

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 International Academy of Compounding Pharmacists PAC (COMP PAC)

ADDRESS (number and street) 4638 Riverstone Blvd Missouri City TX 77459 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00424143 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 05 / 05 / 2016 through 06 / 30 / 2016

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 William R. Letendre Sr.

Signature of Treasurer William R. Letendre Sr. [Electronically Filed] Date 07 / 14 / 2016

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

**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="2016"/>		<input type="text" value="38467.70"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="34252.49"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="25565.00"/>	<input type="text" value="45040.19"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="59817.49"/>	<input type="text" value="83507.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="17468.43"/>	<input type="text" value="41158.83"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="42349.06"/>	<input type="text" value="42349.06"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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: 05 / 05 / 2016 To: 06 / 30 / 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).....	24650.00	40350.00
(ii) Unitemized .....	915.00	3690.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25565.00	44040.00
(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) .....	25565.00	44040.00
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))..... ▶	25565.00	45040.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25565.00	45040.19

**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 .....	5968.43	19658.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5968.43	19658.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	21500.00
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 .....	0.00	0.00
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)) ..	17468.43	41158.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17468.43	41158.83

**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) .....	25565.00	44040.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25565.00	44040.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5968.43	19658.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5968.43	18658.83

**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 16
<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. Lisa Ashworth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 708 Bent Tree Court  
City Coppel State TX Zip Code 75019-6122  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Children's Medical Center Dallas Occupation Pharmacist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2000.00

Date of Receipt 06 / 07 / 2016  
**Transaction ID : A2016-1179160**  
Amount of Each Receipt this Period 2000.00  
 Memo Item

**B. Danny Barnes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 550 New Waverly Place Suite 110  
City Cary State NC Zip Code 27511  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Triangle Compounding Pharmacy Occupation Pharmacist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 24 / 2016  
**Transaction ID : A2016-1179175**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Jeff Barton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1000 Breuckman Drive  
City Crown Point State IN Zip Code 46307  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Custom Dosing P.C. Occupation Pharmacist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 05 / 19 / 2016  
**Transaction ID : A2016-1149200**  
Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<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: (check only one)	PAGE 7 OF 16
	<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	

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

**A. Michael Blaire**  
Full Name (Last, First, Middle Initial)

Mailing Address 7316 East Thomas Road

City State Zip Code  
Scottsdale AZ 85251

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

Name of Employer Occupation  
Diamondback Drugs Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2016  
**Transaction ID : A2016-1179162**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 760 Merrimon Avenue

City State Zip Code  
Asheville NC 28804

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

Name of Employer Occupation  
The Medicine Shoppe Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2016  
**Transaction ID : A2016-1179173**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 2609 North Duke Street #102

City State Zip Code  
Durham NC 27704

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

Name of Employer Occupation  
Central Compounding Center Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2016  
**Transaction ID : A2016-1179177**

Amount of Each Receipt this Period  
750.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<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: (check only one)	PAGE 8 OF 16
	<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)**

Full Name (Last, First, Middle Initial)  
**A. Denise Burnham**

Mailing Address 8560 SW Salish Lane Suite 100

City Wilsonville	State OR	Zip Code 97070
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FEC ID number of contributing federal political committee. **C**

Name of Employer Creative Compounds	Occupation Pharmacist
--	--------------------------

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  
 06 / 12 / 2016  
**Transaction ID : A2016-1179171**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 2260 Holly Springs Parkway

City Canton	State GA	Zip Code 30115
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FEC ID number of contributing federal political committee. **C**

Name of Employer Cherokee Custom Script Pharmacy	Occupation Pharmacist
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2016  
**Transaction ID : A2016-1179163**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 109 Old English Court SW

City Leesburg	State VA	Zip Code 20175
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FEC ID number of contributing federal political committee. **C**

Name of Employer Leesburg Pharmacy	Occupation Rph
---------------------------------------	-------------------

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  
 06 / 18 / 2016  
**Transaction ID : A2016-1179174**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2100.00
<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 9 OF 16  
(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. 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 ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2016  
**Transaction ID : A2016-1179167**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Joe Grasela**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1875 3rd Avenue  
 City San Diego State CA Zip Code 92101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Compounding Pharmacy Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2016  
**Transaction ID : A2016-1149202**  
 Amount of Each Receipt this Period  
 3000.00  
 Memo Item

**C. Greg Hamby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3610 N Major Drive  
 City Beaumont State TX Zip Code 77713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer King Pharmacy Occupation RPh  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2016  
**Transaction ID : A2016-1260401**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 16  
(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. Ryan Hollingsworth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6094 Heath Winds Court  
City Whitesburg State TN Zip Code 37891  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Foutain Plaza Pharmacy Occupation RPh  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
06 / 12 / 2016  
**Transaction ID : A2016-1260400**  
Amount of Each Receipt this Period  
1000.00  
 Memo Item

