

# 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

International Academy of Compounding Pharmacists PAC (COMP PAC)

ADDRESS (number and street) 4638 Riverstone Blvd

Check if different than previously reported. (ACC)

Missouri City TX 77459

2. **FEC IDENTIFICATION NUMBER ▼** C C00424143 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David G Miller

Signature of Treasurer David G Miller **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2015"/>	<input type="text" value="49687.63"/>	<input type="text" value="49687.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="49687.63"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="35600.00"/>	<input type="text" value="35600.00"/>
(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="85287.63"/>	<input type="text" value="85287.63"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="48277.01"/>	<input type="text" value="48277.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="37010.62"/>	<input type="text" value="37010.62"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	33500.00	33500.00
(ii) Unitemized .....	2100.00	2100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35600.00	35600.00
(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) .....	35600.00	35600.00
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))..... ▶	35600.00	35600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35600.00	35600.00

**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 .....	12777.01	12777.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	12777.01	12777.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35500.00	35500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	48277.01	48277.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48277.01	48277.01

**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) .....	35600.00	35600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35600.00	35600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	12777.01	12777.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12777.01	12777.01

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

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

FOR LINE NUMBER: PAGE 6 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Eyad Alsabbagh**

Mailing Address 7731 Cox Lane

City State Zip Code  
 West Chester OH 45069

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

Name of Employer Occupation  
 Biomed Pharmacy PhD

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2015  
**Transaction ID : A2015-1675804**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Cleve Anderson**

Mailing Address 310 Bluff City Hwy. Ste. 1

City State Zip Code  
 Bristol TN 37620

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

Name of Employer Occupation  
 Anderson Compounding Pharmacy 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  
 05 / 22 / 2015  
**Transaction ID : A2015-1675774**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. Mazen Baisa**

Mailing Address 23815 Northwestern Highway

City State Zip Code  
 Southfield MI 48075

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

Name of Employer Occupation  
 Biomed Specialty Pharmacy PhD

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  
 05 / 22 / 2015  
**Transaction ID : A2015-1675775**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 32  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Mazen Baisa**

Mailing Address 23815 Northwestern Highway

City State Zip Code  
Southfield MI 48075

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

Name of Employer Occupation  
Biomed Specialty Pharmacy PhD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2015  
**Transaction ID : A2015-1677188**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Doug Baker**

Mailing Address 1022 E. Cherry

City State Zip Code  
Cushing OK 74023

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

Name of Employer Occupation  
Baker Pharmacy Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2015  
**Transaction ID : A2015-1675776**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Jacob Beckel**

Mailing Address 5710 Hoover Blvd.

City State Zip Code  
Tampa FL 33634

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

Name of Employer Occupation  
Anazao Health Corp. RPh FIACP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2015  
**Transaction ID : A2015-1677184**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**International Academy of Compounding Pharmacists PAC (COMP PAC)**

**A. Jacob 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 ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015  
**Transaction ID : A2015-1677191**  
 Amount of Each Receipt this Period  
 1000.00

**B. Thomas Bethune**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14418 W. Meeker #101  
 City Sun City West State AZ Zip Code 85375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Walgreens Specialty 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  
 06 / 07 / 2015  
**Transaction ID : A2015-1677187**  
 Amount of Each Receipt this Period  
 1000.00

**C. Michael Blaire**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7316 East Thomas Road  
 City Scottsdale State AZ Zip Code 85251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Diamondback Drugs Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2015  
**Transaction ID : A2015-845225**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<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: PAGE 9 OF 32  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**International Academy of Compounding Pharmacists PAC (COMP PAC)**

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

Mailing Address 7316 East Thomas Road

City State Zip Code  
Scottsdale AZ 85251

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

Name of Employer Occupation  
Diamondback Drugs Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2015  
**Transaction ID : A2015-1677186**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 760 Merrimon Avenue

City State Zip Code  
Asheville NC 28804

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

Name of Employer Occupation  
The Medicine Shoppe Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2015  
**Transaction ID : A2015-1677182**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 760 Merrimon Avenue

City State Zip Code  
Asheville NC 28804

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

Name of Employer Occupation  
The Medicine Shoppe Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2015  
**Transaction ID : A2015-1675788**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00

**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 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. John Boff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 760 Merrimon Avenue  
 City Asheville State NC Zip Code 28804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Medicine Shoppe Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : A2015-1675807**  
 Amount of Each Receipt this Period  
 500.00

**B. Richard Brisson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 458 Dartmouth Street  
 City New Bedford State MA Zip Code 02740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pharmahealth Pharmacy Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2015  
**Transaction ID : A2015-339093**  
 Amount of Each Receipt this Period  
 500.00

