

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2012"/>	<input type="text" value="38351.86"/>	<input type="text" value="38351.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="9030.48"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="50125.00"/>	<input type="text" value="52825.00"/>
(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="59155.48"/>	<input type="text" value="91176.86"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14441.25"/>	<input type="text" value="46462.63"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="44714.23"/>	<input type="text" value="44714.23"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

International Academy of Compounding Pharmacists PAC (COMP PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 05 / 10 / 2012 To: M M / D D / Y Y Y Y 06 / 06 / 2012

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).....	47150.00	48500.00
(ii) Unitemized	2975.00	4325.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50125.00	52825.00
(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)	50125.00	52825.00
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))..... ▶	50125.00	52825.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50125.00	52825.00

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	3441.25	9962.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3441.25	9962.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	36500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) 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)) ..	14441.25	46462.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14441.25	46462.63

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	50125.00	52825.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50125.00	52825.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3441.25	9962.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3441.25	9962.63

**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 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Tom Beard
Full Name (Last, First, Middle Initial)

Mailing Address 4632 Highway 58 North

City Chattanooga State TN Zip Code 37416

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

Name of Employer Solutions Pharmacy Occupation Pharmacist

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
 05 / 17 / 2012
Transaction ID : A2012-1131599

Amount of Each Receipt this Period
 500.00

B. Michael Blaire
Full Name (Last, First, Middle Initial)

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 Diamondback Drugs Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2012
Transaction ID : A2012-1157287

Amount of Each Receipt this Period
 1000.00

c. Mark Bradford
Full Name (Last, First, Middle Initial)

Mailing Address 7420 Guthrie Drive North Suite 109

City Southaven State MS Zip Code 38671

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

Name of Employer Advanced Pharmacy Solutions Occupation Pharmacist

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
 05 / 17 / 2012
Transaction ID : A2012-1131601

Amount of Each Receipt this Period
 500.00

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: (check only one)	PAGE 7 OF 19
	<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. Darby Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 10470 S. Progress Way #103
 City Parker State CO Zip Code 80134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brown's Compounding Center Occupation Pharmacist
 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
 06 / 05 / 2012
Transaction ID : A2012-1157288
 Amount of Each Receipt this Period
 5000.00

B. Elizabeth Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 Sweetland Grove Ln
 City Conroe State TX Zip Code 77384
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2012
Transaction ID : A2012-1157289
 Amount of Each Receipt this Period
 1000.00

C. Chris Burgess
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 N. Ingleside Street
 City Fairhope State AL Zip Code 36532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heritage Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2012
Transaction ID : A2012-1131602
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
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 19
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Chris Burgess
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 N. Ingleside Street
 City Fairhope State AL Zip Code 36532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heritage Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2012
Transaction ID : A2012-1132201
 Amount of Each Receipt this Period
 100.00

B. Megan Cawyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 16222 Pelican Beach Ln.
 City Houston State TX Zip Code 77044
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2012
Transaction ID : A2012-1157290
 Amount of Each Receipt this Period
 1000.00

C. Tracy Christian
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 PGA Blvd Suite 5507
 City Kensington State MD Zip Code 20895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Compounding Pharmacy Occupation Pharmacist
 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
 06 / 06 / 2012
Transaction ID : A2012-1158035
 Amount of Each Receipt this Period
 500.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kenneth Cosner
Full Name (Last, First, Middle Initial)

Mailing Address 1080-D West F Street

City State Zip Code
Oakdale CA 95361

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

Name of Employer Occupation
Intl Academy of Compounding Pharmacist Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 17 / 2012
Transaction ID : A2012-1132174

Amount of Each Receipt this Period
500.00

B. Michelle Crouse
Full Name (Last, First, Middle Initial)

Mailing Address 401 Main Street

City State Zip Code
Lake Village AR 71653

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

Name of Employer Occupation
Hunter's Pharmacy Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 17 / 2012
Transaction ID : A2012-1132175

