

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Alliance for Pharmacy Compounding PAC (COMP PAC)

ADDRESS (number and street) 100 Daingerfield Road Suite 100 Alexandria VA 22314 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00424143 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2023 through 07 / 31 / 2023

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

Signature of Treasurer Brunner, Scott, , , Date 08 / 14 / 2023

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Alliance for Pharmacy Compounding PAC (COMP PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>	<input type="text" value="34817.72"/>	<input type="text" value="34817.72"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="29716.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3039.00"/>	<input type="text" value="49922.00"/>
(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="32755.72"/>	<input type="text" value="84739.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2000.00"/>	<input type="text" value="53984.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="30755.72"/>	<input type="text" value="30755.72"/>
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Alliance for Pharmacy Compounding PAC (COMP PAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2999.00	45872.00
(ii) Unitemized	40.00	4050.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3039.00	49922.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3039.00	49922.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3039.00	49922.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3039.00	49922.00

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	0.00	7484.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	7484.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	45500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	1000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2000.00	53984.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	53984.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3039.00	49922.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3039.00	49922.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	7484.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	7484.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Blaire, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10921 North 140 Way
 City Scottsdale State AZ Zip Code 85259-4615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wedgewood Pharmacy Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 07 / 31 / 2023
Transaction ID : A-16246
 Amount of Each Receipt this Period 100.00
 Memo Item
 Contribution

B. Bliss, Marcy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Heron Dr
 City Swedesboro State NJ Zip Code 08085-1749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wedgewood Pharmacy Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 07 / 31 / 2023
Transaction ID : A-16247
 Amount of Each Receipt this Period 200.00
 Memo Item
 Contribution

C. Davis, Randy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9207 Stoney Mountain Drive
 City Chattanooga State TN Zip Code 37421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Wellness Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 31 / 2023
Transaction ID : A-16250
 Amount of Each Receipt this Period 100.00
 Memo Item
 Contribution

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

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

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

FOR LINE NUMBER: PAGE 7 OF 13
(check only one)

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

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NAME OF COMMITTEE (In Full)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Davis, Tenille, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7331 E Osborne Rd

City Scottsdale	State AZ	Zip Code 85251-6450
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Civic Center Pharmacy	Occupation (for Individual) Pharmacist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1463.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2023

Transaction ID : A-16251

Amount of Each Receipt this Period
209.00

Memo Item
Contribution

B. Dinno, Saad, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Cherry Brook Road

City Weston	State MA	Zip Code 02493
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Acton Pharmacy	Occupation (for Individual) Pharmacist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2023

Transaction ID : A-16252

Amount of Each Receipt this Period
100.00

Memo Item
Contribution

C. Eubanks, Gerald, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1401 S Gaylord St

City Denver	State CO	Zip Code 80210-2340
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Accreditation Partners	Occupation (for Individual) Owner
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2023