**C. Richard Brisson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 458 Dartmouth Street  
 City New Bedford State MA Zip Code 02740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pharmahealth 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  
 05 / 22 / 2015  
**Transaction ID : A2015-1675789**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00  
**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 32
	<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. 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : A2015-661071**  
 Amount of Each Receipt this Period  
 100.00

**B. 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2015  
**Transaction ID : A2015-564455**  
 Amount of Each Receipt this Period  
 500.00

**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  
 06 / 02 / 2015  
**Transaction ID : A2015-1675808**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<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:	PAGE 12 OF 32
	(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. David Creecy**  
Full Name (Last, First, Middle Initial)

Mailing Address 498 Wythe Creek Road

City Poquoson	State VA	Zip Code 23662
------------------	-------------	-------------------

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

Name of Employer Poquoson Pharmacy	Occupation Pharmacist
---------------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2015

**Transaction ID : A2015-1677185**

Amount of Each Receipt this Period  
1000.00

**B. Betsy Faulkner**  
Full Name (Last, First, Middle Initial)

Mailing Address 17000 140th Avenue, NE, Suite E101

City Woodinville	State WA	Zip Code 98072
---------------------	-------------	-------------------

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

Name of Employer Woodinville Pharmacy	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
04	/	20	/	2015

**Transaction ID : A2015-845227**

Amount of Each Receipt this Period  
250.00

**C. Andrew Fisher**  
Full Name (Last, First, Middle Initial)

Mailing Address 6258 North W Street

City Pensacola	State FL	Zip Code 32505
-------------------	-------------	-------------------

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

Name of Employer Intl Academy of Compounding Pharmacist	Occupation President
--	-------------------------

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
04	/	20	/	2015

**Transaction ID : A2015-845228**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<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: PAGE 13 OF 32  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**International Academy of Compounding Pharmacists PAC (COMP PAC)**

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

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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 18 / 2015**

**Transaction ID : A2015-661072**

Amount of Each Receipt this Period  
**100.00**

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

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  
**04 / 18 / 2015**

**Transaction ID : A2015-845229**

Amount of Each Receipt this Period  
**100.00**

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

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  
**05 / 18 / 2015**

**Transaction ID : A2015-1677181**

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:	PAGE 14 OF 32
	(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. 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  
**06 / 18 / 2015**

**Transaction ID : A2015-1675809**

Amount of Each Receipt this Period  
**100.00**

**B. Sam Georgiou**  
Full Name (Last, First, Middle Initial)

Mailing Address 2015 Lord Baltimore Drive

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 22 / 2015**

**Transaction ID : A2015-1675792**

Amount of Each Receipt this Period  
**500.00**

**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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 18 / 2015**

**Transaction ID : A2015-661073**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>700.00</b>
<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: PAGE 15 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Eddie Glover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2515 College Avenue  
 City Conway State AR Zip Code 72034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US Compounding Inc. Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2015  
**Transaction ID : A2015-1677183**  
 Amount of Each Receipt this Period  
 1000.00

**B. Brad Grant**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1112 W. 6th Street Suite 102  
 City Lawrence State KS Zip Code 66044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer King 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  
 05 / 22 / 2015  
**Transaction ID : A2015-1675793**  
 Amount of Each Receipt this Period  
 300.00

**C. 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 ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2015  
**Transaction ID : A2015-1675794**  
 Amount of Each Receipt this Period  
 3000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4300.00  
**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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Andrew Harrison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10411 Corporate Drive, Suite 102  
 City Pleasant Prairie State WI Zip Code 53158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Regulatory Compliance Associates Occupation Chief Regulatory Affairs Office  
 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  
 05 / 22 / 2015  
**Transaction ID : A2015-1675795**  
 Amount of Each Receipt this Period  
 1000.00

**B. Diane Harshbarger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 Jack White Drive  
 City Kingsport State TN Zip Code 37664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Custom Compounding Pharmacy of America Occupation PhD  
 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  
 02 / 24 / 2015  
**Transaction ID : A2015-564457**  
 Amount of Each Receipt this Period  
 500.00

**C. Henry Herring**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 912 S.16th Street  
 City Wilmington State NC Zip Code 28401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Center Pharmacy Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2015  
**Transaction ID : A2015-1675810**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<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:	PAGE 17 OF 32
	(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"/> 16
		<input type="checkbox"/> 17

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

**A. Shawn Hodges**  
Full Name (Last, First, Middle Initial)

Mailing Address 6095 Pine Mountain Road, NW, Suite

City Kennesaw State GA Zip Code 30152

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

Name of Employer Innovation Compounding Occupation PharmD

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  
 02 / 24 / 2015  
**Transaction ID : A2015-564458**

