

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
International Academy of Compounding Pharmacists PAC(COMP-PAC)

ADDRESS (number and street) P.O. Box 1365
 Check if different than previously reported. (ACC)
Sugar Land TX 77487

2. **FEC IDENTIFICATION NUMBER** C00424143
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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2008 through 03 31 2008

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 L.D. King
Signature of Treasurer Electronically Filed by L.D. King Date 04 14 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
International Academy of Compounding Pharmacists PAC(COMP-PAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		46023.19
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	46023.19									
(c) Total Receipts (from Line 19)	15800.00	15800.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	61823.19	61823.19								
7. Total Disbursements (from Line 31)	15599.96	15599.96								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	46223.23	46223.23								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	15450.00	15450.00
(i) Itemized (use Schedule A)	350.00	350.00
(ii) Unitemized	15800.00	15800.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15800.00	15800.00
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 Transfer (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))	15800.00	15800.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15800.00	15800.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	349.96	349.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	349.96	349.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15250.00	15250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	15599.96	15599.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15599.96	15599.96

DETAILED SUMMARY PAGE
of Disbursements

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	15800.00	15800.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15800.00	15800.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	349.96	349.96
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	349.96	349.96

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 22
(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

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.

Full Name (Last, First, Middle Initial)
Mary Abharian

Mailing Address 255 Union Blvd. Suite 100

City State Zip Code
Lakewood CO 80228

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

Name of Employer Occupation
Peoples Pharmacy Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2008

Transaction ID: A2008-87661

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey Alan Barris

Mailing Address 23560 South Madison Street Ste. 11

City State Zip Code
Torrance CA 90505

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

Name of Employer Occupation
Pacifica Pharmacy Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2008

Transaction ID: A2008-87654

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Jerry Beamer

Mailing Address 100 W. 3rd St.

City State Zip Code
Lexington NC 27292

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

Name of Employer Occupation
Pill Time Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: A2008-501511

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **5750.00**

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 7 / 22
(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.

Full Name (Last, First, Middle Initial)
Stephen Bernardi

Mailing Address 577 Main Street

City State Zip Code
Waltham MA 02452

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

Name of Employer Occupation
Johnson Drug Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2008

Transaction ID: A2008-334142

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
John Boff

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2008

Transaction ID: A2008-284428

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Eric Brennan

Mailing Address 146 High Street

City State Zip Code
Newburyport MA 01950-3938

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

Name of Employer Occupation
The Preble Group MS Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2008

Transaction ID: A2008-273105

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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 8 / 22
	<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.	Full Name (Last, First, Middle Initial) Richard Brisson		Date of Receipt
	Mailing Address 458 Dartmouth Street		<input type="text" value="02"/> <input type="text" value="04"/> <input type="text" value="2008"/>
	City	State	Zip Code
	New Bedford	MA	02740
	FEC ID number of contributing federal political committee. C		Transaction ID: A2008-87664
Name of Employer Pharmahealth Pharmacy		Occupation Pharmacist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) Mark Burger		Date of Receipt
	Mailing Address 9070 Windsor Road		<input type="text" value="02"/> <input type="text" value="04"/> <input type="text" value="2008"/>
	City	State	Zip Code
	Windsor	CA	95492
	FEC ID number of contributing federal political committee. C		Transaction ID: A2008-87663
Name of Employer Health First! Pharmacy		Occupation Pharmacist/Owner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

C.	Full Name (Last, First, Middle Initial) Chris Burgess		Date of Receipt
	Mailing Address 322 N. Ingleside Street		<input type="text" value="03"/> <input type="text" value="27"/> <input type="text" value="2008"/>
	City	State	Zip Code
	Fairhope	AL	36532
	FEC ID number of contributing federal political committee. C		Transaction ID: A2008-496074
Name of Employer Self-Employed		Occupation Pharmacist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 9 / 22
(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. Full Name (Last, First, Middle Initial)
Wilfred Chavez

Mailing Address 701 Dalies Avenue

City Belen State NM Zip Code 87002

FEC ID number of contributing federal political committee. C

Name of Employer Share 'N Care Compounding Pharmacy Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
02 / 19 / 2008

Transaction ID: A2008-273106

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Bob Crocker

Mailing Address P.O. Box 690

City Farmville State NC Zip Code 27828

FEC ID number of contributing federal political committee. C

Name of Employer Best Value Drugs Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
03 / 14 / 2008

Transaction ID: A2008-352269

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Howard Feirman

Mailing Address 1850 Front Street

City East Meadow State NY Zip Code 11554

FEC ID number of contributing federal political committee. C

Name of Employer Prescription Headquarters Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 05 / 2008

Transaction ID: A2008-88599

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 1000.00

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 / 22
(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.

