

**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="2013"/> | <input type="text" value="25001.96"/> | <input type="text" value="25001.96"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="59375.41"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="22450.00"/> | <input type="text" value="167355.00"/> |
| (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="81825.41"/> | <input type="text" value="192356.96"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="63791.08"/> | <input type="text" value="174322.63"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="18034.33"/> | <input type="text" value="18034.33"/> |
| 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)..... | 20850.00 | 155830.00 |
| (ii) Unitemized | 1600.00 | 11525.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 22450.00 | 167355.00 |
| (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) | 22450.00 | 167355.00 |
| 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))..... ▶ | 22450.00 | 167355.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 22450.00 | 167355.00 |

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 | 15791.08 | 56822.63 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 15791.08 | 56822.63 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 46000.00 | 115500.00 |
| 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 | 2000.00 | 2000.00 |
| (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))..... | 2000.00 | 2000.00 |
| 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)) .. | 63791.08 | 174322.63 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 63791.08 | 174322.63 |

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) | 22450.00 | 167355.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 2000.00 | 2000.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 20450.00 | 165355.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 15791.08 | 56822.63 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 15791.08 | 56822.63 |

**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 40 |
| | <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)

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) A. Kevin Atkins | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 18 / 2013 Transaction ID : A2013-3854975 |
| Mailing Address 701 3rd Street | | Amount of Each Receipt this Period 50.00 |
| City Marble Falls | State TX | |
| Zip Code 78654 | | Aggregate Year-to-Date ▼ 250.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Atkins Pharmacy Services | Occupation Pharmacist | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. Kevin Atkins | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2013 Transaction ID : A2013-4003322 |
| Mailing Address 701 3rd Street | | Amount of Each Receipt this Period 50.00 |
| City Marble Falls | State TX | |
| Zip Code 78654 | | Aggregate Year-to-Date ▼ 300.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Atkins Pharmacy Services | Occupation Pharmacist | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) C. Kevin Atkins | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2013 Transaction ID : A2013-4195638 |
| Mailing Address 701 3rd Street | | Amount of Each Receipt this Period 50.00 |
| City Marble Falls | State TX | |
| Zip Code 78654 | | Aggregate Year-to-Date ▼ 350.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Atkins Pharmacy Services | Occupation Pharmacist | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:
Transaction ID:

**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 40 |
| | <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. Kevin Atkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 3rd Street
 City Marble Falls State TX Zip Code 78654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atkins Pharmacy Services Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2013
Transaction ID : A2013-4524033
 Amount of Each Receipt this Period
 50.00

B. Kevin Atkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 3rd Street
 City Marble Falls State TX Zip Code 78654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atkins Pharmacy Services Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2013
Transaction ID : A2013-4708423
 Amount of Each Receipt this Period
 50.00

C. Danny Barnes
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 New Waverly Place Suite 110
 City Cary State NC Zip Code 27511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Triangle Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2013
Transaction ID : A2013-3855025
 Amount of Each Receipt this Period
 1000.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1100.00 |
| 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 40 |
| | <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. Jacob "Jake" Beckel
 Full Name (Last, First, Middle Initial)
 Mailing Address 5710 Hoover Blvd.
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anazao Health Corp. Occupation RPh FIACP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 19 / 2013
Transaction ID : A2013-4708424
 Amount of Each Receipt this Period
250.00

B. Stephen Bernardi
 Full Name (Last, First, Middle Initial)
 Mailing Address 577 Main Street
 City Waltham State MA Zip Code 02452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Johnson Compounding & Wellness Center Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2013
Transaction ID : A2013-4003325
 Amount of Each Receipt this Period
1000.00

C. Sheldon Birch
 Full Name (Last, First, Middle Initial)
 Mailing Address 493 North Main Street
 City Tooele State UT Zip Code 84074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Intl Academy of Compounding Pharmacist Occupation Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 27 / 2013
Transaction ID : A2013-3854986
 Amount of Each Receipt this Period
200.00

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1450.00 |
| 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 40 |
| | <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. Jeffrey Bray
Full Name (Last, First, Middle Initial)

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 MedQuest Solutions Occupation CPhT

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
 08 / 27 / 2013
Transaction ID : A2013-3855021

Amount of Each Receipt this Period
 250.00

B. 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2013
Transaction ID : A2013-3495277

Amount of Each Receipt this Period
 100.00

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 ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2013
Transaction ID : A2013-3854976

