

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

International Academy of Compounding Pharmacists PAC (COMP PAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		38467.70
(b) Cash on Hand at Beginning of Reporting Period.....	42179.24	
(c) Total Receipts (from Line 19)	5750.00	62390.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	47929.24	100857.89
7. Total Disbursements (from Line 31).....	3370.50	56299.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	44558.74	44558.74
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

International Academy of Compounding Pharmacists PAC (COMP PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 20 / 2016 To: M M / D D / Y Y Y Y 11 / 28 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4500.00	53800.00
(ii) Unitemized	1250.00	7590.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5750.00	61390.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5750.00	61390.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	1000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.19
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	5750.00	62390.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5750.00	62390.19

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2370.50	29799.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2370.50	29799.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	26500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3370.50	56299.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3370.50	56299.15

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5750.00	61390.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5750.00	61390.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2370.50	29799.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2370.50	28799.15

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Abharian, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 255 Union Blvd. Suite 100
 City Lakewood State CO Zip Code 80228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peoples Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2016
Transaction ID : A2016-2202508
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Boff, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 760 Merrimon Avenue
 City Asheville State NC Zip Code 28804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Medicine Shoppe Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : A2016-2202525
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : A2016-2202526
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Huser, Gregg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3150 West SR 89A, Suite 5
 City Sedona State AZ Zip Code 86336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sedona Compounding Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 11 / 08 / 2016
Transaction ID : A2016-2202514
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Korbutov, Jack, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 507 South 2nd Street
 City Philadelphia State PA Zip Code 19147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Art of Medicine Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 08 / 2016
Transaction ID : A2016-2202515
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Marlin, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 2208
 City Youngstown State OH Zip Code 44504-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allen's PharmaServ Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 08 / 2016
Transaction ID : A2016-2202516
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Martinez, Sonia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6627 South Dixie Highway
 City Miami State FL Zip Code 33143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Marco Drugs & Compounding Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 08 / 2016
Transaction ID : A2016-2202517
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Stuart, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2888 Long Beach Blvd. Ste 125
 City Long Beach State CA Zip Code 90806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Hartley Medical Center Pharmacy Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 11 / 08 / 2016
Transaction ID : A2016-2202522
 Amount of Each Receipt this Period
 2000.00
 Memo Item

C. Walker, Roy Dean (R.D.), , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 N. Commerce Ave.
 City Russellville State AR Zip Code 72801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 C&D Drug Store Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 08 / 2016
Transaction ID : A2016-2202523
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 650282

City
Dallas

State
TX

Zip Code
75265

Purpose of Disbursement
Bank Service Charge

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Non-Federal

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B635474

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. JB & Associates

Mailing Address 2011 Waugh Drive

City
Houston

State
TX

Zip Code
77006

Purpose of Disbursement
PAC Fundraising Exp.

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Not Applicable

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B634006

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. JB & Associates

Mailing Address 2011 Waugh Drive

City
Houston

State
TX

Zip Code
77006

Purpose of Disbursement
PAC Fundraising Exp.

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Not Applicable

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B634705

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**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. JB & Associates

Mailing Address 2011 Waugh Drive

City
Houston

State
TX

Zip Code
77006

Purpose of Disbursement
PAC Fundraising Exp.

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2016			

FEC Identification Number

C []

Transaction ID : B635288

Amount of Each Disbursement this Period

[] 658.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Public Affairs Support Services Inc.

Mailing Address 1950 Roland Clarke Place Suite 300

City
Reston

State
VA

Zip Code
20191

Purpose of Disbursement
Admin expen-Report prep.

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2016			

FEC Identification Number

C []

Transaction ID : B634408

Amount of Each Disbursement this Period

[] 623.77

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 1281.77

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

[] 2370.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Robert Aderholt for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Mailing Address P.O. Box 1158

FEC Identification Number

C	C00313247
---	-----------

City Haleyville State AL Zip Code 35565

Transaction ID : B635147

Purpose of Disbursement Contribution

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Aderholt, Robert, B, ,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: AL District: 04

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C	
---	--

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C	
---	--

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Memo Item

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

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

1000.00

1000.00
