

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) [X]

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 Election on 11/08/2016 in the State of TX

5. Covering Period 10/01/2016 through 10/19/2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Letendre Sr., William R., , , Type or Print Name of Treasurer

Signature of Treasurer Letendre Sr., William R., , , [Electronically Filed] Date 10/27/2016

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**

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Page 2

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="41197.24"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2000.00"/>	<input type="text" value="56640.19"/>
(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="43197.24"/>	<input type="text" value="95107.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1018.00"/>	<input type="text" value="52928.65"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="42179.24"/>	<input type="text" value="42179.24"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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: / / 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).....	1200.00	49300.00
(ii) Unitemized	800.00	6340.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2000.00	55640.00
(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)	2000.00	55640.00
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)).....▶	2000.00	56640.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2000.00	56640.19

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	518.00	27428.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	518.00	27428.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	25500.00
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)) ..	1018.00	52928.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1018.00	52928.65

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)	2000.00	55640.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2000.00	55640.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	518.00	27428.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	518.00	26428.65

**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 9
	<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. Beamer, Jerry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 W. 3rd St.
 City Lexington State NC Zip Code 27292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pilltime Compounding Lab Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 11 / 2016**
Transaction ID : A2016-2045347
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Boff, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 760 Merrimon Avenue
 City Asheville State NC Zip Code 28804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Medicine Shoppe Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **10 / 18 / 2016**
Transaction ID : A2016-2045348
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Garvin, Cheri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Old English Court SW
 City Leesburg State VA Zip Code 20175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leesburg Pharmacy Occupation (for Individual) Rph
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **10 / 18 / 2016**
Transaction ID : A2016-2045350
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 9
<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. Lambrecht, Kent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2868
 City Edwards State CO Zip Code 81632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vail Valley Pharmacy Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2016
Transaction ID : A2016-2045354
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Nation, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3030 Burlew Blvd.
 City Owensboro State KY Zip Code 42303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PRN Compounders Occupation (for Individual) RPh FIACP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 11 / 2016
Transaction ID : A2016-2045355
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Tabor, Kailyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 South Main Street
 City Lindsey State OK Zip Code 73052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tabor Drug Inc. Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2016
Transaction ID : A2016-2045361
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	1200.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. JB & Associates

Mailing Address 2011 Waugh Drive

City
Houston

State
TX

Zip Code
77006

Purpose of Disbursement
PAC Fundraising Exp.

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B629575

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. JB & Associates

Mailing Address 2011 Waugh Drive

City
Houston

State
TX

Zip Code
77006

Purpose of Disbursement
PAC Fundraising Exp.

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B631563

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

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

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NAME OF COMMITTEE (In Full)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. McCain Victory Committee

Mailing Address 228 S Washington St. Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B632813

Amount of Each Disbursement this Period

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

/ /

FEC Identification Number

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

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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