Amount of Each Receipt this Period
250.00

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

Mailing Address 6435 San Felipe Street

City State Zip Code
Houston TX 77057

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

Name of Employer Occupation
Briargrove Pharmacy Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 17 / 2012
Transaction ID : A2012-1132176

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Lloyd Duplantis Jr.		Date of Receipt
Mailing Address 3696 West Main Street		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
Gray	LA	70359
FEC ID number of contributing federal political committee.		Transaction ID : A2012-1132179
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Lloyd's Remedies Apothecary	PD	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Calvin Freedman		Date of Receipt
Mailing Address 31 Albe Drive Unit 1		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Newark	DE	19702
FEC ID number of contributing federal political committee.		Transaction ID : A2012-1163503
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Save Way Compounding Pharmacy	Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jan Gerber		Date of Receipt
Mailing Address 2350 North Greenwich Rd Suite 1000		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
Wichita	KS	67226
FEC ID number of contributing federal political committee.		Transaction ID : A2012-1132183
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Custom RX Pharmacy & Wellness Concepts	Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
	<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. Jim Gillespie
Full Name (Last, First, Middle Initial)

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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2012
Transaction ID : A2012-1132202

Amount of Each Receipt this Period
 100.00

B. Eddie Glover
Full Name (Last, First, Middle Initial)

Mailing Address 2515 College Avenue

City Conway State AR Zip Code 72034

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

Name of Employer US Compounding Inc. Occupation Pharmacist

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
 05 / 18 / 2012
Transaction ID : A2012-1132203

Amount of Each Receipt this Period
 100.00

C. Dana Gordon
Full Name (Last, First, Middle Initial)

Mailing Address 133 15th Street

City Pacific Grove State CA Zip Code 93950

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

Name of Employer Central Avenue Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2012
Transaction ID : A2012-1163505

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
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 19
	<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. Charles Hodge
Full Name (Last, First, Middle Initial)

Mailing Address 13419 Finch Brook Drive

City Cypress State TX Zip Code 77429

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

Name of Employer: Richie Ray Pharmacy & Medical Supply
Occupation: RPh Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 05 / 2012
Transaction ID : A2012-1163506

Amount of Each Receipt this Period: 5000.00

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

Mailing Address 1923 Hayes St

City Nashville State TN Zip Code 37203

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

Name of Employer: John Hollis Inc.
Occupation: Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 05 / 2012
Transaction ID : A2012-1163507

Amount of Each Receipt this Period: 1000.00

C. Jeff Jackson
Full Name (Last, First, Middle Initial)

Mailing Address 5510 Lafayette Rd #260

City Indianapolis State IN Zip Code 46254

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

Name of Employer: Custom Med Apothecary
Occupation: RPh FIACP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 05 / 2012
Transaction ID : A2012-1163508

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00

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 13 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Bill Johns
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 771797

City Memphis	State TN	Zip Code 38117-1797
-----------------	-------------	------------------------

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

Name of Employer Peoples Custom RX	Occupation RPh FIACP
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2012

Transaction ID : A2012-1132188

Amount of Each Receipt this Period
2000.00

B. Lucy Malmberg
Full Name (Last, First, Middle Initial)
Mailing Address 405Heron Dr Suite 200

City Swedesboro	State NJ	Zip Code 08085
--------------------	-------------	-------------------

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

Name of Employer Wedgewood Village Pharmacy	Occupation Phamacist
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2012

Transaction ID : A2012-1163509

Amount of Each Receipt this Period
2500.00

C. Sonia Martinez
Full Name (Last, First, Middle Initial)
Mailing Address 6627 South Dixie Highway

City Miami	State FL	Zip Code 33143
---------------	-------------	-------------------

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

Name of Employer Marco Drugs & Compounding	Occupation 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
06	/	05	/	2012

Transaction ID : A2012-1163510

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	4750.00
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 14 OF 19
	<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. Gary McCrory
 Full Name (Last, First, Middle Initial)
 Mailing Address 6151 Dew Drive #100
 City El Paso State TX Zip Code 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 **1000.00**

