

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
Alliance for Pharmacy Compounding PAC (COMP PAC)

ADDRESS (number and street) **100 Daingerfield Road**
Suite 100
 Check if different than previously reported. (ACC) **Alexandria VA 22314**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00424143 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2024 through / / 2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **Brunner, Scott, , ,**

Signature of Treasurer **Brunner, Scott, , ,** Date / / 2024

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Alliance for Pharmacy Compounding PAC (COMP PAC)

Report Covering the Period: From: 03 / 01 / 2024 To: 03 / 31 / 2024

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2024 (49375.72); (b) Cash on Hand at Beginning of Reporting Period (36903.72); (c) Total Receipts (from Line 19) (9439.00 / 14467.00); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (46342.72 / 63842.72); 7. Total Disbursements (from Line 31) (5000.00 / 22500.00); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (41342.72 / 41342.72); 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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Alliance for Pharmacy Compounding PAC (COMP PAC)

Report Covering the Period: From: 03 / 01 / 2024 To: 03 / 31 / 2024

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).....	9049.00	11237.00
(ii) Unitemized	390.00	3230.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9439.00	14467.00
(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)	9439.00	14467.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	9439.00	14467.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9439.00	14467.00

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	1500.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1500.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	21000.00
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)) ..	5000.00	22500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	22500.00

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)	9439.00	14467.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9439.00	14467.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1500.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Blaire, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10921 North 140 Way
 City Scottsdale State AZ Zip Code 85259-4615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wedgewood Pharmacy Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2024
Transaction ID : A-16508
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Bliss, Marcy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Heron Dr
 City Swedesboro State NJ Zip Code 08085-1749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wedgewood Pharmacy Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2024
Transaction ID : A-16509
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Butler, Erin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14160 North 109th Street
 City Scottsdale State AZ Zip Code 85255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Raintree Apothecary 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
 03 / 07 / 2024
Transaction ID : A-16533
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

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

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

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NAME OF COMMITTEE (In Full)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Davis, Tenille, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7331 E Osborne Rd
 City Scottsdale State AZ Zip Code 85251-6450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Civic Center Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 627.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2024
Transaction ID : A-16512
 Amount of Each Receipt this Period
 209.00
 Memo Item

B. Dinno, Saad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Cherry Brook Road
 City Weston State MA Zip Code 02493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acton Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2024
Transaction ID : A-16513
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Filosi, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5732 Eaglemount Circle
 City Lithia State FL Zip Code 33547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Family Care Pharmacy Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2024
Transaction ID : A-16514
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	409.00
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 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. 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 20175-2900
 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 ▼ 600.00

Date of Receipt **03 / 07 / 2024**
Transaction ID : A-16515
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Jerusik, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 223 Balligomingo Road
 City Conshohocken State PA Zip Code 19428-2605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Rx Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt **03 / 07 / 2024**
Transaction ID : A-16519
 Amount of Each Receipt this Period 230.00
 Memo Item

C. Korbutov, Jack, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 Market Street
 City Philadelphia State PA Zip Code 19103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Art of Medicine Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 07 / 2024**
Transaction ID : A-16520
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	530.00
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 12
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Kraemer, Cheri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45458 269th Street
 City Parker State SD Zip Code 57053-5244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmacy Specialties & Clinic Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2024
Transaction ID : A-16521
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Lasarso, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 231 East Middleton Drive
 City Henderson State NV Zip Code 89015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Solutions Specialty Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2024
Transaction ID : A-16522
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Miller, David, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7945 Morse Lake Avenue Southeast
 City Alto State MI Zip Code 49302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keystone Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2024
Transaction ID : A-16523
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 12
	<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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Navarra, Joseph, , ,			Date of Receipt MM / DD / YYYY 03 / 07 / 2024 Transaction ID : A-16524		
Mailing Address 415 Crossways Park Dr			Amount of Each Receipt this Period 160.00		
City Woodbury	State NY	Zip Code 11797-2055	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Town Total Compounding Center		Occupation (for Individual) Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1480.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Navarra, Joseph, , ,			Date of Receipt MM / DD / YYYY 03 / 07 / 2024 Transaction ID : A-16531		
Mailing Address 415 Crossways Park Dr			Amount of Each Receipt this Period 1000.00		
City Woodbury	State NY	Zip Code 11797-2055	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Town Total Compounding Center		Occupation (for Individual) Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1480.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Nickell, Robert, , ,			Date of Receipt MM / DD / YYYY 03 / 07 / 2024 Transaction ID : A-16525		
Mailing Address 379 Van Ness Ave			Amount of Each Receipt this Period 500.00		
City Torrance	State CA	Zip Code 90501-7211	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Nubratori Rx		Occupation (for Individual) Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional).....	1660.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 12
	<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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Patel, Gopesh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 East St
 City New Hyde Park State NY Zip Code 11040-1323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VLS Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 07 / 2024
Transaction ID : A-16526
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ray, Richie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12820 Highway 105 West
 City Conroe State TX Zip Code 77304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Richie's Specialty Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 07 / 2024
Transaction ID : A-16532
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Taylor, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 174 The Maine
 City Williamsburg State VA Zip Code 23185
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Williamsburg Drug Company Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 07 / 2024
Transaction ID : A-16529
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5350.00
TOTAL This Period (last page this line number only).....▶	9049.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Diana for Congress

Mailing Address PO Box 7208

City
Kingsport

State
TN

Zip Code
37664

Purpose of Disbursement

Contribution

011

Candidate Name

Harshbarger, Diana, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: TN District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	2	4

FEC Identification Number

C C00741090

Transaction ID : B-16485

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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).....▶

5000.00

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

5000.00