—M ' DED ' YIYTYIY

FEC Identification Number


Amount of Each Disbursement this Period


Memo Item

## Date of Disbursement



FEC Identification Number
C
Amount of Each Disbursement this Period
$\square$

Memo Item


|  | 1000.00 |
| :--- | :--- | :--- |
|  | , 1000.00 |


[^0]:    .
    Memo Item

[^1]:    Memo Item

[^2]:    Memo Item

[^3]:    $\square$
    Memo Item

[^4]:    Memo Item

[^5]:    Memo Item

[^6]:    Memo Item

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    Memo Item

[^8]:    $\square$
    Memo Item

[^9]:    Memo Item

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[^11]:    $\square$
    Memo Item

[^12]:    Memo Item

[^13]:    Memo Item

[^14]:    Memo Item

[^15]:    Memo Item

[^16]:    $\square$
    Memo Item

[^17]:    Memo Item

[^18]:    Memo Item

[^19]:    Memo Item

[^20]:    $\square$
    Memo Item

[^21]:    Memo Item