Amount of Each Receipt this Period  
 250.00

**B. Shawn Hodges**  
Full Name (Last, First, Middle Initial)

Mailing Address 6095 Pine Mountain Road, NW, Suite

City Kennesaw State GA Zip Code 30152

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

Name of Employer Innovation Compounding Occupation PharmD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2015  
**Transaction ID : A2015-845230**

Amount of Each Receipt this Period  
 1000.00

**C. Jonathan Lehan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1850 Gateway Drive

City Sycamore State IL Zip Code 60178

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

Name of Employer Lehan Drugs Occupation PharmD

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  
 05 / 22 / 2015  
**Transaction ID : A2015-1675797**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<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 18 OF 32
	<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. Bill Letendre**  
Full Name (Last, First, Middle Initial)

Mailing Address 9901 S. Wilcrest

City Houston State TX Zip Code 77099

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

Name of Employer PCCA-Pharmacy Mangement Department Occupation MS Pharm MBA FIACP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2015  
**Transaction ID : A2015-564459**

Amount of Each Receipt this Period 250.00

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

Mailing Address 405 Heron Dr Suite 200

City Swedesboro State NJ Zip Code 08085

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

Name of Employer Wedgewood Village Pharmacy Occupation Phamacist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 02 / 24 / 2015  
**Transaction ID : A2015-564456**

Amount of Each Receipt this Period 1250.00

**C. Lucy Malmberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 Heron Dr Suite 200

City Swedesboro State NJ Zip Code 08085

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

Name of Employer Wedgewood Village Pharmacy Occupation Phamacist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 06 / 03 / 2015  
**Transaction ID : A2015-1675811**

Amount of Each Receipt this Period 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<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:	PAGE 19 OF 32
	(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)**

Full Name (Last, First, Middle Initial) <b>A. Marvin McCord III</b>		Date of Receipt
Mailing Address 8046 Roswell Road Suite 202		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>
City	State	Zip Code
Atlanta	GA	30350
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2015-1675798</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Concord Pharmacy	RPh	<input type="text" value="400.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Clay Moore</b>		Date of Receipt
Mailing Address 11101 Hefner Pointe Dr. Suite 101		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
Oklahoma City	OK	73120
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2015-1675814</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Hefner Pointe Pharmacy	Pharmacist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Joe Moore</b>		Date of Receipt
Mailing Address PO Box 3240		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Cleveland	TN	37320
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2015-1675813</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Medical Center Compounding Pharmacy	Pharmacist	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1900.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 32
	<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. 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 ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2015

**Transaction ID : A2015-1677180**

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 ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

**Transaction ID : A2015-1675817**

Amount of Each Receipt this Period  

50.00
-------

**C. John E. Singletary**  
Full Name (Last, First, Middle Initial)

Mailing Address 402 W. Boughton Road

City Bolingbrook	State IL	Zip Code 60440
---------------------	-------------	-------------------

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

Name of Employer Bolingbrook Pharmacy	Occupation RPh Owner
--	-------------------------

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
05	/	22	/	2015

**Transaction ID : A2015-1675802**

Amount of Each Receipt this Period  

250.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>350.00</b>
<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 21 OF 32
	<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. Mr. Jim Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 9901 S. Wilcrest

City Houston State TX Zip Code 77099

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

Name of Employer PCCA-Pharmacy Mangement Department Occupation Pharmacist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
02 / 24 / 2015  
**Transaction ID : A2015-564460**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 9901 S. Wilcrest

City Houston State TX Zip Code 77099

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

Name of Employer PCCA Occupation RPh FIACP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
06 / 08 / 2015  
**Transaction ID : A2015-1677189**

Amount of Each Receipt this Period  
5000.00

**C. Mickey Sussman**  
Full Name (Last, First, Middle Initial)

Mailing Address 10900 N. Scottsdale Rd. Ste. 403

City Scottsdale State AZ Zip Code 85254-5232

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

Name of Employer Scottsdale Professional Pharmacy Occupation Pharmacist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 02 / 2015  
**Transaction ID : A2015-1675818**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5500.00

**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 22 OF 32  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Gilbert Weise Jr.**

Mailing Address 4343 Colonial Ave.

City Jacksonville State FL Zip Code 32210

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

Name of Employer Weise Prescription Shop Occupation Pharmacist

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  
 06 / 08 / 2015  
**Transaction ID : A2015-1677190**

Amount of Each Receipt this Period  
 2000.00

Full Name (Last, First, Middle Initial)  
**B. Oliver Whipp,e**

Mailing Address 1704 Meadows Lane

City Vidalia State GA Zip Code 30474

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

Name of Employer City Drug Store 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  
 06 / 25 / 2015  
**Transaction ID : A2015-1675819**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	33500.00

**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: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : B572318**

Amount of Each Disbursement this Period

123.90

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: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2015

**Transaction ID : B574810**

Amount of Each Disbursement this Period

63.38

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: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2015

**Transaction ID : B578673**

Amount of Each Disbursement this Period

69.54

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

256.82

**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: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2015

Transaction ID : B573627

Amount of Each Disbursement this Period

714.00

Full Name (Last, First, Middle Initial)

**B. JB & Associates**

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement  
Admin expen-Fundraising Exp.

