

# 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

Professional Compounding Centers of America PAC

ADDRESS (number and street) 9901 South Wilcrest Dr

Check if different than previously reported. (ACC) Houston TX 77099

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

C C00558452 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:
- |                                      |   |                                       |  |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5)            | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6)            | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input checked="" type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M / D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 06 / 01 / 2022 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Rogers, Emory, , ,

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer Rogers, Emory, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 07 / 20 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Professional Compounding Centers of America 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="2022"/>	<input type="text" value="58151.09"/>	<input type="text" value="58151.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="73411.27"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2898.00"/>	<input type="text" value="69437.00"/>
(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="76309.27"/>	<input type="text" value="127588.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4250.00"/>	<input type="text" value="55528.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="72059.27"/>	<input type="text" value="72059.27"/>
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

**Professional Compounding Centers of America 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).....	2638.00	64938.00
(ii) Unitemized .....	260.00	4499.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2898.00	69437.00
(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) .....	2898.00	69437.00
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	0.00
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	0.00
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)).....▶	2898.00	69437.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2898.00	69437.00

**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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	55163.80
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).....	250.00	365.02
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)) ..	4250.00	55528.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4250.00	55528.82

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2898.00	69437.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2898.00	69437.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 15
<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)  
**Professional Compounding Centers of America PAC**

**A. Abu-Shlieba, Mnar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1906 Donna Temple Ct  
 City Richmond State TX Zip Code 77469-4749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 14 / 2022  
**Transaction ID : 16758775**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. BIGGS, MICHELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19814 ICELAND COURT  
 City SPRING State TX Zip Code 77379-1401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Vice President of Pharmacy Software  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 10 / 2022  
**Transaction ID : 16762250**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. BOTTONI, DON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10010 ELKHART AVE  
 City LUBBOCK State TX Zip Code 79424-8211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Compounding Pharmacist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 10 / 2022  
**Transaction ID : 16762252**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<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 15
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Professional Compounding Centers of America PAC**

**A. CLARK, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2010 THORNDALE ROAD  
 City INDIAN TRAIL State NC Zip Code 28079-5376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Compounding Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 10 / 2022  
**Transaction ID : 16762253**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. DAY, ARJUN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12722 TRAIL HOLLOW  
 City HOUSTON State TX Zip Code 77024-4011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Vice President of Clinical Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1536.00

Date of Receipt 06 / 10 / 2022  
**Transaction ID : 16762254**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. DEATSMAN, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4923 WELFORD DR  
 City BELLAIRE State TX Zip Code 77401-5335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Manager of Corporate Communications  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 10 / 2022  
**Transaction ID : 16762255**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	257.00
<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 15
	<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)  
**Professional Compounding Centers of America PAC**

**A. HARBIN, LIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4409 OLD BROOK RUN  
 City MOUNTAIN BRK State AL Zip Code 35243-4046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) VP PA, Comm, Edu, HR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 10 / 2022  
**Transaction ID : 16762258**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. LEAKE, W M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 419 O'HARA DRIVE  
 City DANVILLE State KY Zip Code 40422-1539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Services Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 06 / 10 / 2022  
**Transaction ID : 16762262**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

**C. MARTIN, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4538 NORTHRIDGE CIRCLE  
 City CRESTWOOD State KY Zip Code 40014-8646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Services Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 06 / 10 / 2022  
**Transaction ID : 16762263**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	302.00
<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 9 OF 15
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Professional Compounding Centers of America PAC**

**A. PRESCOTT, RENEE M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11677 GRANDVIEW DR  
 City MONTGOMERY State TX Zip Code 77356-4276  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Director of Education  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 10 / 2022  
**Transaction ID : 16762267**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. SHANK, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1507 N JEFFERSON STREET  
 City ARLINGTON State VA Zip Code 22205-2839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Director of Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 10 / 2022  
**Transaction ID : 16762268**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. SPEAIRS, KIMBERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7054 SERRANO DRIVE  
 City FORT WORTH State TX Zip Code 76126-2320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Director of Communications and Engage  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 10 / 2022  
**Transaction ID : 16762269**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 135.00  
**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 10 OF 15
<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)  
**Professional Compounding Centers of America PAC**