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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 40 |
| | <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. 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2013
Transaction ID : A2013-4003318
 Amount of Each Receipt this Period
 100.00

B. 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2013
Transaction ID : A2013-4195639
 Amount of Each Receipt this Period
 100.00

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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2013
Transaction ID : A2013-4524034
 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 40 |
| | <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. 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2013
Transaction ID : A2013-4708425
 Amount of Each Receipt this Period
 100.00

B. 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2013
Transaction ID : A2013-3855028
 Amount of Each Receipt this Period
 100.00

C. Dale Coker
 Full Name (Last, First, Middle Initial)
 Mailing Address 2260 Holly Springs Parkway
 City Canton State GA Zip Code 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2013
Transaction ID : A2013-4708426
 Amount of Each Receipt this Period
 500.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 700.00 |
| 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 40 |
| | <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. Joseph DiMatteo
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Allegheny Avenue
 City State Zip Code
 Oakmont PA 15139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medicine Stop 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
 07 / 18 / 2013
Transaction ID : A2013-3495281
 Amount of Each Receipt this Period
 500.00

B. Eric Everett
 Full Name (Last, First, Middle Initial)
 Mailing Address 5453 West 61st Place
 City State Zip Code
 Mission KS 66206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 O'Brien Pharmacy RPh FIACP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 27 / 2013
Transaction ID : A2013-3854980
 Amount of Each Receipt this Period
 1000.00

C. Calvin Freedman
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Albe Drive Unit 1
 City State Zip Code
 Newark DE 19702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Save Way Compounding Pharmacy 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
 08 / 27 / 2013
Transaction ID : A2013-3855023
 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 14 OF 40 |
| | <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. Cheri Garvin
Full Name (Last, First, Middle Initial)

Mailing Address 109 Old English Court SW

City Leesburg State VA Zip Code 20175

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

Name of Employer Leesburg Pharmacy Occupation Rph

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2013

Transaction ID : A2013-3495284

Amount of Each Receipt this Period
100.00

B. Cheri Garvin
Full Name (Last, First, Middle Initial)

Mailing Address 109 Old English Court SW

City Leesburg State VA Zip Code 20175

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

Name of Employer Leesburg Pharmacy Occupation Rph

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
08 / 18 / 2013

Transaction ID : A2013-3854974

Amount of Each Receipt this Period
100.00

C. Cheri Garvin
Full Name (Last, First, Middle Initial)

Mailing Address 109 Old English Court SW

City Leesburg State VA Zip Code 20175

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

Name of Employer Leesburg Pharmacy Occupation Rph

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2013

Transaction ID : A2013-4003316

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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 40 |
| | <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)

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Cheri Garvin | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2013 Transaction ID : A2013-4524035 |
| Mailing Address 109 Old English Court SW | | Amount of Each Receipt this Period 100.00 |
| City Leesburg State VA Zip Code 20175 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Leesburg Pharmacy | Occupation Rph | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Cheri Garvin | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 18 / 2013 Transaction ID : A2013-4708427 |
| Mailing Address 109 Old English Court SW | | Amount of Each Receipt this Period 100.00 |
| City Leesburg State VA Zip Code 20175 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Leesburg Pharmacy | Occupation Rph | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Sam Georgiou | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 27 / 2013 Transaction ID : A2013-3854985 |
| Mailing Address 2015 Lord Baltimore Drive | | Amount of Each Receipt this Period 500.00 |
| City Baltimore State MD Zip Code 21244 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Professional Arts Pharmacy | Occupation Pharmacist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 700.00 |
| 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 40 |
| | <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. 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 ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2013
Transaction ID : A2013-3495285
 Amount of Each Receipt this Period
 100.00

B. 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 ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2013
Transaction ID : A2013-3854977
 Amount of Each Receipt this Period
 100.00

C. 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 ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2013
Transaction ID : A2013-4003319
 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 40 |
| | <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)

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Jim Gillespie | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2013 Transaction ID : A2013-4195642 |
| Mailing Address 2121 Whitesburg Drive | | Amount of Each Receipt this Period 100.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Jim Gillespie | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2013 Transaction ID : A2013-4524036 |
| Mailing Address 2121 Whitesburg Drive | | Amount of Each Receipt this Period 100.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1100.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Jim Gillespie | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 18 / 2013 Transaction ID : A2013-4708428 |
| Mailing Address 2121 Whitesburg Drive | | Amount of Each Receipt this Period 100.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1200.00 | |

| | |
|--|--------|
| 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 40 |
| | <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. Joe Grasela
 Full Name (Last, First, Middle Initial)
 Mailing Address 1875 3rd Avenue
 City San Diego State CA Zip Code 92101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **7000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2013
Transaction ID : A2013-3854979
 Amount of Each Receipt this Period
5000.00