Transaction ID : A-16253

Amount of Each Receipt this Period
250.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶	559.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Filosi, Mark, , ,		Date of Receipt MM / DD / YYYY 07 / 31 / 2023 Transaction ID : A-16254
Mailing Address 5732 Eaglemount Circle		Amount of Each Receipt this Period 100.00
City Lithia	State FL	Zip Code 33547
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Family Care Pharmacy	Occupation (for Individual) RPh	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garvin, Cheri, , ,		Date of Receipt MM / DD / YYYY 07 / 31 / 2023 Transaction ID : A-16255
Mailing Address 109 Old English Court SW		Amount of Each Receipt this Period 200.00
City Leesburg	State VA	Zip Code 20175-2900
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Leesburg Pharmacy	Occupation (for Individual) RPh	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hrcir, Jim, , ,		Date of Receipt MM / DD / YYYY 07 / 31 / 2023 Transaction ID : A-16257
Mailing Address 4835 N. O'Connor Road #130		Amount of Each Receipt this Period 50.00
City Irving	State TX	Zip Code 75062-2741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Las Colinas Pharmacy	Occupation (for Individual) RPh	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Isbell, Ginny, , ,		Date of Receipt MM / DD / YYYY 07 / 31 / 2023 Transaction ID : A-16258
Mailing Address 131 Silo Hill Road		Amount of Each Receipt this Period 50.00
City Madison	State AL	Zip Code 35758-6116
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Madison Drug	Occupation (for Individual) Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jerusik, Jason, , ,		Date of Receipt MM / DD / YYYY 07 / 31 / 2023 Transaction ID : A-16259
Mailing Address 223 Balligomingo Road		Amount of Each Receipt this Period 230.00
City Conshohocken	State PA	Zip Code 19428-2605
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Advanced Rx	Occupation (for Individual) Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1610.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kraemer, Cheri, , ,		Date of Receipt MM / DD / YYYY 07 / 31 / 2023 Transaction ID : A-16260
Mailing Address 45458 269th Street		Amount of Each Receipt this Period 100.00
City Parker	State SD	Zip Code 57053-5244
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Pharmacy Specialties & Clinic	Occupation (for Individual) Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional).....	380.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 13
(check only one)

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

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NAME OF COMMITTEE (In Full)
Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Lasarso, Matt, , ,

Mailing Address 231 East Middleton Drive

City Henderson	State NV	Zip Code 89015
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Solutions Specialty Pharmacy	Occupation (for Individual) Pharmacist
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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		31		2023

Transaction ID : A-16261

Amount of Each Receipt this Period
100.00

Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Miller, David, J., ,

Mailing Address 7945 Morse Lake Avenue Southeast

City Alto	State MI	Zip Code 49302
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Keystone Pharmacy	Occupation (for Individual) Pharmacist
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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		31		2023

Transaction ID : A-16262

Amount of Each Receipt this Period
100.00

Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Navarra, Joseph, , ,

Mailing Address 415 Crossways Park Dr

City Woodbury	State NY	Zip Code 11797-2055
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town Total Compounding Center	Occupation (for Individual) Pharmacist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2023

Transaction ID : A-16263

Amount of Each Receipt this Period
160.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....	360.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Nickell, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 379 Van Ness Ave
 City Torrance State CA Zip Code 90501-7211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NuBratori Rx Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 31 / 2023
Transaction ID : A-16264
 Amount of Each Receipt this Period 500.00
 Memo Item
 Contribution

B. Patel, Gopesh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 East St
 City New Hyde Park State NY Zip Code 11040-1323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VLS Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2023
Transaction ID : A-16265
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution

C. Pytlarz, Alexander, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 3rd Street S
 City St Petersburg State FL Zip Code 33701-4251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Infuserve America Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2023
Transaction ID : A-16266
 Amount of Each Receipt this Period 50.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Taylor, Thomas, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2023
Mailing Address 174 The Maine			Transaction ID : A-16267
City Williamsburg	State VA	Zip Code 23185	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Williamsburg Drug Company		Occupation (for Individual) Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Thompson, Tara, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2023
Mailing Address 1758 Rosehedge Way NW			Transaction ID : A-16268
City Kennesaw	State GA	Zip Code 30152-7756	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Innovation Compounding		Occupation (for Individual) Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Friends to Elect Dr. Greg Murphy to Congress

Mailing Address 502 Queen Annes Rd

City Greenville State NC Zip Code 27858

Purpose of Disbursement

Contribution

011

Candidate Name

Murphy, Gregory, Francis, ,

Category/
Type

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: NC District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		13		2023

FEC Identification Number

C C00697649

Transaction ID : B-16243

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Guthrie for Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement

Contribution

011

Candidate Name

Guthrie, S., Brett, HON.,

Category/
Type

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		13		2023

FEC Identification Number

C C00445023

Transaction ID : B-16241

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

2000.00

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

2000.00
