

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

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 2011 through 06 30 2011

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 David G. Miller

Signature of Treasurer Electronically Filed by David G. Miller Date 07 29 2011

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	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		26055.88
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	26055.88									
(c) Total Receipts (from Line 19)	31000.00	31000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57055.88	57055.88								
7. Total Disbursements (from Line 31)	32644.41	32644.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24411.47	24411.47								
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	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	30450.00	30450.00
(ii) Unitemized	550.00	550.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	31000.00	31000.00
(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)	31000.00	31000.00
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))	31000.00	31000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31000.00	31000.00

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.....	5894.41	5894.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5894.41	5894.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26750.00	26750.00
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))..	32644.41	32644.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32644.41	32644.41

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)	31000.00	31000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31000.00	31000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5894.41	5894.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5894.41	5894.41

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 26
(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) Jeff Barton		Date of Receipt MM / DD / YYYY 06 / 03 / 2011
Mailing Address 1000 Breuckman Drive		Transaction ID: A2011-1395237
City Crown Point	State IN	Zip Code 46307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Custom Dosing P.C.	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Jacob Beckel		Date of Receipt MM / DD / YYYY 03 / 09 / 2011
Mailing Address 5710 Hoover Blvd.		Transaction ID: A2011-608795
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Anazao Health Corp.	Occupation RPh FIACP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Michael Blaire		Date of Receipt MM / DD / YYYY 06 / 28 / 2011
Mailing Address 7316 East Thomas Road		Transaction ID: A2011-1658234
City Scottsdale	State AZ	Zip Code 85251
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Diamondback Drugs	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2800.00
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 / 26
(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)
Zachariah Broshes

Mailing Address 4638 Riverstone Blvd

City State Zip Code
Missouri City TX 77459

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Pack Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
05 / 16 / 2011

Transaction ID: A2011-1395228

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Matthew Buderer

Mailing Address 26611 North Dixie Hwy #119

City State Zip Code
Perrysburg OH 43551

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Buderer Drug Co. Inc. RPh FIACP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
06 / 28 / 2011

Transaction ID: A2011-1658235

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Chris Burgess

Mailing Address 322 N. Ingleside Street

City State Zip Code
Fairhope AL 36532

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Heritage Compounding Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
05 / 16 / 2011

Transaction ID: A2011-1395229

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 26

(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)
Dale Coker

Mailing Address 2260 Holly Springs Parkway

City State Zip Code
Canton GA 30115

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

Name of Employer Cherokee Custom Script Pharmacy
Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1395239

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Robert Coulter

Mailing Address 1123 Adams Avenue

City State Zip Code
La Grande OR 97850

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

Name of Employer Red Cross United Drug
Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: A2011-1658239

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Sarah Dodge

Mailing Address 11009 Sweetmeadow Dr

City State Zip Code
Oakton VA 22124

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

Name of Employer International Academy of Compounding P
Occupation Lobbyist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 1

Transaction ID: A2011-1658241

Amount of Each Receipt this Period

250.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 26
(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)
Pat Downing
Mailing Address 470 E Loop 281
City Longview State TX Zip Code 75605
FEC ID number of contributing federal political committee. **C**
Name of Employer Med-Shop Pharmacy Occupation RPh FIACP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 06 / 02 / 2011
Transaction ID: A2011-1395233
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Paul Franck
Mailing Address 202 SW 17th St. Rm. 202B
City Ocala State FL Zip Code 34474-5138
FEC ID number of contributing federal political committee. **C**
Name of Employer Franck's Pharmacy & Homecare Occupation RPh FIACP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 06 / 02 / 2011
Transaction ID: A2011-1395234
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Chuck Fulmer
Mailing Address P.O. Box 907367
City Gainesville State GA Zip Code 30501
FEC ID number of contributing federal political committee. **C**
Name of Employer Partners In Care Occupation RPh FIACP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 05 / 16 / 2011
Transaction ID: A2011-1395230
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00
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 / 26
(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)
Ernest Gates, Jr.