B. Gary Grove
 Full Name (Last, First, Middle Initial)
 Mailing Address 1522 East Sunshine
 City Springfield State MO Zip Code 65804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grove Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2013
Transaction ID : A2013-3855026
 Amount of Each Receipt this Period
300.00

C. Bill Hunter
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Frances Street
 City Goodlettsville State TN Zip Code 37072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roman Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2013
Transaction ID : A2013-3855024
 Amount of Each Receipt this Period
100.00

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5400.00 |
| 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 OF 40 |
| | (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. Charles Leiter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 Park Avenue Suite 30
 City San Jose State CA Zip Code 95126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leiter's Rx Compounding 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
 12 / 19 / 2013
Transaction ID : A2013-4708429
 Amount of Each Receipt this Period
 250.00

B. John Pack
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 W. Market Street
 City Lima State OH Zip Code 45805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pack 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
 08 / 01 / 2013
Transaction ID : A2013-3854964
 Amount of Each Receipt this Period
 500.00

C. Vimal Parag
 Full Name (Last, First, Middle Initial)
 Mailing Address 6375 McGinnis Ferry Road
 City Alpharetta State GA Zip Code 30005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Mart Pharmacy of Jones Creek Occupation 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
 08 / 27 / 2013
Transaction ID : A2013-3855022
 Amount of Each Receipt this Period
 250.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 40 |
| | <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)

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Brenda Pavlic | | Date of Receipt MM / DD / YYYY 07 / 18 / 2013 Transaction ID : A2013-3495278 |
| Mailing Address 31 Albe Drive Unit 1 | | Amount of Each Receipt this Period 50.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1350.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Brenda Pavlic | | Date of Receipt MM / DD / YYYY 08 / 18 / 2013 Transaction ID : A2013-3854978 |
| Mailing Address 31 Albe Drive Unit 1 | | Amount of Each Receipt this Period 50.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1400.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Brenda Pavlic | | Date of Receipt MM / DD / YYYY 09 / 18 / 2013 Transaction ID : A2013-4003317 |
| Mailing Address 31 Albe Drive Unit 1 | | Amount of Each Receipt this Period 50.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1450.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 150.00 |
| 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 21 OF 40 |
| | <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)

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Brenda Pavlic | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2013 Transaction ID : A2013-4195643 |
| Mailing Address 31 Albe Drive Unit 1 | | Amount of Each Receipt this Period 50.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Richard Rasmuson | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2013 Transaction ID : A2013-3495279 |
| Mailing Address 1320 E. 2nd South | | Amount of Each Receipt this Period 100.00 |
| City Salt Lake City | State UT | Zip Code 84102 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer University Pharmacy | Occupation Pharmacist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Richard Rasmuson | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 18 / 2013 Transaction ID : A2013-3854973 |
| Mailing Address 1320 E. 2nd South | | Amount of Each Receipt this Period 100.00 |
| City Salt Lake City | State UT | Zip Code 84102 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer University Pharmacy | Occupation Pharmacist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 250.00 |
| 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 22 OF 40 |
| | <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. Stan Reeves
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 310

| | | |
|-------------------|-------------|-------------------|
| City Demopolis | State AL | Zip Code 36732 |
|-------------------|-------------|-------------------|

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

| | |
|---------------------------------|--------------------------|
| Name of Employer F & F Drugs | Occupation Pharmacist |
|---------------------------------|--------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 27 | / | 2013 |

Transaction ID : A2013-3855030

Amount of Each Receipt this Period
2500.00

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 Eastern States Compounding Pharmacy | Occupation Pharmacist |
|---|--------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 18 | / | 2013 |

Transaction ID : A2013-3495286

Amount of Each Receipt this Period
50.00

C. 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 Eastern States Compounding Pharmacy | Occupation Pharmacist |
|---|--------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 18 | / | 2013 |

Transaction ID : A2013-3854972

Amount of Each Receipt this Period
50.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2600.00 |
| 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 23 OF 40 |
| | <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 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 Eastern States Compounding Pharmacy | Occupation Pharmacist |
|---|--------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 18 | / | 2013 |