Date of Receipt **06 / 05 / 2012**
Transaction ID : A2012-1163512
 Amount of Each Receipt this Period **1000.00**

B. Kevin Oberlander
 Full Name (Last, First, Middle Initial)
 Mailing Address 705 E. Main Avenue
 City Bismarck State ND Zip Code 58501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dakota Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 17 / 2012**
Transaction ID : A2012-1132189
 Amount of Each Receipt this Period **1000.00**

C. Brenda Pavlic
 Full Name (Last, First, Middle Initial)
 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 Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 18 / 2012**
Transaction ID : A2012-1132204
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional).....	2050.00
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 15 OF 19
	<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. Richie Ray
Full Name (Last, First, Middle Initial)
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
M M / D D / Y Y Y Y Y Y
06 / 05 / 2012
Transaction ID : A2012-1163515
Amount of Each Receipt this Period
5000.00

B. David Rochefort
Full Name (Last, First, Middle Initial)
Mailing Address 262 Cottage Street Suite 116
City Littleton State NH Zip Code 03561
FEC ID number of contributing federal political committee. **C**
Name of Employer Northern New England Compounding Pharm Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 18 / 2012
Transaction ID : A2012-1132205
Amount of Each Receipt this Period
50.00

C. Chris Schulte
Full Name (Last, First, Middle Initial)
Mailing Address 1108-D Airport Blvd.
City Pensacola State FL Zip Code 32504
FEC ID number of contributing federal political committee. **C**
Name of Employer Pensacola Apothecary Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 17 / 2012
Transaction ID : A2012-1132194
Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....▶	10050.00
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 16 OF 19
	<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. David Sparks
 Full Name (Last, First, Middle Initial)
 Mailing Address 9901 S. Wilcrest
 City Houston State TX Zip Code 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 ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2012
Transaction ID : A2012-1132198
 Amount of Each Receipt this Period
 5000.00

B. Patrick Wade
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 Empire Drive
 City Bakersfield State CA Zip Code 93309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Precision Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2012
Transaction ID : A2012-1163521
 Amount of Each Receipt this Period
 3000.00

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

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

SUBTOTAL of Receipts This Page (optional).....▶	8000.00
TOTAL This Period (last page this line number only).....▶	47150.00

**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)

Full Name (Last, First, Middle Initial)

A. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement
Admin expen-Fundraising Exp.

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2012

Transaction ID : B410806

Amount of Each Disbursement this Period

2478.00

Full Name (Last, First, Middle Initial)

B. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement
Admin expen-Fundraising Exp.

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : B425391

Amount of Each Disbursement this Period

963.25

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

3441.25

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

3441.25

**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)

Full Name (Last, First, Middle Initial)

A. Marsha Blackburn for Congress Inc.

Mailing Address PO Box 3750

City State Zip Code
Brentwood TN 37024

Purpose of Disbursement
Contribution

011

Candidate Name

Marsha Blackburn

Category/
Type

Office Sought: House
 Senate
 President
State: TN District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2012

Transaction ID : B411695

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Michael Burgess for Congress

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement
Contribution

011

Candidate Name

Michael C. Burgess

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : B425390

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hatch Election Committee Inc

Mailing Address PO Box 900427

City State Zip Code
Sandy UT 84090

Purpose of Disbursement
Contribution

011

Candidate Name

Orrin G Hatch

Category/
Type

Office Sought: House
 Senate
 President
State: UT District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : B425387

Amount of Each Disbursement this Period

4000.00

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

10000.00

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)

Full Name (Last, First, Middle Initial)

A. Hatch Election Committee Inc

Mailing Address PO Box 900427

City Sandy State UT Zip Code 84090

Purpose of Disbursement
Contribution

011

Candidate Name

Orrin G Hatch

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : B425388

Amount of Each Disbursement this Period

1000.00

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

1000.00

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

11000.00