**A. BIGGS, MICHELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19814 ICELAND COURT  
 City SPRING State TX Zip Code 77379-1401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Vice President of Pharmacy Software  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : 16775505**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. BOTTONI, DON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10010 ELKHART AVE  
 City LUBBOCK State TX Zip Code 79424-8211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Compounding Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : 16775506**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. CLARK, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2010 THORNDALE ROAD  
 City INDIAN TRAIL State NC Zip Code 28079-5376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Compounding Pharmacist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : 16775507**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<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 11 OF 15
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Professional Compounding Centers of America PAC**

**A. DAY, ARJUN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12722 TRAIL HOLLOW  
 City HOUSTON State TX Zip Code 77024-4011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Vice President of Clinical Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1728.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : 16775508**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. DEATSMAN, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4923 WELFORD DR  
 City BELLAIRE State TX Zip Code 77401-5335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Manager of Corporate Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : 16775509**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. HARBIN, LIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4409 OLD BROOK RUN  
 City MOUNTAIN BRK State AL Zip Code 35243-4046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) VP PA, Comm, Edu, HR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : 16775512**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	257.00
<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 12 OF 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**Professional Compounding Centers of America PAC**

**A. LEAKE, W M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 419 O'HARA DRIVE  
 City DANVILLE State KY Zip Code 40422-1539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Services Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : 16775516**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

**B. MARTIN, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4538 NORTHRIDGE CIRCLE  
 City CRESTWOOD State KY Zip Code 40014-8646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Services Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2112.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : 16775517**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. PRESCOTT, RENEE M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11677 GRANDVIEW DR  
 City MONTGOMERY State TX Zip Code 77356-4276  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Director of Education  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : 16775521**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	287.00
<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 13 OF 15
	<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)  
**Professional Compounding Centers of America PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**SHANK, AMY, , ,**

Mailing Address **1507 N JEFFERSON STREET**

City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22205-2839</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>PCCA</b>	Occupation (for Individual) <b>Director of Government Affairs</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		24		2022

**Transaction ID : 16775522**

Amount of Each Receipt this Period  

35.00
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 Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**SPEARS, KIMBERLY, , ,**

Mailing Address **7054 SERRANO DRIVE**

City <b>FORT WORTH</b>	State <b>TX</b>	Zip Code <b>76126-2320</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>PCCA</b>	Occupation (for Individual) <b>Director of Communications and Engag</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **825.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		24		2022

**Transaction ID : 16775523**

Amount of Each Receipt this Period  

75.00
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 Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period  

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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>110.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2638.00</b>

**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)  
**Professional Compounding Centers of America PAC**

**A. John Carter For Congress**

Full Name (Last, First, Middle Initial)  
John Carter For Congress

Date of Disbursement: 06 / 08 / 2022

Mailing Address: 201 University Oaks Blvd. Suite 540 # 148

City: Round Rock, State: TX, Zip Code: 78665

Purpose of Disbursement: 011

Candidate Name: Carter, John, , Rep.,

Office Sought:  House,  Senate,  President

Disbursement For: 2022,  Primary,  General,  Other (specify) ▼

State: TX, District: 31

FEC Identification Number: C00371203  
Transaction ID: 16686290  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. Bonnie Watson Coleman For Congress**

Full Name (Last, First, Middle Initial)  
Bonnie Watson Coleman For Congress

Date of Disbursement: 06 / 08 / 2022

Mailing Address: 600 Pennsylvania Ave Se #15180

City: Washington, State: DC, Zip Code: 20003

Purpose of Disbursement: 011

Candidate Name: Watson Coleman, Bonnie, , Rep.,

Office Sought:  House,  Senate,  President

Disbursement For: 2022,  Primary,  General,  Other (specify) ▼

State: NJ, District: 12

FEC Identification Number: C00558437  
Transaction ID: 16686292  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City, State, Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House,  Senate,  President

Disbursement For:  Primary,  General,  Other (specify) ▼

State, District

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4000.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Professional Compounding Centers of America PAC**

**A. Professional Compounding Centers of America**

Full Name (Last, First, Middle Initial)

Mailing Address 9901 S Wilcrest Dr.

City Houston State TX Zip Code 77099

Purpose of Disbursement Schiller Event Technology Reimbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type: 003

Date of Disbursement: 06 / 22 / 2022

FEC Identification Number: C

Transaction ID : 16762277

Amount of Each Disbursement this Period: 250.00

Memo Item Schiller Event Technology Reimbursement

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	250.00