Mailing Address 1 Meeting House Square

City Middleton State MA Zip Code 01949

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

Name of Employer Gates Healthcare Associates Occupation Pharmacy Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 28 / 2011
Transaction ID: A2011-1658242
 Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Jan Gerber

Mailing Address 3510 N. Ridge Rd. Suite 900

City Wichita State KS Zip Code 67205

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

Name of Employer Richardson's Custom Rx Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 03 / 2011
Transaction ID: A2011-1395240
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Jim Gillespie

Mailing Address 2121 Whitesburg Drive

City Huntsville State AL Zip Code 35801

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

Name of Employer Huntsville Compounding Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 18 / 2011
Transaction ID: A2011-608796
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 26
(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: Huntsville Compounding Pharmacy Occupation: Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt: 04 / 18 / 2011
Transaction ID: A2011-1166595
Amount of Each Receipt this Period: 100.00

B. 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: Huntsville Compounding Pharmacy Occupation: Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 05 / 18 / 2011
Transaction ID: A2011-1395232
Amount of Each Receipt this Period: 100.00

C. 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: Huntsville Compounding Pharmacy Occupation: Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt: 06 / 18 / 2011
Transaction ID: A2011-1395249
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 26
(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)
Eddie Glover

Mailing Address 2515 College Avenue

City State Zip Code
Conway AR 72034

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

Name of Employer Occupation
US Compounding Inc. Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2011

Transaction ID: A2011-1395235

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Gene Gresh

Mailing Address 520 Hartford Turnpike Unit D

City State Zip Code
Vernon CT 06066

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

Name of Employer Occupation
Pioneer Health Compounding Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: A2011-1395248

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
John Hollis

Mailing Address 1923 Hayes St

City State Zip Code
Nashville TN 37203

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

Name of Employer Occupation
John Hollis Inc. Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: A2011-1395241

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 26
(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)
Bob Hoye

Mailing Address 4330 South Manhattan Ave.

City Tampa State FL Zip Code 33611

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

Name of Employer: Pharmaceutical Specialties Occupation: RPh FIACP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 03 / 2011
Transaction ID: A2011-1395242
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
George Malmberg

Mailing Address 405 Heron Drive Suite 200

City Swedesboro State NJ Zip Code 08085-1749

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

Name of Employer: Wedgewood Village Pharmacy Occupation: Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 03 / 2011
Transaction ID: A2011-1395243
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Thomas Marks

Mailing Address 806 Red Stable Way

City Oak Brook State IL Zip Code 60523

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

Name of Employer: Martin Avenue Pharmacy Occupation: Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 23 / 2011
Transaction ID: A2011-1658247
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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 / 26
(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)
Gary McCrory

Mailing Address 6151 Dew Drive #100

City State Zip Code
El Paso TX 79912-3901

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

Name of Employer McCrory's Pharmacy Inc. Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2011

Transaction ID: A2011-1395231

Amount of Each Receipt this Period
500.00

B.

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2011

Transaction ID: A2011-1658248

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Joe Moore

Mailing Address PO Box 3240

City State Zip Code
Cleveland TN 37320

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

Name of Employer Medical Center Pharmacy Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2011

Transaction ID: A2011-1166596

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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 / 26
(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)
David Nicoletti

Mailing Address 6586 East Grant Rd.

City Tucson State AZ Zip Code 85715

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

Name of Employer Prescription Lab Compound- ing Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: A2011-1166597

Amount of Each Receipt this Period
1500.00

B.

Full Name (Last, First, Middle Initial)
Lee Ori

Mailing Address 623 North New Ballas Road

City Creve Coeur State MO Zip Code 63141

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

Name of Employer Specialty Pharmacy of St. Louis Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1395244

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Brenda Pavlic

Mailing Address 31 Albe Drive Unit 1

City Newark State DE Zip Code 58104

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

Name of Employer Save Way Compounding Phar- macy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: A2011-1166598

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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 16 / 26
(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)
Scott Popyk

Mailing Address 39303 Country Club Drive Ste. A-26

City Farmington Hills State MI Zip Code 48331-3482

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

Name of Employer Health Dimensions Occupation RPh FIACP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 28 / 2011
Transaction ID: A2011-1658243
 Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Richie Ray

Mailing Address 16955 Walden Road

City Montgomery State TX Zip Code 77356

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

Name of Employer Richie's Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 09 / 2011
Transaction ID: A2011-608797
 Amount of Each Receipt this Period: 5000.00

C.

