

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
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OPERATIONS CENTER  
2006 DEC 10 A 11:01

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

INTERNATIONAL ACADEMY OF COMPOUNDING PHARMACISTS  
POLITICAL ACTION COMMITTEE (COMP-PAC)

ADDRESS (number and street) PO BOX 1365

Check if different than previously reported. (ACC) SUGAR LAND TX 77487

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

C00424143 TX 77487

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 11/07/06 in the State of TX

(d) 30-Day POST-Election Report for the:


General (30G)  Runoff (30R)  Special (30S)

Election on 11/07/06 in the State of TX

5. Covering Period 10 19 2006 through 11 27 2006

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 L.D. King - Assistant Treasurer

Signature of Treasurer  Date 12 05 2006

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 **FEC FORM 3X**  
Rev. 12/2004

26030300441

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

International Academy of Compounding Pharmacists PAC (COMP PAC)

Report Covering the Period:

From:

10 / 19 / 2006

To:

11 / 27 / 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2006</u>		00.00
(b) Cash on Hand at Beginning of Reporting Period.....	100.00	
(c) Total Receipts (from Line 19).....	0.00	100.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	100.00	100.00
7. Total Disbursements (from Line 31).....	25.00	25.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	75.00	75.00
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

2603930442

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

International Academy of Compounding Pharmacists PAC (COMP PAC)

Report Covering the Period:

From:

10 / 19 / 2006

To:

11 / 27 / 2006

**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).....

0 0 0

1 0 0 0 0

(ii) Unitemized .....

0 0 0

0 0 0

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

0 0 0

1 0 0 0 0

(b) Political Party Committees .....

0 0 0

0 0 0

(c) Other Political Committees (such as PACs).....

0 0 0

0 0 0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0 0 0

1 0 0 0 0

12. Transfers From Affiliated/Other Party Committees.....

0 0 0

0 0 0

13. All Loans Received.....

0 0 0

0 0 0

14. Loan Repayments Received.....

0 0 0

0 0 0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0 0 0

0 0 0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0 0 0

0 0 0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0 0 0

0 0 0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0 0 0

0 0 0

(b) Levin Funds (from Schedule H5).....

0 0 0

0 0 0

(c) Total Transfers (add 18(a) and 18(b))..

0 0 0

0 0 0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0 0 0

1 0 0 0 0

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0 0 0

1 0 0 0 0

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**DETAILED SUMMARY PAGE  
of Disbursements**

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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 0 0	0 0 0
(ii) Non-Federal Share.....	0 0 0	0 0 0
(b) Other Federal Operating Expenditures .....	0 0 0	0 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0 0 0	0 0 0
22. Transfers to Affiliated/Other Party Committees .....	0 0 0	0 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees <i>MEMO</i> .....	0 0 0	2 5 0 0
24. Independent Expenditures (use Schedule E) .....	0 0 0	0 0 0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	0 0 0	0 0 0
26. Loan Repayments Made.....	0 0 0	0 0 0
27. Loans Made.....	0 0 0	0 0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0 0 0	0 0 0
(b) Political Party Committees .....	0 0 0	0 0 0
(c) Other Political Committees (such as PACs).....	0 0 0	0 0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0 0 0	0 0 0
29. Other Disbursements <i>MEMO</i> .....	2 5 0 0	0 0 0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0 0 0	0 0 0
(ii) "Levin" Share.....	0 0 0	0 0 0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0 0 0	0 0 0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0 0 0	0 0 0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2 5 0 0	2 5 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2 5 0 0	2 5 0 0

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**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	000	000
34. Total Contribution Refunds (from Line 28(d)) .....	000	000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	000	000
36. Total Federal Operating Expenditures (add Line 21(a)(I) and Line 21(b)) .....	000	000
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	000	000
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	000	000

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**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)

PAGE OF

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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.** Full Name (Last, First, Middle Initial)  
**International Academy of Compounding Pharmacists**

Mailing Address  
**P.O. Box 1365**

City **Sugar Land TX** State **TX** Zip Code **77487**

Purpose of Disbursement  
**Refund for Expenses paid by connected org.**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
**11 / 20 / 2007**

Amount of Each Disbursement this Period  
**25.00**

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

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

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

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

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

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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Delivery Confirmation™ or Signature Confirmation™ Label <input checked="" type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*Jruba* *12-10-06*  
 PREPARER DATE PREPARED

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