

**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.

International Academy of Compounding Pharmacists PAC (COMP PAC)

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** ▼  **CITY** ▲  **STATE** ▲  **ZIP CODE** ▲

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:
- |                                      |                                      |                                       |   |
|--------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11)<br>(Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12)<br>(Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                              |

- (c) 12-Day **PRE**-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day **POST**-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Signature of Treasurer  **[Electronically Filed]** Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only										
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**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		38351.86
(b) Cash on Hand at Beginning of Reporting Period.....	40840.35	
(c) Total Receipts (from Line 19) .....	16410.00	94580.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	57250.35	132931.86
7. Total Disbursements (from Line 31).....	25002.55	100684.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	32247.80	32247.80
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

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).....	15900.00	87300.00
(ii) Unitemized .....	510.00	7085.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16410.00	94385.00
(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) .....	16410.00	94385.00
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	195.00
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))..... ▶	16410.00	94580.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16410.00	94580.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	5502.55	26684.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5502.55	26684.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	73000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25002.55	100684.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25002.55	100684.06

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16410.00	94385.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16410.00	94385.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5502.55	26684.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	195.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5502.55	26489.06

**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 19
<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. Tim Aaron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 361 Mustand Drive  
City Russellville State AL Zip Code 35654  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPCRX by Franklin Pharmacy Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 26 / 2012  
**Transaction ID : A2012-1593785**  
Amount of Each Receipt this Period  
2000.00

**B. Ray Adams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 922 Ohio Avenue  
City Lynn Haven State FL Zip Code 32444  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Adams Pharmacy Occupation Pharmacist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 09 / 2012  
**Transaction ID : A2012-1915826**  
Amount of Each Receipt this Period  
500.00

**c. Chris Burgess**  
Full Name (Last, First, Middle Initial)  
Mailing Address 322 N. Ingleside Street  
City Fairhope State AL Zip Code 36532  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Heritage Compounding Pharmacy Occupation Pharmacist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1700.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 19 / 2012  
**Transaction ID : A2012-1593779**  
Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2600.00
<b>TOTAL</b> 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 7 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Chris Burgess</b>			Date of Receipt MM / DD / YYYY 08 / 18 / 2012 <b>Transaction ID : A2012-1915828</b>		
Mailing Address 322 N. Ingleside Street			Amount of Each Receipt this Period 100.00		
City Fairhope	State AL	Zip Code 36532			
FEC ID number of contributing federal political committee. C					
Name of Employer Heritage Compounding Pharmacy		Occupation Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00			

Full Name (Last, First, Middle Initial) <b>B. Chris Burgess</b>			Date of Receipt MM / DD / YYYY 09 / 18 / 2012 <b>Transaction ID : A2012-2054434</b>		
Mailing Address 322 N. Ingleside Street			Amount of Each Receipt this Period 100.00		
City Fairhope	State AL	Zip Code 36532			
FEC ID number of contributing federal political committee. C					
Name of Employer Heritage Compounding Pharmacy		Occupation Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1900.00			

Full Name (Last, First, Middle Initial) <b>C. Jim Gillespie</b>			Date of Receipt MM / DD / YYYY 07 / 19 / 2012 <b>Transaction ID : A2012-1593781</b>		
Mailing Address 2121 Whitesburg Drive			Amount of Each Receipt this Period 100.00		
City Huntsville	State AL	Zip Code 35801			
FEC ID number of contributing federal political committee. C					
Name of Employer Huntsville Compounding Pharmacy		Occupation Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 19  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jim Gillespie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 Whitesburg Drive  
 City Huntsville State AL Zip Code 35801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Huntsville Compounding Pharmacy Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 18 / 2012  
**Transaction ID : A2012-1915830**  
 Amount of Each Receipt this Period  
 100.00

**B. Jim Gillespie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 Whitesburg Drive  
 City Huntsville State AL Zip Code 35801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Huntsville Compounding Pharmacy Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2012  
**Transaction ID : A2012-2054436**  
 Amount of Each Receipt this Period  
 100.00

