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Image# 201603039009637472

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Authoriz	ed Committee	Offic	ce Use Only
1. NAME OF COMMITTEE (in full)		example: If typing, type ver the lines.	12FE4M5	
International Academy	of Compounding Pharma	acists PAC (COMP	PAC)	
ADDRESS (number and street)	4638 Riverstone Blvd			
Check if different than previously reported. (ACC)	Missouri City		TX 77	7459
2. FEC IDENTIFICATION N	JMBER ▼ CITY ▲		STATE A	ZIP CODE ▲
C C00424143	3. IS THIS REPOR		AMEND (A)	ED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Compared of the content of t	PRE-Election Report for the: (d) 30-Day	Jun 20 (M6)	Aug 20 (M Sep 20 (M Oct 20 (M General (12G) Special (12S) Y Y Y Y 2016	M9) Dec 20 (M12) (Non-Election Year Only) In Dec 20 (M12) (Non-Election Year Only) In Jan 31 (YE)
5. Covering Period 02	2 11 2016	through 02	24	2016
•	is Report and to the best of my k	nowledge and belief it is tr	ue, correct and com	nplete.
Type or Print Name of Treasure	william R. Letendre Sr.			
Signature of Treasurer Willia	am R. Letendre Sr.	[Electronically Filed]	Date 03	03 / 2016
NOTE: Submission of false, erron	eous, or incomplete information may	subject the person signing t	his Report to the per	nalties of 2 U.S.C. §437g.
Office Use Only			F	EC FORM 3X Rev. 12/2004

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)

02 2016 02 2016 Report Covering the Period: 24 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 38467.70 January 1, 2016 (b) Cash on Hand at 27723.66 Beginning of Reporting Period..... 8950.00 9150.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 47617.70 36673.66 6(a) and 6(c) for Column B)..... 1600.00 12544.04 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 35073.66 35073.66 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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)

R	eport Covering the Period: From: 02	/ 11 / 2016 To:	02 / 24 / 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)	7150.00	7150.00			
	(ii) Unitemized	1800.00	2000.00			
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	8950.00	9150.00			
	(b) Political Party Committees	0.00	0.00			
	(c) Other Political Committees (such as PACs)	0.00	0.00			
10	(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8950.00	9150.00			
12.	Party Committees	0.00	0.00			
13.	All Loans Received	0.00	0.00			
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00			
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00			
	to Federal Candidates and Other Political Committees	0.00	0.00			
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00			
	(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))▶	8950.00	9150.00			
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	8950.00	9150.00			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period		
21. Operating Expenditures: (a) Allocated Federal/Non-Federal		Calendar Year-to-Date	
Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating	0.00	7	
Expenditures	600.00	6044.04	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b)) ▶	600.00	6044.04	
2. Transfers to Affiliated/Other Party	0.00	0.00	
Committees	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	1000.00	6500.00	
4. Independent Expenditures	0.00	0.00	
(use Schedule E)	0.00	0.00	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
(ass sortodate i /iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			
6. Loan Repayments Made	0.00	0.00	
F			
7. Loans Made	0.00	0.00	
(a) Individuals/Persons Other	0.00	0.00	
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	
(I) Table Oct 12 (12) E. (1)			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00	
(aud Lilies 20(a), (b), allu (c))		0.00	
9. Other Disbursements	0.00	0.00	
0. Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6) (i) Federal Share	0.00	0.00	
(I) Federal Strate	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	200		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1600.00	12544.04	
25, 21, 25, 25, 27, 25(d), 25 and 55(0))	1600.00	12344.04	
2. Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	1600.00	12544.04	

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	8950.00	9150.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8950.00	9150.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	600.00	6044.04
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	600.00	6044.04

