Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Professional Compounding Centers of America Political Action Committee 9901 South Wilcrest Dr ADDRESS (number and street) (Check if address is changed) Houston 77099 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kroberts@nossaman.com (Check if address is changed) Optional Second E-Mail Address kbelinski@nossaman.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00558452 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Karen Roberts Type or Print Name of Treasurer Karen Roberts [Electronically Filed] 01 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FFC <b>F</b>	orm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF	COMMITTEE	. ugo <b>2</b>
Candidat	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		(D
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Name	·	i age <b>o</b>
•	npounding Centers of America Politic	al Action Committee
	organization, Affiliated Committee, Joint Fundraising Representati	
•	nding Centers of America	
- Tolessional Compour	iding Centers of America	
Mailing Address	9901 South Wilcrest Dr	
	Houston TX	77099
	CITY STATE	ZIP CODE
Relationship: X Connected	Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
Relationship: X Connected	Allillated Collinitates John Fundralsing Represe	Leadership FAC Sponsor
Custodian of Records: Identification books and records.  Karen Rob Full Name  Mailing Address	erts  1666 K Street NW	e person in possession of committee
Mailing Madress	Suite 500	
	Washington	20006
Title or Position	CITY STATE	ZIP CODE
Compliance Spec.	Telephone number	202   887   -   1416
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committed issistant treasurer).	ee; and the name and address of
Full Name Karen Rob	erts	
Mailing Address	1666 K Street NW	
-	Suite 500	
	Washington DC CITY STATE	20006   ZIP CODE
Title or Position	S SIAIE	000 007 4440

Telephone number

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Full Name of Designated Agent	1	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit b Name of Bank,		100 000001110, 10110
safety deposit b Name of Bank,	Depository, etc.  Bank of America  1888 17th St NW	
safety deposit b	Depository, etc.  Bank of America  1888 17th St NW	
safety deposit b Name of Bank,	Depository, etc.  Bank of America  1888 17th St NW	
safety deposit b Name of Bank,	Depository, etc.  Bank of America  888 17th St NW	
safety deposit b Name of Bank,	Depository, etc.  Bank of America  888 17th St NW  Washington  CITY  STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Bank of America  888 17th St NW  Washington  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Bank of America  888 17th St NW  Washington  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Bank of America  888 17th St NW  Washington  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Bank of America  888 17th St NW  Washington  CITY  STATE  Depository, etc.	ZIP CODE
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