

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**
International Academy of Compounding Pharmacists PAC (COMP PAC)

ADDRESS (number and street) 4638 Riverstone Blvd
Check if different than previously reported. (ACC) Missouri City TX 77459

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 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 Year-End 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 (12S)
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 / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Letendre Sr., William R., , ,
Type or Print Name of Treasurer

Signature of Treasurer *Letendre Sr., William R., , ,* [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

International Academy of Compounding Pharmacists 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="2018"/>		<input type="text" value="11324.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11324.09"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="13175.00"/>	<input type="text" value="13175.00"/>
(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="24499.09"/>	<input type="text" value="24499.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5204.53"/>	<input type="text" value="5204.53"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19294.56"/>	<input type="text" value="19294.56"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

International Academy of Compounding Pharmacists 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).....	12500.00	12500.00
(ii) Unitemized	675.00	675.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13175.00	13175.00
(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)	13175.00	13175.00
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)).....▶	13175.00	13175.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	13175.00	13175.00

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	2954.53	2954.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2954.53	2954.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
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	250.00	250.00
(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)).....	250.00	250.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	5204.53	5204.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5204.53	5204.53

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)	13175.00	13175.00
34. Total Contribution Refunds (from Line 28(d))	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12925.00	12925.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2954.53	2954.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2954.53	2954.53

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"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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. Ashworth, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 Bent Tree Court
 City Coppel State TX Zip Code 75019-6122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Medical Center Dallas Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **01 / 19 / 2018**
Transaction ID : A2018-346993
 Amount of Each Receipt this Period 750.00
 Memo Item

B. Baker, Doug, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1022 E. Cherry
 City Cushing State OK Zip Code 74023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baker Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 14 / 2018**
Transaction ID : A2018-347185
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Bencetic, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Village Drive #709
 City Asheville State NC Zip Code 28804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Letco Medical Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 14 / 2018**
Transaction ID : A2018-347186
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

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

A. Blaire, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7316 East Thomas Road
 City Scottsdale State AZ Zip Code 85251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Diamondback Drugs Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 19 / 2018
Transaction ID : A2018-346994
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Bray, Alexandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3555 Wagon Wheel Way
 City Park City State UT Zip Code 84098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Applicable Occupation (for Individual) Spouse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 19 / 2018
Transaction ID : A2018-346998
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C. Bray, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 669 West 900 Noth
 City North Salt Lake State UT Zip Code 84054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MedQuest Solutions Occupation (for Individual) CPhT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 19 / 2018
Transaction ID : A2018-346991
 Amount of Each Receipt this Period
 500.00
 Memo Item

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: (check only one)	PAGE 8 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	

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NAME OF COMMITTEE (In Full)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Corbin, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6595 Weaverly Lane
 City Lake Worth State FL Zip Code 33467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) King Pharmacy Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 19 / 2018
Transaction ID : A2018-346999
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Degefu, Ephrem, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2215 N. Military Trail Suite L
 City West Palm Beach State FL Zip Code 33409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coastal Compounding Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 14 / 2018
Transaction ID : A2018-347189
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Franck, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1210 SW 33rd Avenue
 City Ocala State FL Zip Code 34474-5138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Franck's Pharmacy & Homecare Occupation (for Individual) RPh FIACP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 14 / 2018
Transaction ID : A2018-347190
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Guy, Keith, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 312 B Marion Ave.

City McComb	State MS	Zip Code 39648
----------------	-------------	-------------------

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

Name of Employer (for Individual) Innovative Pharmacy Services Inc.	Occupation (for Individual) RPh FIACP
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2018

Transaction ID : A2018-347191

Amount of Each Receipt this Period
250.00

Memo Item

B. Hightower, Shelley, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11816 Wildfire Way

City Tampa	State FL	Zip Code 33635
---------------	-------------	-------------------

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

Name of Employer (for Individual) Intl Academy of Compounding Pharmacist	Occupation (for Individual) Doctor
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2018

Transaction ID : A2018-347192

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 845 South Beech

City Casper	State WY	Zip Code 82601
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmacy Compounding of Roswell	Occupation (for Individual) RPh
--	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2018

Transaction ID : A2018-347193

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Lake, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9215 Liggon Green Lane
 City Germantown State TN Zip Code 38139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Letco Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 19 / 2018**
Transaction ID : A2018-346992
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Malmberg, Lucy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Heron Dr Suite 200
 City Swedesboro State NJ Zip Code 08085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wedgewood Village Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **02 / 14 / 2018**
Transaction ID : A2018-347194
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Miller, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4021 Cascade Road SE
 City Grand Rapids State MI Zip Code 49546
 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 ▼ 750.00

Date of Receipt **02 / 14 / 2018**
Transaction ID : A2018-347195
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Richardson, Kim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Pitt Street/P.O. Box 158
 City Mt. Pleasant State SC Zip Code 29464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pitt Street Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 19 / 2018
Transaction ID : A2018-346997
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Wright, Janice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10529 Ridge Top Court NW
 City Albuquerque State NM Zip Code 87114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) All About Balance Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 19 / 2018
Transaction ID : A2018-347000
 Amount of Each Receipt this Period 250.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	12500.00

**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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. IACP Educational Conference

Mailing Address 4638 Riverstone Blvd.

City
Missouri City

State
TX

Zip Code
77459

Purpose of Disbursement
Reimbursement for PAC event expenses not on behalf of Federal candidates

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B680384

Amount of Each Disbursement this Period

1876.11

Memo Item

Full Name (Last, First, Middle Initial)

B. IACP

Mailing Address 4638 Riverstone Blvd

City
Missouri City

State
TX

Zip Code
77459

Purpose of Disbursement
Reimbursement for PAC fundraising calls not on behalf of Federal candidates

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B679652

Amount of Each Disbursement this Period

280.00

Memo Item

Full Name (Last, First, Middle Initial)

C. IACP

Mailing Address 4638 Riverstone Blvd

City
Missouri City

State
TX

Zip Code
77459

Purpose of Disbursement
Reimbursement for PAC fundraising calls not on behalf of Federal candidates

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B680417

Amount of Each Disbursement this Period

150.00

Memo Item

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

2306.11

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 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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Public Affairs Support Services Inc.

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement
Admin expen-Report prep.

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B679244
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Kevin Roberts for Congress

Mailing Address 1005 Congress Avenue Suite 400

City Austin State TX Zip Code 78701

Purpose of Disbursement Contribution

Category/Type

Candidate Name Roberts, Kevin, , ,

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
01 / 15 / 2018

FEC Identification Number

Transaction ID : B678865
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Burgess for Congress

Mailing Address PO Box 15239

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name Burgess, Michael C., , ,

Office Sought: House Senate President
State: TX District: 26

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
02 / 06 / 2018

FEC Identification Number

Transaction ID : B679992
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)

Full Name (Last, First, Middle Initial)

A. Shawn Hodges

Mailing Address 6095 Pine Mountain Road NW Suite 1

City Kennesaw State GA Zip Code 30152

Purpose of Disbursement Refund of portion of 11/13/17 contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) ▼ Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
 01 / 16 / 2018

FEC Identification Number

C

Transaction ID : B678895

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

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)..... ▶

250.00

250.00