**B. Brenda Jensen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 318 North Dakota  
City canton State SD Zip Code 57013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Compounding Consultants Occupation CPhT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
06 / 11 / 2016  
**Transaction ID : A2016-1179168**  
Amount of Each Receipt this Period  
1000.00  
 Memo Item

**C. Cheri Kraemer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2333 W. 57th Street Suite 107  
City Sioux Falls State SD Zip Code 57108  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pharmacy Specialties Inc. Occupation RPh Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
06 / 24 / 2016  
**Transaction ID : A2016-1179178**  
Amount of Each Receipt this Period  
1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00  
**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 16
	<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	

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

**A. Lucy Malmberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 Heron Dr Suite 200  
 City Swedesboro State NJ Zip Code 08085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wedgewood Village Pharmacy Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1250.00**

Date of Receipt **06 / 13 / 2016**  
**Transaction ID : A2016-1179172**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**B. Gary McCrory**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6151 Dew Drive #100  
 City El Paso State TX Zip Code 79912-3901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McCrory's Pharmacy Inc. Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1250.00**

Date of Receipt **06 / 11 / 2016**  
**Transaction ID : A2016-1179169**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**C. Andrew Orwick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2113 State Street, Suite 3  
 City New Albany State IN Zip Code 47150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Precision Compounding Pharmacy Occupation RPh  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 07 / 2016**  
**Transaction ID : A2016-1179165**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **3000.00**  
**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 12 OF 16
	<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. David Sparks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9901 S. Wilcrest  
 City Houston State TX Zip Code 77099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PCCA Occupation RPh FIACP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 08 / 2016  
**Transaction ID : A2016-1260399**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Eric Vidrine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 620 Guilbeau Road Suite A  
 City Lafayette State LA Zip Code 70506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Professional Arts Pharmacy Occupation PD FIACP FACA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 11 / 2016  
**Transaction ID : A2016-1179170**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Douglas Yoch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3330 Monroe Road Suite A  
 City Charlotte State NC Zip Code 28205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stanley Apothecary Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 07 / 2016  
**Transaction ID : A2016-1179166**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	24650.00

**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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

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

Date of Disbursement

/  /

**Transaction ID : B617808**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. JB & Associates**

Mailing Address 2011 Waugh Drive

City State Zip Code  
Houston TX 77006

Purpose of Disbursement  
Admin expen-PAC Fundraising Exp.

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

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

Date of Disbursement

/  /

**Transaction ID : B601297**

Amount of Each Disbursement this Period

Memo Item

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

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

Date of Disbursement

/  /

**Transaction ID : B619333**

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"/> 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. Fitts Roberts & Co PC**

Mailing Address 5718 Westheimer Ste 800

City Houston State TX Zip Code 77057

Purpose of Disbursement  
Tax Preparation Expense

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2016

Transaction ID : B604585

Amount of Each Disbursement this Period

300.00

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  
Admin expen-PAC Fundraising Exp.

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

Transaction ID : B604751

Amount of Each Disbursement this Period

154.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. IACP**

Mailing Address 4638 Riverstone Blvd

City Missouri City State TX Zip Code 77459

Purpose of Disbursement  
Reimbursement for PAC Fundraising Event

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2016

Transaction ID : B617924

Amount of Each Disbursement this Period

4044.00

Memo Item

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

4498.00

**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 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.

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2016

Primary  General  
 Other (specify) ▼  
Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

Transaction ID : B602597

Amount of Each Disbursement this Period

1138.51
---------

Memo Item

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

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Memo Item

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

1138.51
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**TOTAL** This Period (last page this line number only)..... ▶

5968.43
---------

**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. Collins for Congress**

Mailing Address P.O. Box 1295

City Gainesville State GA Zip Code 30503

Purpose of Disbursement Contribution

011

Candidate Name

**Douglas A Collins**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: GA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	6

**Transaction ID : B618106**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. Moran for Kansas**

Mailing Address PO Box 91615

City Washington State DC Zip Code 20090

Purpose of Disbursement Contribution

011

Candidate Name

**Jerry Moran**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: KS District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	6

**Transaction ID : B602014**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Chris Stewart**

Mailing Address PO Box 657

City Lehi State UT Zip Code 84043

Purpose of Disbursement Contribution

011

Candidate Name

**Chris Stewart**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: UT District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	6

**Transaction ID : B618107**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Memo Item

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

1	1	5	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	1	5	0	0	0	0	0	0	0
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