**C. Eddie Glover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2515 College Avenue  
 City Conway State AR Zip Code 72034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US Compounding Inc. Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2012  
**Transaction ID : A2012-1593782**  
 Amount of Each Receipt this Period  
 100.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
<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. Eddie Glover**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2515 College Avenue  
City Conway State AR Zip Code 72034  
FEC ID number of contributing federal political committee. **C**  
Name of Employer US Compounding Inc. Occupation Pharmacist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2800.00

Date of Receipt  
08 / 18 / 2012  
**Transaction ID : A2012-1915842**  
Amount of Each Receipt this Period  
100.00

**B. Eddie Glover**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2515 College Avenue  
City Conway State AR Zip Code 72034  
FEC ID number of contributing federal political committee. **C**  
Name of Employer US Compounding Inc. Occupation Pharmacist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2900.00

Date of Receipt  
09 / 18 / 2012  
**Transaction ID : A2012-2054437**  
Amount of Each Receipt this Period  
100.00

**C. Ms. Shelle Honeycutt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1415 Buchans Dr  
City Spring State TX Zip Code 77386  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Richie's Pharmacy Occupation Pharmacist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
08 / 27 / 2012  
**Transaction ID : A2012-1915843**  
Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5200.00  
**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 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Gary King**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 651 Topeka Way Suite 600  
 City State Zip Code  
 Castle Rock CO 80109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ITC Compounding Pharmacy Pharmacist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2012  
**Transaction ID : A2012-1915901**  
 Amount of Each Receipt this Period  
 500.00

**B. Shana Melamed**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 465 N. Roxbury Drive  
 City State Zip Code  
 Beverly Hills CA 90210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Roxsan Pharmacy Pharmacist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2012  
**Transaction ID : A2012-1922021**  
 Amount of Each Receipt this Period  
 500.00

**C. Brenda Pavlic**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 Albe Drive Unit 1  
 City State Zip Code  
 Newark DE 58104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Save Way Compounding Pharmacy Pharmacist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2012  
**Transaction ID : A2012-1593783**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> 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 19  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**International Academy of Compounding Pharmacists PAC (COMP PAC)**

**A. Brenda Pavlic**  
Full Name (Last, First, Middle Initial)  
Mailing Address 31 Albe Drive Unit 1  
City Newark State DE Zip Code 58104  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Save Way Compounding Pharmacy Occupation Pharmacist  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 18 / 2012**  
**Transaction ID : A2012-1922022**  
Amount of Each Receipt this Period **50.00**

**B. Brenda Pavlic**  
Full Name (Last, First, Middle Initial)  
Mailing Address 31 Albe Drive Unit 1  
City Newark State DE Zip Code 58104  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Save Way Compounding Pharmacy Occupation Pharmacist  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 18 / 2012**  
**Transaction ID : A2012-2054438**  
Amount of Each Receipt this Period **50.00**

**C. Sam Pratt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 393 Maitland Avenue  
City Altamonte Springs State FL Zip Code 32701  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pharmacy Specialists Occupation RPh FIACP  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 26 / 2012**  
**Transaction ID : A2012-1593790**  
Amount of Each Receipt this Period **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1100.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 262 Cottage Street Suite 116

City Littleton	State NH	Zip Code 03561
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FEC ID number of contributing federal political committee. **C**

Name of Employer Northern New England Compounding Pharm	Occupation Pharmacist
--	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2012

**Transaction ID : A2012-1593784**

Amount of Each Receipt this Period  

50.00
-------

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

Mailing Address 262 Cottage Street Suite 116

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

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

Name of Employer Northern New England Compounding Pharm	Occupation Pharmacist
--	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2012

**Transaction ID : A2012-1922023**

Amount of Each Receipt this Period  

50.00
-------

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

Mailing Address 262 Cottage Street Suite 116

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

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

Name of Employer Northern New England Compounding Pharm	Occupation Pharmacist
--	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

**Transaction ID : A2012-2054439**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> 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 19  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Misty Rucker**