Full Name (Last, First, Middle Initial)
Calvin Freedman

Mailing Address 31 Albe Drive Unit 1

City Newark State DE Zip Code 19702

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

Name of Employer Save Way Compounding Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 20 / 2008
Transaction ID: A2008-276077
 Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Viswanadham Gadey

Mailing Address 1151 Highway 35

City Middletown State NJ Zip Code 07748

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

Name of Employer Sunray Drug & Medical Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 04 / 2008
Transaction ID: A2008-87658
 Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Richard Gaffin II

Mailing Address 12012 North 111th Avenue

City Youngstown State AZ Zip Code 85363-1339

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

Name of Employer Pet Health Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2008
Transaction ID: A2008-501512
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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 11 / 22
(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. Full Name (Last, First, Middle Initial)
Jim Gillespie
Mailing Address 2121 Whitesburg Drive
City State Zip Code
Huntsville AL 35801
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Huntsville Compounding Pharmacy Pharmacist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2008
Transaction ID: A2008-475207
Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Pete Hueseman
Mailing Address 1034 S. Brentwood Blvd. Suite 102
City State Zip Code
St. Louis MO 63117
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Bellevue Pharmacy Solutions Pharmacist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y
02 / 04 / 2008
Transaction ID: A2008-87655
Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Bernard Klouda
Mailing Address 4100 Lake Otis Parkway #200
City State Zip Code
Anchorage AK 99508
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Bernie's Pharmacy Inc. Pharmacist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2008
Transaction ID: A2008-273107
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ 850.00
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 12 / 22
(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.

Full Name (Last, First, Middle Initial)
Larry Krohn

Mailing Address 1110 Cowan-Lorraine Road

City State Zip Code
Gulfport MS 39507

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

Name of Employer Beach Pharmacy Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2008

Transaction ID: A2008-324713

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
John K McClellan

Mailing Address 1 West Main St P.O. Box 38

City State Zip Code
New Bloomfield PA 17068

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

Name of Employer Bloomfield Pharmacy Inc. Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2008

Transaction ID: A2008-117563

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
David Miller

Mailing Address 4021 Cascade Road SE

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Keystone Pharmacy Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2008

Transaction ID: A2008-87656

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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 13 / 22
(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.

Full Name (Last, First, Middle Initial)
Mark Pimley

Mailing Address 720 East Market Street Suite 155

City State Zip Code
West Chester PA 19382

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

Name of Employer The Compounding Pharmacists
Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2008

Transaction ID: A2008-475277

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Tim Redline

Mailing Address 220 South Burlington Suite 3

City State Zip Code
Hastings NE 68901

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

Name of Employer Redline Pharmacy Solutions
Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2008

Transaction ID: A2008-284430

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Rebecca Reed

Mailing Address 814 West Broadway

City State Zip Code
Ardmore OK 73401

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

Name of Employer The Medicine Shoppe
Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2008

Transaction ID: A2008-87657

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 14 / 22

(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.	Full Name (Last, First, Middle Initial) Jodie Roberds		Date of Receipt MM / DD / YYYY 02 / 05 / 2008		
	Mailing Address 333 N. Rivershire		Transaction ID: A2008-88601		
	City Conroe	State TX	Zip Code 77304	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer Roberds Pharmacy		Occupation Pharmacist/Owner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Tom Silvonek		Date of Receipt MM / DD / YYYY 02 / 25 / 2008		
	Mailing Address 3330 Hamilton Blvd.		Transaction ID: A2008-279391		
	City Allentown	State PA	Zip Code 18103	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00		
Name of Employer Dorneyville Pharmacy		Occupation Pharmacist FIACP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dieter Steinmetz		Date of Receipt MM / DD / YYYY 02 / 04 / 2008		
	Mailing Address 1838 S. Coast Highway		Transaction ID: A2008-87660		
	City Oceanside	State CA	Zip Code 92054	Amount of Each Receipt this Period 600.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 600.00		
Name of Employer Coast Compounding Pharmacy		Occupation Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

2100.00

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 15 / 22	
	(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"/> 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.	Full Name (Last, First, Middle Initial) Robert James Sumner		Date of Receipt	
	Mailing Address 8015 West Alameda Suite 100		M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: A2008-87659
	Lakewood	CO	80226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	500.00
	Name of Employer Union Square Pharmacy		Occupation Pharmacist Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	500.00	