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 27 / 2015

Transaction ID : B574727

Amount of Each Disbursement this Period

504.00

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: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2015

Transaction ID : B578674

Amount of Each Disbursement this Period

237.07

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

1455.07

**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: 2015  Primary  General  Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2015

Transaction ID : B576035

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. JB & Associates**

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement Admin expen-Fundraising Exp.

003

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2015

Transaction ID : B576074

Amount of Each Disbursement this Period

262.50

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: 2015  Primary  General  Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2015

Transaction ID : B576776

Amount of Each Disbursement this Period

322.00

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

834.50

**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. Int'l Academy of Compounding Pharmacists**

Mailing Address 4638 Riverstone Blvd

City Missouri City State TX Zip Code 77459

Purpose of Disbursement Educational Conference

001

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
04 / 21 / 2015

Transaction ID : B572319

Amount of Each Disbursement this Period

1568.64

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2015

Transaction ID : B542217

Amount of Each Disbursement this Period

1099.72

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: 2015  Primary  General  Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2015

Transaction ID : B544180

Amount of Each Disbursement this Period

1103.60

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

3771.96

**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: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

/  /

**Transaction ID : B549657**

Amount of Each Disbursement this Period

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: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

/  /

**Transaction ID : B572320**

Amount of Each Disbursement this Period

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: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

/  /

**Transaction ID : B573626**

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 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. Ted Yoho for Congress**

Mailing Address 5745 Sw 75th Street #283

City Gainesville State FL Zip Code 32608

Purpose of Disbursement  
Contribution

011

Candidate Name

**Theodore S Yoho**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

**Transaction ID : B575507**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Buddy Carter for Congress**

Mailing Address 200 E St Julian St Suite 603

City Savannah State GA Zip Code 31401

Purpose of Disbursement  
Contribution

011

Candidate Name

**Buddy Carter**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : B546674**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Guthrie for Congress**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement  
Contribution

011

Candidate Name

**Brett Guthrie**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : B549481**

Amount of Each Disbursement this Period

1500.00

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

11500.00

**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. Upton for All of Us**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement Contribution

011

Candidate Name

**Frederick S Upton**

Category/Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2015

**Transaction ID : B544324**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Upton for All of Us**

Mailing Address 3848 East Leonard St

City Grand Rapids State MI Zip Code 49525

Purpose of Disbursement Contribution

011

Candidate Name

**Frederick S Upton**

Category/Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

**Transaction ID : B572852**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Boehner for Speaker**

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Not Applicable

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2015

**Transaction ID : B572558**

Amount of Each Disbursement this Period

1000.00

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

4500.00

**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. Charlie Dent for Congress**

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement Contribution

011

Candidate Name

**Charlie Dent**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

**Transaction ID : B575506**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Michael Burgess for Congress**

Mailing Address 217 Third Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

**Michael C. Burgess**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2015

**Transaction ID : B544362**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Michael Burgess for Congress**

Mailing Address 217 Third Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

**Michael C. Burgess**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2015

**Transaction ID : B545086**

Amount of Each Disbursement this Period

2500.00

**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. Gene Green Congressional Campaign**

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement Contribution

011

Candidate Name

**Raymond Gene Green**

Category/Type

Office Sought:  House  Senate  President  
State: TX District: 29

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 08 / 2015

**Transaction ID : B551185**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Chris Stewart**

Mailing Address 1217 Delafield Place NW

City Washington State DC Zip Code 20011

Purpose of Disbursement Contribution

011

Candidate Name

**Chris Stewart**

Category/Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : B549480**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Morgan Griffith for Congress**

Mailing Address PO Box 7557

City Arlington State VA Zip Code 22207

Purpose of Disbursement Contribution

011

Candidate Name

**H. Morgan Griffith**

Category/Type

Office Sought:  House  Senate  President  
State: VA District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2015

**Transaction ID : B544628**

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. People for Patty Murray

Mailing Address PO Box 3662

City State Zip Code  
Seattle WA 98124

Purpose of Disbursement  
Contribution

011

Candidate Name

**Patty Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2015

**Transaction ID : B543720**

Amount of Each Disbursement this Period

2500.00
---------

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 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

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

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

2500.00
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35500.00
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