



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2022"/>	<input type="text" value="54653.73"/>	<input type="text" value="54653.73"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="34268.13"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1869.00"/>	<input type="text" value="61277.00"/>
(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="36137.13"/>	<input type="text" value="115930.73"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11500.00"/>	<input type="text" value="91293.60"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="24637.13"/>	<input type="text" value="24637.13"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

**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).....	1839.00	58742.00
(ii) Unitemized .....	30.00	2535.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1869.00	61277.00
(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) .....	1869.00	61277.00
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)).....▶	1869.00	61277.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1869.00	61277.00

**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	5593.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	5593.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	82000.00
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	3700.00
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)) ..	11500.00	91293.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11500.00	91293.60

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1869.00	61277.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1869.00	61277.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	5593.60
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	5593.60

**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 12
<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 ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

**Transaction ID : A-15941**

Amount of Each Receipt this Period  
100.00

Memo Item

**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
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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 ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

**Transaction ID : A-15942**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. 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 ▼  
1672.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

**Transaction ID : A-15945**

Amount of Each Receipt this Period  
209.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	509.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
<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. 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  
 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 ▼ 1250.00

Date of Receipt 09 / 20 / 2022  
**Transaction ID : A-15946**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Garvin, Cheri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Old English Court SW  
 City Leesburg State VA Zip Code 20175-2900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leesburg Pharmacy Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 20 / 2022  
**Transaction ID : A-15947**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Gustafson, Adam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2606 Northeast Broadway Ste 8  
 City Portland State OR Zip Code 97232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lloyd Central Compounding Pharmacy Occupation (for Individual) Technician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 20 / 2022  
**Transaction ID : A-15948**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> 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 12
<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. Hrcir, Jim, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4835 N. O'Connor Road #130

City Irving	State TX	Zip Code 75062-2741
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Las Colinas Pharmacy	Occupation (for Individual) 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
09		20		2022

**Transaction ID : A-15949**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Isbell, Ginny, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 131 Silo Hill Road

City Madison	State AL	Zip Code 35758-6116
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Madison Drug	Occupation (for Individual) 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
09		20		2022

**Transaction ID : A-15950**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Jerusik, Jason, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 223 Ballgomingo Road

City Conshohocken	State PA	Zip Code 19428-2605
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Advanced Rx	Occupation (for Individual) Pharmacist
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1840.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

**Transaction ID : A-15951**

Amount of Each Receipt this Period  
230.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	330.00
<b>TOTAL</b> 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 12
	<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)  
**Alliance for Pharmacy Compounding PAC (COMP PAC)**

**A. Kraemer, Cheri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45458 269th Street  
 City Parker State SD Zip Code 57053-5244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmacy Specialties & Clinic Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 20 / 2022  
**Transaction ID : A-15952**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Navarra, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 415 Crossways Park Dr  
 City Woodbury State NY Zip Code 11797-2055  
 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 ▼ 1200.00

Date of Receipt 09 / 20 / 2022  
**Transaction ID : A-15953**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**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 ▼ 1400.00

Date of Receipt 09 / 20 / 2022  
**Transaction ID : A-15954**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 12
<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. Smith, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 802 E. Medical Court  
 City Post Falls State ID Zip Code 83854-7298  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Medicine Man West Pharmacy RPh  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 20 / 2022  
**Transaction ID : A-15955**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Thompson, Tara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1758 Rosehedge Way NW  
 City Kennesaw State GA Zip Code 30152-7756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Innovation Compounding Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 20 / 2022  
**Transaction ID : A-15956**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

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

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1839.00

**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. Hoeven for Senate**

Mailing Address PO Box 861

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Hoeven, John, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: ND District: 00

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2022

FEC Identification Number

C C00473371

Transaction ID : B-15917

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Rosen for Nevada**

Mailing Address PO Box 27195

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Rosen, Jacky, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NV District: 00

Disbursement For: 2024  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2022

FEC Identification Number

C C00606939

Transaction ID : B-15921

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Texans for Henry Cuellar Congressional Campaign**

Mailing Address 1519 Washington Street  
Suite 200

City Laredo State TX Zip Code 78040

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Cuellar, Henry, R., ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 28

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2022

FEC Identification Number

C C00371302

Transaction ID : B-15919

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

**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"/> 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)**

**A. Welch for Vermont**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 909

City Richmond State VT Zip Code 05477

Purpose of Disbursement Contribution

Candidate Name  
**Welch, Peter, Francis, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: VT District: 00

Date of Disbursement: 09 / 07 / 2022

FEC Identification Number: C00795252  
Transaction ID : B-15915  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

**B. Cathy McMorris Rodgers for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address Box 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement Contribution

Candidate Name  
**Mcmorris Rodgers, Cathy, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: WA District: 05

Date of Disbursement: 09 / 08 / 2022

FEC Identification Number: C00390476  
Transaction ID : B-15923  
Amount of Each Disbursement this Period: 3000.00

Category/Type: 011

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Category/Type:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	11500.00