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

13

Detailed Summary Page 13 14 15 16 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) Full Name (Last, First, Middle Initial) Stephen Anderson Date of Receipt Mailing Address 1266 32nd Ave. N. 2016 16 City Zip Code State Transaction ID: A2016-256466 MN St. Cloud 56303 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer Occupation The Apothecary Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. William Carter Date of Receipt Mailing Address 4163 Oxford Avenue 02 16 2016 City State Zip Code Transaction ID: A2016-256469 FL Jacksonville 32210 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation Carter's Park & King Pharmacy RPh Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) Jim Castillo Date of Receipt Mailing Address 27732 Cashford Circle 02 17 2016 City State Zip Code Transaction ID: A2016-256493 FL Wesley Chapel 33544 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer Occupation Pharmacist **Custom Scripts** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) International Academy of Comp	oounding Pharmacists PAC (CO	MP PAC)
Full Name (Last, First, Middle Initial) Dale Coker Mailing Address 2260 Holly Springs Parkway		Date of Receipt
City Canton	State Zip Code GA 30115	02 16 2016 Transaction ID : A2016-256470 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Charakas Custom Sprint Pharmacus	Occupation Pharmacist	500.00 Memo Item
Cherokee Custom Script Pharmacy Receipt For: Primary General Other (specify)	Pharmacist Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Kenneth Cosner Mailing Address 1080-D West F Street		Date of Receipt
City Oakdale FEC ID number of contributing	State Zip Code CA 95361	02 16 2016 Transaction ID : A2016-256471 Amount of Each Receipt this Period
federal political committee. Name of Employer River Oak Pharmacy	Occupation Pharmacist	500.00 Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) R.H. Douglas Mailing Address 1501 Bull Lea Road		Date of Receipt 02 16 2016
City Lexington FEC ID number of contributing federal political committee.	State Zip Code KY 40511	Transaction ID : A2016-256473 Amount of Each Receipt this Period 500.00
Name of Employer BET Pharm Receipt For: Primary General Other (specify) ▼	Occupation Pharmacist Aggregate Year-to-Date ▼ 500.00	Memo Item
SUBTOTAL of Receipts This Page (optional)		1500.00
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 8 OF 13 (check only one)

X 11a 11b 11c 12

13 14 15 16 17

		Detailed Summary Page	<u> </u> ×	11a	Н	11		11c	-	12	
Any information copied from such Reports and	Statements ma	ay not be sold or used by any r	erson fo	13 or the i	ourr	14 00s		15 solicit	ina c	16 ontribut	17 tions
or for commercial purposes, other than using the											
NAME OF COMMITTEE (In Full)											
> International Academy of Com	pounding	Pharmacists PAC (CC	MP F	AC)							
Full Name (Last, First, Middle Initial) Jeff Hill				ate of	Re	cei	pt				
Mailing Address 931 Highway 28 Suite 204				M = M	/		16	/		y	Y
City	State	Zip Code	- '	Trans	acti	ion		2016			
Milford	ОН	45150	A	mount	of	Ea	ch Re	ceipt	this	Period	
FEC ID number of contributing federal political committee.	С					7		,		400.0	
Name of Employer	Occupation		- I L	Mer	no It	tem	1				
Hill's Compounding Pharmacy	Pharmacist										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		400.00]								
Full Name (Last, First, Middle Initial) Shawn Hodges				ate of	Re	cei	pt				
Mailing Address 6095 Pine Mountain Road, N	IW, Suite			02 16 2016						Y	
City	State	Zip Code		Transaction ID : A2016-256478							
Kennesaw	GA	30152	Amount of Each Receipt this		this	Period					
FEC ID number of contributing federal political committee.	С			250.00 Memo Item		00					
Name of Employer	Occupation		— և								
Innovation Compounding	PharmD										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General		250.00	1								
Other (specify) ▼		250.00	4								
Full Name (Last, First, Middle Initial)			Г	ate of	Red	cei	pt				
Mailing Address 102 East Harrison				M = M 02) [']		16	/		y y y 2016	Y
City Sullivan	State IL	Zip Code 61951		Trans							
FEC ID number of contributing		01901	_ A	mount	of	Ea	ch Re	ceipt	this	Period	
federal political committee.	C					7	_	,		500.0	00
	Occupation		Memo Item								
Name of Employer	Pharmacist										
The Sullivan Pharmacy	Pharmacist										
The Sullivan Pharmacy Receipt For:	T	Year-to-Date ▼									
The Sullivan Pharmacy	T	Year-to-Date ▼ 500.00]								
The Sullivan Pharmacy Receipt For: Primary General	Aggregate	500.00		_	•	/E	_		-	1150.0	00

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one)