Full Name (Last, First, Middle Initial)
Baylor Rice

Mailing Address 2300 Robious Station Circle

City Midlothian State VA Zip Code 23113

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

Name of Employer South River Compounding Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 28 / 2011
Transaction ID: A2011-1658244
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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 17 / 26
(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)
Courtney Rice

Mailing Address 25 First Street

City State Zip Code
Cambridge MA 02141

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

Name of Employer IACP Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 28 / 2011
Transaction ID: A2011-1658246
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
James S. Seymour

Mailing Address 23422 Pacific Highway S.

City State Zip Code
Kent WA 98032

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

Name of Employer Key Pharmacy Occupation Owner / Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 28 / 2011
Transaction ID: A2011-1658245
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
David Sparks

Mailing Address 9901 S. Wilcrest

City State Zip Code
Houston TX 77099

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

Name of Employer PCCA Occupation RPh FIACP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 03 / 2011
Transaction ID: A2011-1395245
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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 18 / 26
(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)
Steven Timmons

Mailing Address 10565 North Tatum Blvd.
B118

City State Zip Code
Paradise Valley AZ 85253

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

Name of Employer Occupation
Mountain View Pharmacy DVM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: A2011-1395246

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Patricia Waldrip-Helgren

Mailing Address 400 Euclid Dr
#200

City State Zip Code
Bakersfield CA 93309

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

Name of Employer Occupation
Precision Compounding Pharmacy Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2011

Transaction ID: A2011-1395251

Amount of Each Receipt this Period
1500.00

C.

Full Name (Last, First, Middle Initial)
Don West

Mailing Address 438 E. Burnside Street

City State Zip Code
Portland OR 97214

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

Name of Employer Occupation
Lloyd Center Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: A2011-1395247

Amount of Each Receipt this Period
1000.00

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:	PAGE 19 / 26
	(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) Kambiz Yadidi		Date of Receipt
	Mailing Address 4607 Lakeview Canyon Rd #584		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 3 / 0 9 / 2 0 1 1
	City	State	Zip Code
	Westlake Village	CA	91364
	FEC ID number of contributing federal political committee.		Transaction ID: A2011-608828
	C		Amount of Each Receipt this Period
Name of Employer General Home Pharmacy Inc.		Occupation Pharmacist	<input type="text"/> 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 500.00
TOTAL This Period (last page this line number only)	<input type="text"/> 30450.00

**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) American Express Mailing Address PO Box 85072 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Credit Card Processing Fee Candidate Name	Transaction ID: B387455 Date of Disbursement 05 / 05 / 2011
	Amount of Each Disbursement this Period 70.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Category/Type 001

B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 85072 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Credit Card Processing Fee Candidate Name	Transaction ID: B389528 Date of Disbursement 06 / 06 / 2011
	Amount of Each Disbursement this Period 35.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Category/Type 001

C. Full Name (Last, First, Middle Initial) 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. Candidate Name	Transaction ID: B376102 Date of Disbursement 01 / 31 / 2011
	Amount of Each Disbursement this Period 2096.14
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	2201.14
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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) Public Affairs Support Services Inc.	Transaction ID: B378566 Date of Disbursement
	Mailing Address 1950 Roland Clarke Place Suite 300	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Reston State VA Zip Code 20191	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin expen-Report prep. Candidate Name	<input type="text" value="1039.09"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

B.	Full Name (Last, First, Middle Initial) Public Affairs Support Services Inc.	Transaction ID: B380187 Date of Disbursement
	Mailing Address 1950 Roland Clarke Place Suite 300	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City Reston State VA Zip Code 20191	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin expen-Report prep. Candidate Name	<input type="text" value="1067.91"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