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	15450.00

**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)

A.	Full Name (Last, First, Middle Initial) Paymentech	Transaction ID: B209122 Date of Disbursement
	Mailing Address 14221 Dallas Pkwy Bldg Two	<input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Dallas State TX Zip Code 75254	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="39.74"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) Paymentech	Transaction ID: B211209 Date of Disbursement
	Mailing Address 14221 Dallas Pkwy Bldg Two	<input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City Dallas State TX Zip Code 75254	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="6.52"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) Paymentech	Transaction ID: B212100 Date of Disbursement
	Mailing Address 14221 Dallas Pkwy Bldg Two	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Dallas State TX Zip Code 75254	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="266.69"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="312.95"/>
TOTAL This Period (last page this line number only)	<input type="text" value="312.95"/>

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)

<p>A. Full Name (Last, First, Middle Initial) Enzi for Senate</p> <p>Mailing Address P.O. Box 2775</p> <p>City Cody State WY Zip Code 82414</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Michael B Enzi</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WY District:</p>	<p>Transaction ID: B208740 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	4	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	1	4	/	2	0	0	8													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Sam Farr for Congress</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Sam Farr</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 17</p>	<p>Transaction ID: B208741 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	4	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	1	4	/	2	0	0	8													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Tammy Baldwin for Congress</p> <p>Mailing Address P.O. Box 696</p> <p>City Madison State WI Zip Code 53701</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Tammy Baldwin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 02</p>	<p>Transaction ID: B209366 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	7	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	7	/	2	0	0	8													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)	3000.00
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 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)

A.	Full Name (Last, First, Middle Initial) Brady for Congress	Transaction ID: B209367
	Mailing Address 104 Hume Ave	Date of Disbursement 02 / 27 / 2008
	City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Kevin P Brady	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Team Emerson for Jo Ann Emerson	Transaction ID: B209364
	Mailing Address PO Box 822	Date of Disbursement 02 / 27 / 2008
	City Cape Girardeau State MO Zip Code 63702	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Jo Ann H Emerson	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) People for English	Transaction ID: B209361
	Mailing Address 104 Hume Ave	Date of Disbursement 02 / 27 / 2008
	City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Philip S English	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
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)

PAGE 19 / 22

<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)

A.	Full Name (Last, First, Middle Initial) Giffords for Congress	Transaction ID: B209368 Date of Disbursement 02 / 27 / 2008
	Mailing Address P.O. Box 12886	
	City Tucson State AZ Zip Code 85732	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Gabrielle Giffords Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Lindsey Graham for Senate	Transaction ID: B209365 Date of Disbursement 02 / 27 / 2008
	Mailing Address P.O. Box 29576	
	City Washington State DC Zip Code 20017	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Lindsey O Graham Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Barbara Lee for Congress	Transaction ID: B209362 Date of Disbursement 02 / 27 / 2008
	Mailing Address 1736 Franklin St. Suite 400	
	City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Barbara Lee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 09	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3000.00
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 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)

<p>A. Full Name (Last, First, Middle Initial) Stupak for Congress</p> <p>Mailing Address PO Box 156</p> <p>City Menominee State MI Zip Code 49858</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Bart Stupak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 01</p>	<p>Transaction ID: B209363 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	7		2	0	0	8													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Marion Berry for Congress</p> <p>Mailing Address P.O. Box 8084</p> <p>City Jonesboro State AR Zip Code 72403</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Marion Berry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 01</p>	<p>Transaction ID: B209871 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	4		2	0	0	8													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) DeGette for Congress</p> <p>Mailing Address 38 Ivy Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Diana L DeGette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 01</p>	<p>Transaction ID: B209869 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	4		2	0	0	8													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">3000.00</td></tr></table>	3000.00
3000.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

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)

<p>A. Full Name (Last, First, Middle Initial) Mike Ross for Congress</p> <p>Mailing Address P.O. Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mike Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B209870 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	4		2	0	0	8													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Friends of Rosa DeLauro</p> <p>Mailing Address 12 Trumbull Street</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rosa DeLauro</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B210240 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	1		2	0	0	8													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Nita Lowey for Congress</p> <p>Mailing Address P.O. Box 30405</p> <p>City Bethesda State MD Zip Code 20824</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Nita M Lowey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B210241 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	1		2	0	0	8													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">3000.00</td></tr></table>	3000.00
3000.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

**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)

PAGE 22 / 22

<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)

A.

Full Name (Last, First, Middle Initial)
Boyda for Congress

Mailing Address PO Box 1474

City State Zip Code
Topeka KS 66601

Purpose of Disbursement
Contribution

Candidate Name
Nancy E Boyda

Office Sought: House
 Senate
 President
State: KS District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: B211445

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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