Transaction ID : A2013-4003321

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

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 Eastern States 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 |
| 10 | / | 18 | / | 2013 |

Transaction ID : A2013-4195644

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

C. 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 Eastern States Compounding Pharmacy | Occupation Pharmacist |
|---|--------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 18 | / | 2013 |

Transaction ID : A2013-4524037

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 150.00 |
| 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 24 OF 40 |
| | <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 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 Eastern States Compounding Pharmacy | Occupation Pharmacist |
|---|--------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 18 | / | 2013 |

Transaction ID : A2013-4708430

Amount of Each Receipt this Period

| |
|--------|
| 500.00 |
|--------|

B. Joseph Rossetti
Full Name (Last, First, Middle Initial)

Mailing Address 149 Shrewsbury Street

| | | |
|-------------------|-------------|-------------------|
| City Worcester | State MA | Zip Code 01604 |
|-------------------|-------------|-------------------|

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

| | |
|--|--------------------------|
| Name of Employer Boulevard Pharmaceutical | 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 |
| 08 | / | 01 | / | 2013 |

Transaction ID : A2013-3854966

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

C. Andy Ruiz
Full Name (Last, First, Middle Initial)

Mailing Address 3709 Promontory Point, Suite 131

| | | |
|----------------|-------------|-------------------|
| City Austin | State TX | Zip Code 78744 |
|----------------|-------------|-------------------|

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

| | |
|--|----------------------|
| Name of Employer Texas Compounding Pharmacy | Occupation PharmD |
|--|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 19 | / | 2013 |

Transaction ID : A2013-4708431

Amount of Each Receipt this Period

| |
|--------|
| 500.00 |
|--------|

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1550.00 |
| 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 25 OF 40 |
| | <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. Tom Siegenthaler
Full Name (Last, First, Middle Initial)

Mailing Address 2220-A West Park Row

City Arlington State TX Zip Code 76013

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

Name of Employer The Medicine Shoppe Occupation PharmD

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
 08 / 27 / 2013
Transaction ID : A2013-3854982

Amount of Each Receipt this Period
 500.00

B. Tom Silvonek
Full Name (Last, First, Middle Initial)

Mailing Address 3330 Hamilton Blvd.

City Allentown State PA Zip Code 18103

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

Name of Employer Dorneyville Pharmacy Occupation RPh FIACP

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
 08 / 27 / 2013
Transaction ID : A2013-3854984

Amount of Each Receipt this Period
 1000.00

c. Steven Spruill
Full Name (Last, First, Middle Initial)

Mailing Address 1330 Big A Road

City Toccoa State GA Zip Code 30577

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

Name of Employer Maddox Drugs 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
 08 / 01 / 2013
Transaction ID : A2013-3854963

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).....▶ | 20850.00 |

**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. Comerica Bank

Mailing Address P.O. Box 650282

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Bank Service Charge

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 03 | | 2013 |

Transaction ID : B470974

Amount of Each Disbursement this Period

| |
|--------|
| 553.74 |
|--------|

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: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 05 | | 2013 |

Transaction ID : B457641

Amount of Each Disbursement this Period

| |
|--------|
| 560.00 |
|--------|

Full Name (Last, First, Middle Initial)

C. 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: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 11 | | 2013 |

Transaction ID : B457841

Amount of Each Disbursement this Period

| |
|--------|
| 325.00 |
|--------|

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

| |
|---------|
| 1438.74 |
|---------|

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"/> 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: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : B460811

Amount of Each Disbursement this Period

364.00

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 650282

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Bank Service Charge

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2013

Transaction ID : B474736

Amount of Each Disbursement this Period

49.62

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address P.O. Box 650282

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Bank Service Charge

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2013

Transaction ID : B475764

Amount of Each Disbursement this Period

436.52

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

850.14

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"/> 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. Comerica Bank

Mailing Address P.O. Box 650282

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Bank Service Charge

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 3 | | 2 | 0 | 1 | 3 |

Transaction ID : B475766

Amount of Each Disbursement this Period

| | | | |
|---|---|---|---|
| 1 | . | 0 | 4 |
|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 650282

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Bank Service Charge

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

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

Transaction ID : B481641

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 4 | 9 | . | 3 | 8 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address P.O. Box 650282