C.	Full Name (Last, First, Middle Initial) Public Affairs Support Services Inc.	Transaction ID: B383724 Date of Disbursement
	Mailing Address 1950 Roland Clarke Place Suite 300	<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City Reston State VA Zip Code 20191	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin expen-Report prep. Candidate Name	<input type="text" value="1082.54"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: 2011 <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="3189.54"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5390.68"/>

**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) Jo Bonner for Congress Committee	Transaction ID: B388097 Date of Disbursement
	Mailing Address PO Box 851232	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
	City Mobile State AL Zip Code 36685	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Josiah R Bonner	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mike Ross for Congress	Transaction ID: B381513 Date of Disbursement
	Mailing Address PO Box 360	<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1500.00"/>
	Candidate Name Mike Ross	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Farr	Transaction ID: B381522 Date of Disbursement
	Mailing Address 3422 Porter St NW	<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20016	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Sam Farr	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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) Courtney for Congress <hr/> Mailing Address 38 Risley Road <hr/> City Vernon State CT Zip Code 06066 <hr/> Purpose of Disbursement Contribution Contribution Candidate Name Joseph Courtney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02 Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention	Transaction ID: B386792 Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2011 <hr/> Amount of Each Disbursement this Period 1000.00
	011 Category/ Type

B. Full Name (Last, First, Middle Initial) Price for Congress <hr/> Mailing Address 6740 W Deer Valley Rd, #D107 <hr/> City Glendale State AZ Zip Code 85310 <hr/> Purpose of Disbursement Contribution Contribution Candidate Name Thomas E Price Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B380461 Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2011 <hr/> Amount of Each Disbursement this Period 1000.00
	011 Category/ Type

C. Full Name (Last, First, Middle Initial) Citizens for Harkin <hr/> Mailing Address P O Box 811 <hr/> City Des Moines State IA Zip Code 50304 <hr/> Purpose of Disbursement Contribution Contribution Candidate Name Tom Harkin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B376560 Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2011 <hr/> Amount of Each Disbursement this Period 2500.00
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)
Upton for All of Us

Transaction ID: B379806

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	1

Mailing Address P.O. Box 490

Amount of Each Disbursement this Period

1000.00

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name
Frederick S Upton

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 06

B.

Full Name (Last, First, Middle Initial)
Bass Victory Committee

Transaction ID: B376103

Date of Disbursement

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

Mailing Address PO Box 3451

Amount of Each Disbursement this Period

5000.00

City State Zip Code
Concord NH 03302

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name
Charles F Bass

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NH District: 02

C.

Full Name (Last, First, Middle Initial)
Friends of Sherrod Brown

Transaction ID: B385703

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	1

Mailing Address 607 14th Street Nw Suite 800

Amount of Each Disbursement this Period

5000.00

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name
Sherrod Brown

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 13

SUBTOTAL of Disbursements This Page (optional)

11000.00

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 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) Friends of Joe Pitts</p> <p>Mailing Address 1707 Prince St #5</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Contribution Candidate Name Joseph R Pitts</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B376831 Date of Disbursement 02 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign</p> <p>Mailing Address PO Box 16128</p> <p>City Houston State TX Zip Code 77222</p> <p>Purpose of Disbursement Contribution Candidate Name Raymond Gene Green</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B376833 Date of Disbursement 02 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Texans for Lamar Smith</p> <p>Mailing Address PO Box 6155</p> <p>City San Antonio State TX Zip Code 78209</p> <p>Purpose of Disbursement Contribution Candidate Name Lamar S Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B294623 Date of Disbursement 04 / 15 / 2011</p> <p>Amount of Each Disbursement this Period -250.00</p> <p>011 Category/ Type</p> <p>Voided: Original check dated 10/22/2009</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1750.00

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)
The Congressman Joe Barton Committee

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
Contribution

Candidate Name
Joe Barton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 06

Transaction ID: B385702

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Hatch Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Contribution

Candidate Name
Orrin G Hatch

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: UT District:

Transaction ID: B385704

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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