Mailing Address 13204 Larks View Point

City State Zip Code  
Fort Worth TX 76214

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

Name of Employer Occupation  
Richie's Pharmacy Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2012

**Transaction ID : A2012-1922024**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. Scott Thomson**

Mailing Address 1922 Honey Laurel Dr

City State Zip Code  
Conroe TX 77304

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

Name of Employer Occupation  
Richie's Pharmacy Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2012

**Transaction ID : A2012-1922025**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15900.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Comerica Bank**

Mailing Address P.O. Box 650282

City State Zip Code  
Dallas TX 75265

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	2

**Transaction ID : B434693**

Amount of Each Disbursement this Period

1	.	2	0
---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Comerica Bank**

Mailing Address P.O. Box 650282

City State Zip Code  
Dallas TX 75265

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	2

**Transaction ID : B434694**

Amount of Each Disbursement this Period

7	7	8	.	7	4
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Comerica Bank**

Mailing Address P.O. Box 650282

City State Zip Code  
Dallas TX 75265

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	2

**Transaction ID : B439299**

Amount of Each Disbursement this Period

5	0	7	.	8	1
---	---	---	---	---	---

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

1	2	8	7	.	7	5
---	---	---	---	---	---	---

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

1	2	8	7	.	7	5
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Comerica Bank**

Mailing Address P.O. Box 650282

City Dallas State TX Zip Code 75265

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	2

Transaction ID : B440752

Amount of Each Disbursement this Period

375.03

Full Name (Last, First, Middle Initial)

**B. Public Affairs Support Services Inc.**

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement  
Admin expen-Report prep.

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VA District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	2

Transaction ID : B432219

Amount of Each Disbursement this Period

1456.52

Full Name (Last, First, Middle Initial)

**C. Public Affairs Support Services Inc.**

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement  
Admin expen-Report prep.

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VA District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	2

Transaction ID : B434237

Amount of Each Disbursement this Period

1339.37

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

3170.92

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Public Affairs Support Services Inc.**

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement  
Admin expen-Report prep.

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: VA District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Not Applicable

Date of Disbursement

/  /

**Transaction ID : B439249**

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Salmon for Congress**

Mailing Address PO Box 1290

City Mesa State AZ Zip Code 85211

Purpose of Disbursement  
Contribution

011

Candidate Name

**Matt Salmon**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

**Transaction ID : B439033**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Chris Coons for Delaware**

Mailing Address PO Box 9900

City Newark State DE Zip Code 19714

Purpose of Disbursement  
Contribution

011

Candidate Name

**Christopher A Coons**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: DE District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2012

**Transaction ID : B436007**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Chris Coons for Delaware**

Mailing Address 1602 Belle View Blvd #510

City Alexandria State VA Zip Code 22307

Purpose of Disbursement  
Contribution

011

Candidate Name

**Christopher A Coons**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: DE District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : B437425**

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Roskam for Congress Cmte**

Mailing Address P.O. Box 713

City State Zip Code  
Wheaton IL 60189

Purpose of Disbursement  
Contribution

011

Candidate Name

**Peter J Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2012

**Transaction ID : B436006**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Tim Murphy for Congress**

Mailing Address P.O. Box 24551

City State Zip Code  
Pittsburgh PA 15234

Purpose of Disbursement  
Contribution

011

Candidate Name

**Tim Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	09	/	2012

**Transaction ID : B433180**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Poe for Congress**

Mailing Address P.O. Box 14222

City State Zip Code  
Humble TX 77347

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ted Poe**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2012

**Transaction ID : B431895**

Amount of Each Disbursement this Period

2500.00
---------

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

12500.00
----------

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

18500.00
----------

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Committee to Elect Evan Vickers**

Mailing Address 2166 N Cobble Creek Dr

City Cedar City State UT Zip Code 84721

Purpose of Disbursement  
G-2012 State Senate 28 UT

011

Category/  
Type

Candidate Name

**Evan J Vickers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2012

**Transaction ID : B437698**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

1000.00