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Bank Service Charge

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 4 | | 2 | 0 | 1 | 3 |

Transaction ID : B484367

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 4 | 9 | . | 3 | 3 |
|---|---|---|---|---|

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

| | | | | |
|---|---|---|---|---|
| 9 | 9 | . | 7 | 5 |
|---|---|---|---|---|

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

| | | | | |
|---|---|---|---|---|
| 9 | 9 | . | 7 | 5 |
|---|---|---|---|---|

**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. Comerica Bank

Mailing Address P.O. Box 650282

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Bank Service Charge

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

/ /

Transaction ID : B486139

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Fitts, Roberts & Co PC

Mailing Address 5718 Westheimer, Ste 800

City Houston State TX Zip Code 77057

Purpose of Disbursement
Admin expen-Accounting svcs.

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

/ /

Transaction ID : B484151

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. IACP

Mailing Address 4638 Riverstone Blvd

City Missouri City State TX Zip Code 77459

Purpose of Disbursement
Fundraising Exp. reimbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

/ /

Transaction ID : B458933

Amount of Each Disbursement this Period

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 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. IACP

Mailing Address 4638 Riverstone Blvd

City Missouri City State TX Zip Code 77459

Purpose of Disbursement
Fundraising Exp. reimbursement

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | / | 23 | / | 2013 |

Transaction ID : B476152

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Full Name (Last, First, Middle Initial)

B. IACP

Mailing Address 4638 Riverstone Blvd

City Missouri City State TX Zip Code 77459

Purpose of Disbursement
Event meals reimbursement

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | / | 23 | / | 2013 |

Transaction ID : B476153

Amount of Each Disbursement this Period

| |
|---------|
| 1189.06 |
|---------|

Full Name (Last, First, Middle Initial)

C. 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.

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 05 | / | 2013 |

Transaction ID : B457642

Amount of Each Disbursement this Period

| |
|---------|
| 1182.42 |
|---------|

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

| |
|---------|
| 2871.48 |
|---------|

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"/> 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. Sarah Dodge

Mailing Address 19575 Tantara Terrace, Unit 206

City Lansdowne State VA Zip Code 20176

Purpose of Disbursement
Fundraising Exp. reimbursement

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State:

District:

Date of Disbursement

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

Transaction ID : B458932

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. 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.

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State:

District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 1 | 4 | | 2 | 0 | 1 | 3 |

Transaction ID : B470396

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 5 | 9 | . | 2 | 7 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. 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.

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State:

District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 6 | | 2 | 0 | 1 | 3 |

Transaction ID : B471426

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 4 | 3 | . | 6 | 9 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 6 | 0 | 7 | . | 9 | 6 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 6 | 0 | 7 | . | 9 | 6 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**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. Public Affairs Support Services Inc. | | Date of Disbursement MM / DD / YYYY 10 / 03 / 2013 |
| Mailing Address 1950 Roland Clarke Place Suite 300 | | Transaction ID : B475032 |
| City Reston | State VA | |
| Purpose of Disbursement Admin expen-Report prep. | Candidate Name | Amount of Each Disbursement this Period 1192.02 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ |
| State: District: | Not Applicable | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) B. Public Affairs Support Services Inc. | | Date of Disbursement MM / DD / YYYY 10 / 23 / 2013 |
| Mailing Address 1950 Roland Clarke Place Suite 300 | | Transaction ID : B476151 |
| City Reston | State VA | |
| Purpose of Disbursement Admin expen-Report prep. | Candidate Name | Amount of Each Disbursement this Period 1202.41 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ |
| State: District: | Not Applicable | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) C. Public Affairs Support Services Inc. | | Date of Disbursement MM / DD / YYYY 11 / 30 / 2013 |
| Mailing Address 1950 Roland Clarke Place Suite 300 | | Transaction ID : B483329 |
| City Reston | State VA | |
| Purpose of Disbursement Admin expen-Report prep. | Candidate Name | Amount of Each Disbursement this Period 1104.03 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ |
| State: District: | Not Applicable | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... ▶ | 3498.46 |
| 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"/> 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. 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.

| |
|-------------------|
| 001 |
| Category/ Type |

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2013 |

Transaction ID : B484692

Amount of Each Disbursement this Period

| |
|---------|
| 1103.35 |
|---------|

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

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

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

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

| |
|---------|
| 1103.35 |
|---------|

| |
|----------|
| 15743.38 |
|----------|

**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. David Schweikert for Congress

Mailing Address 15749 E El Lago Blvd

City Fountain Hills State AZ Zip Code 85268

Purpose of Disbursement Contribution

011

Candidate Name

David Schweikert

Category/Type

Office Sought: House Senate President
State: AZ District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2013