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) International Academy of Con	npounding Pharmacists PAC (C	OMP PAC)
Full Name (Last, First, Middle Initial) Jenny Partridge Mailing Address 18030 Rose Court City Monte Sereno FEC ID number of contributing federal political committee. Name of Employer Peartree Apothecary Receipt For: Primary General	State Zip Code CA 95030 C Occupation Pharmacist Aggregate Year-to-Date ▼	Date of Receipt 02 16 2016 Transaction ID: A2016-256482 Amount of Each Receipt this Period 250.00 Memo Item
Other (specify) Full Name (Last, First, Middle Initial) B. Gregg Pederson Mailing Address 5290 East Yale Circle Ste.	250.00	Date of Receipt
City Denver FEC ID number of contributing federal political committee.	State Zip Code CO 80222	02 16 2016 Transaction ID : A2016-256483 Amount of Each Receipt this Period 500.00 Memo Item
Name of Employer Pharmacy Resources Inc. Receipt For: Primary General Other (specify) ▼	Occupation Pharmacist Aggregate Year-to-Date ▼ 500.00	Mellio itelli
Full Name (Last, First, Middle Initial) C. Kim Richardson Mailing Address 111 Pitt Street/P.O. Box 15 City Mt. Pleasant FEC ID number of contributing federal political committee.	State Zip Code SC 29464	Date of Receipt 02 16 2016 Transaction ID : A2016-256484 Amount of Each Receipt this Period 500.00 Memo Item
Name of Employer Pitt Street Pharmacy Receipt For: Primary General Other (specify)	Occupation Pharmacist Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line numb	er only)	>

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) International Academy of Cor	mpounding Pharmacists PAC (CO	MP PAC)
Full Name (Last, First, Middle Initial) Jennifer Sechrist		Date of Receipt
Mailing Address PO Box 370		02 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mountain View	State Zip Code OK 73062	Transaction ID : A2016-256486
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Veterinary Enterprises of Tomorrow	Occupation Pharmacist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Jim Smith	1	Date of Receipt
Mailing Address 9901 S. Wilcrest		02 16 2016
City Houston	State Zip Code TX 77099	Transaction ID : A2016-256487 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PCCA-Pharmacy Mangement Department	Occupation Pharmacist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) . Mickey Sussman		Date of Receipt
Mailing Address 10900 N. Scottsdale Rd. S	Ste. 403	02 16 2016
City Scottsdale	State Zip Code AZ 85254-5232	Transaction ID : A2016-256488 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
Scottsdale Professional Pharmacy	Pharmacist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)))	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 11 OF 13 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Full Name (Last, First, Middle Initial) Mark Taylor Date of Receipt Mailing Address 501 Zion Road Suite 9 2016 16 City Zip Code State Transaction ID: A2016-256499 Egg Harbor Township NJ 08234 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer Occupation Jersey Shore Pharmacy **Pharmacist** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 7150.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Han annual col. 1.1.4.5	ula(a) TOTT EINE NOMBETT.		PAGE 12 OF 13
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 2 28c 29 3
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or use	d by any perso	on for the purpose	of soliciting contributions
NAME OF COMMITTEE (In Full) International Academy of Compoun				s non such commutee.
Full Name (Last, First, Middle Initial) - JB & Associates			Date of Disburse	ement
Mailing Address 2011 Waugh Drive			02 2	23 2016
Houston	State Zip Code TX 77006		Transaction ID) : B595241
Purpose of Disbursement Admin expen-Fundraising Exp.		003	Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		600.00
Senate	nent For: 2016 Primary General Other (specify)		Memo Item	
State: District:	Not Applicable			
Full Name (Last, First, Middle Initial) 3.			Date of Disburse	
Mailing Address			W = W / D =	
City	State Zip Code			
Purpose of Disbursement			Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		
President	nent For: Primary General Other (specify)	,,	Memo Item	
State: District: Full Name (Last, First, Middle Initial)				
· ·			Date of Disburse	ement
Mailing Address				
City	state Zip Code			
Purpose of Disbursement			Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		
	nent For: Primary General Other (specify)	-	Memo Item	
SURTOTAL of Dichureamente This Dage (entional)				600.00
SUBTOTAL of Disbursements This Page (optional)				
TOTAL This Period (last page this line number only).			1	600.00

TEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE I	one)
	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) International Academy of Compoun	iding Pharmacists PA	AC (COMF	PAC)
Full Name (Last, First, Middle Initial) Kirk for Senate			Date of Disbursement
Mailing Address PO Box 2594			02 18 2016
City S Chicago	state Zip Code IL 60690		Transaction ID : B594886
Purpose of Disbursement Contribution	[011	Amount of Each Disbursement this Period
Candidate Name Mark Kirk		Category/ Type	1000.00
Senate President	nent For: 2016 Primary General Other (specify)		Memo Item
State: IL District: Full Name (Last, First, Middle Initial) 3.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
President	nent For: Primary General Other (specify)		Memo Item
State: District: Full Name (Last, First, Middle Initial)			
C. 			Date of Disbursement
Mailing Address			
City S Purpose of Disbursement	state Zip Code		
Candidate Name	[Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)		Memo Item
SUBTOTAL of Disbursements This Page (optional)			1000.00
TOTAL This Period (last page this line number only).			1000.00