

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Alliance for Pharmacy Compounding PAC (COMP PAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		34817.72
(b) Cash on Hand at Beginning of Reporting Period.....	30755.72	
(c) Total Receipts (from Line 19)	3039.00	52961.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	33794.72	87778.72
7. Total Disbursements (from Line 31).....	5000.00	58984.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	28794.72	28794.72
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Alliance for Pharmacy Compounding PAC (COMP PAC)

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2999.00	48871.00
(ii) Unitemized	40.00	4090.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3039.00	52961.00
(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)	3039.00	52961.00
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)).....▶	3039.00	52961.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3039.00	52961.00

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	3000.00	10484.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3000.00	10484.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	47500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	1000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5000.00	58984.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	58984.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	3039.00	52961.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3039.00	52961.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3000.00	10484.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3000.00	10484.00

**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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Blaire, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10921 North 140 Way
 City Scottsdale State AZ Zip Code 85259-4615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wedgewood Pharmacy Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 08 / 17 / 2023
Transaction ID : A-16277
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Bliss, Marcy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Heron Dr
 City Swedesboro State NJ Zip Code 08085-1749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wedgewood Pharmacy Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 08 / 17 / 2023
Transaction ID : A-16278
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Davis, Randy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9207 Stoney Mountain Drive
 City Chattanooga State TN Zip Code 37421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Wellness Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 17 / 2023
Transaction ID : A-16281
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Davis, Tenille, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7331 E Osborne Rd
 City Scottsdale State AZ Zip Code 85251-6450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Civic Center Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1672.00

Date of Receipt 08 / 17 / 2023
Transaction ID : A-16282
 Amount of Each Receipt this Period 209.00
 Memo Item

B. Dinno, Saad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Cherry Brook Road
 City Weston State MA Zip Code 02493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acton Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 17 / 2023
Transaction ID : A-16283
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Eubanks, Gerald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 S Gaylord St
 City Denver State CO Zip Code 80210-2340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accreditation Partners Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 17 / 2023
Transaction ID : A-16284
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	559.00
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 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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Filosi, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5732 Eaglemount Circle
 City Lithia State FL Zip Code 33547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Family Care Pharmacy Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 17 / 2023
Transaction ID : A-16285
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Garvin, Cheri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Old English Court SW
 City Leesburg State VA Zip Code 20175-2900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leesburg Pharmacy Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 08 / 17 / 2023
Transaction ID : A-16286
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Hrcir, Jim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4835 N. O'Connor Road #130
 City Irving State TX Zip Code 75062-2741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Las Colinas Pharmacy Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 17 / 2023
Transaction ID : A-16288
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 9 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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Isbell, Ginny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 Silo Hill Road
 City Madison State AL Zip Code 35758-6116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Madison Drug Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 17 / 2023
Transaction ID : A-16289
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Jerusik, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 223 Balligomingo Road
 City Conshohocken State PA Zip Code 19428-2605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Rx Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1840.00

Date of Receipt 08 / 17 / 2023
Transaction ID : A-16290
 Amount of Each Receipt this Period 230.00
 Memo Item

C. Kraemer, Cheri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45458 269th Street
 City Parker State SD Zip Code 57053-5244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmacy Specialties & Clinic Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 17 / 2023
Transaction ID : A-16291
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	380.00
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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Lasarso, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 231 East Middleton Drive
 City Henderson State NV Zip Code 89015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Solutions Specialty Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 17 / 2023
Transaction ID : A-16292
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Miller, David, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7945 Morse Lake Avenue Southeast
 City Alto State MI Zip Code 49302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keystone Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 17 / 2023
Transaction ID : A-16293
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Navarra, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 Crossways Park Dr
 City Woodbury State NY Zip Code 11797-2055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town Total Compounding Center Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2240.00

Date of Receipt 08 / 17 / 2023
Transaction ID : A-16294
 Amount of Each Receipt this Period 160.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	360.00
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 11 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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Nickell, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 379 Van Ness Ave
 City Torrance State CA Zip Code 90501-7211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nuibrator Rx Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 17 / 2023
Transaction ID : A-16295
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Patel, Gopesh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 East St
 City New Hyde Park State NY Zip Code 11040-1323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VLS Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 17 / 2023
Transaction ID : A-16296
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Pytlarz, Alexander, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 3rd Street S
 City St Petersburg State FL Zip Code 33701-4251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Infuserve America Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 17 / 2023
Transaction ID : A-16297
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
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 12 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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Taylor, Thomas, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 17 / 2023
Mailing Address 174 The Maine		Transaction ID : A-16298
City Williamsburg	State VA	Zip Code 23185
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Williamsburg Drug Company	Occupation (for Individual) Pharmacist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Thompson, Tara, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 17 / 2023
Mailing Address 1758 Rosehedge Way NW		Transaction ID : A-16299
City Kennesaw	State GA	Zip Code 30152-7756
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Innovation Compounding	Occupation (for Individual) Pharmacist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt M M M / D D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	2999.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Hance Scarborough LLP

Mailing Address 412 First Street Southeast
Suite One

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
PAC Management

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2023

FEC Identification Number

C

Transaction ID : B-16269

Amount of Each Disbursement this Period

750.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hance Scarborough LLP

Mailing Address 412 First Street Southeast
Suite One

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
PAC Management

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2023

FEC Identification Number

C

Transaction ID : B-16274

Amount of Each Disbursement this Period

750.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hance Scarborough LLP

Mailing Address 412 First Street Southeast
Suite One

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
PAC Management

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2023

FEC Identification Number

C

Transaction ID : B-16275

Amount of Each Disbursement this Period

750.00

Memo Item

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

2250.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Hance Scarborough LLP

Mailing Address 412 First Street Southeast
Suite One

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

PAC Management

001

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	2	3

FEC Identification Number

C []

Transaction ID : B-16276

Amount of Each Disbursement this Period

[] 750.00 []

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[] []

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[] []

Memo Item

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

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

[] 750.00 []

[] 3000.00 []

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 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)

Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Moolenaar for Congress

Mailing Address P.O. Box 2192

City
Midland

State
MI

Zip Code
48641

Purpose of Disbursement

Contribution

011

Candidate Name

Moolenaar, John, , MR.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	2	3

FEC Identification Number

C C00561530

Transaction ID : B-16271

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dr John Joyce for Congress

Mailing Address 1002 Logan Blvd
Ste 114 #237

City
Altoona

State
PA

Zip Code
16602

Purpose of Disbursement

Contribution

011

Candidate Name

Joyce, John, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: PA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	3

FEC Identification Number

C C00674259

Transaction ID : B-16273

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2000.00

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

2000.00