Transaction ID : B469861

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Marco Rubio for US Senate

Mailing Address PO Box 140420

City Miami State FL Zip Code 33114

Purpose of Disbursement Contribution

011

Candidate Name

Marco Rubio

Category/Type

Office Sought: House Senate President
State: FL District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : B472301

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Simpson for Congress

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement Contribution

011

Candidate Name

Michael K Simpson

Category/Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2013

Transaction ID : B472923

Amount of Each Disbursement this Period

5000.00

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

8500.00

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. Volunteers for Shimkus

Mailing Address PO Box 661

City State Zip Code
Collinsville IL 62234

Purpose of Disbursement
Contribution

011

Candidate Name

John M Shimkus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

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

Transaction ID : B458907

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. John S Fund

Mailing Address PO Box 853

City State Zip Code
Edwardsville IL 62025

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 6 | | 2 | 0 | 1 | 3 |

Transaction ID : B471425

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. Pompeo for Congress Inc.

Mailing Address PO Box 780146

City State Zip Code
Wichita KS 67212

Purpose of Disbursement
Contribution

011

Candidate Name

Michael R Pompeo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 6 | | 2 | 0 | 1 | 3 |

Transaction ID : B472728

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

**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. Pompeo for Congress Inc.

Mailing Address PO Box 780146

City State Zip Code
Wichita KS 67212

Purpose of Disbursement
Contribution

011

Candidate Name

Michael R Pompeo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 16 | / | 2013 |

Transaction ID : B472729

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Guthrie for Congress

Mailing Address PO Box 9639

City State Zip Code
Bowling Green KY 42102

Purpose of Disbursement
Contribution

011

Candidate Name

Brett Guthrie

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 22 | / | 2013 |

Transaction ID : B458908

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Guthrie for Congress

Mailing Address PO Box 9639

City State Zip Code
Bowling Green KY 42102

Purpose of Disbursement
Contribution

011

Candidate Name

Brett Guthrie

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 22 | / | 2013 |

Transaction ID : B458910

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

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

| |
|---------|
| 6000.00 |
|---------|

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)

Full Name (Last, First, Middle Initial)

A. Billy Long for Congress

Mailing Address 3246 B East Ridgeview

City Springfield State MO Zip Code 65804

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Billy Long

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : B472971

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Friends of Max Baucus

Mailing Address 122 C Street NW Ste 240

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Max Baucus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2013

Transaction ID : B449686

Amount of Each Disbursement this Period

-1500.00

Voided: Original check dated 03/15/13

Full Name (Last, First, Middle Initial)

C. Friends of Sherrod Brown

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Sherrod Brown

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2013

Transaction ID : B482109

Amount of Each Disbursement this Period

1500.00

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

2000.00

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. Boehner for Speaker

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 26 | | | 2013 | | | |

Transaction ID : B484586

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn for Congress Inc.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement
Contribution

011

Candidate Name

Marsha Blackburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 07 | | | 22 | | | 2013 | | | |

Transaction ID : B458905

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Alexander for Senate 2014 Inc

Mailing Address 1015 Stonebridge Park Drive

City Franklin State TN Zip Code 37069

Purpose of Disbursement
Contribution

011

Candidate Name

Lamar Alexander

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 09 | | | 26 | | | 2013 | | | |

Transaction ID : B474455

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

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

| |
|----------|
| 12000.00 |
|----------|

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)

Full Name (Last, First, Middle Initial)

A. Chuck Fleischmann for Congress Committee

Mailing Address P.O. Box 11091

City State Zip Code
Chattanooga TN 37401

Purpose of Disbursement
Contribution

011

Candidate Name

Chuck Fleischmann

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 26 | / | 2013 |

Transaction ID : B474454

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 10 | / | 2013 |

Transaction ID : B472119

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

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

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

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

3500.00

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

46000.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <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. Joe Grasela

Mailing Address 4638 Riverstone Blvd, Ste 100

City Missouri City State TX Zip Code 77459

Purpose of Disbursement
Employee Refund

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 29 / 2013

Transaction ID : B475435

Amount of Each Disbursement this Period

2000.00

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)..... ▶

2000.00

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

2000.00