

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.

Professional Compounding Centers of America PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ 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 / / in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

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

Rogers, Emory, , ,

Type or Print Name of Treasurer

Signature of Treasurer Rogers, Emory, , , [Electronically Filed] Date / /

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Professional Compounding Centers of America 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="58151.09"/>	<input type="text" value="58151.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="60202.27"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="949.00"/>	<input type="text" value="79029.00"/>
(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="61151.27"/>	<input type="text" value="137180.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7000.00"/>	<input type="text" value="83028.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="54151.27"/>	<input type="text" value="54151.27"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Professional Compounding Centers of America 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).....	899.00	72130.00
(ii) Unitemized	50.00	4899.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	949.00	77029.00
(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)	949.00	77029.00
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	2000.00
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)).....▶	949.00	79029.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	949.00	79029.00

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	82663.80
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	365.02
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)) ..	7000.00	83028.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	83028.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	949.00	77029.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	949.00	77029.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 12
(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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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)
Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. HARBIN, LIZABETH, , ,

Mailing Address 4409 OLD BROOK RUN

City MOUNTAIN BRK	State AL	Zip Code 35243-4046
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PCCA	Occupation (for Individual) VP PA, Comm, Edu, HR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt
10 / 19 / 2022
Transaction ID : PR850137729926

Amount of Each Receipt this Period
40.00

Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BIGGS, MICHELLE, , ,

Mailing Address 19814 ICELAND COURT

City SPRING	State TX	Zip Code 77379-1401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PCCA	Occupation (for Individual) Vice President of Pharmacy Software
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1900.00

Date of Receipt
10 / 19 / 2022
Transaction ID : PR909920929926

Amount of Each Receipt this Period
100.00

Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BOTTONI, DON, , ,

Mailing Address 10010 ELKHART AVE

City LUBBOCK	State TX	Zip Code 79424-8211
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PCCA	Occupation (for Individual) Clinical Compounding Pharmacist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt
10 / 19 / 2022
Transaction ID : PR909921029926

Amount of Each Receipt this Period
25.00

Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	165.00
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 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Professional Compounding Centers of America PAC

A. CLARK, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2010 THORNDALE ROAD
 City INDIAN TRAIL State NC Zip Code 28079-5376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Compounding Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2022
Transaction ID : PR909921129926
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. DEATSMAN, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4923 WELFORD DR
 City BELLAIRE State TX Zip Code 77401-5335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Manager of Corporate Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 19 / 2022
Transaction ID : PR909921229926
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. HARGER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19623 TRAVIS CANNON LANE
 City RICHMOND State TX Zip Code 77407-5503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Compounding Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 19 / 2022
Transaction ID : PR909921429926
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 85.00
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 8 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Professional Compounding Centers of America PAC

A. JONES, JANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3901 TARRINGTON LANE
 City UPPER ARLINGTON State OH Zip Code 43220-2299
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Compounding Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 19 / 2022
Transaction ID : PR909921729926
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. MARTIN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4538 NORTHRIDGE CIRCLE
 City CRESTWOOD State KY Zip Code 40014-8646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Services Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 10 / 19 / 2022
Transaction ID : PR909921929926
 Amount of Each Receipt this Period 192.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

C. MERRELL RHOADS, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4036 KENT CT
 City NAPLES State FL Zip Code 34116-7310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Director of Formulation Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 19 / 2022
Transaction ID : PR909922029926
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 232.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 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)
Professional Compounding Centers of America PAC

A. OBRIEN, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3234 GREENBRIAR

City HOUSTON	State TX	Zip Code 77098-2416
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PCCA	Occupation (for Individual) Director of Business Intelligence
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2022

Transaction ID : PR909922129926

Amount of Each Receipt this Period
20.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

B. SHANK, AMY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1507 N JEFFERSON STREET

City ARLINGTON	State VA	Zip Code 22205-2839
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PCCA	Occupation (for Individual) Director of Government Affairs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
735.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2022

Transaction ID : PR909922229926

Amount of Each Receipt this Period
35.00

Memo Item

P/R Deduction (\$35.00 Bi-Weekly)

C. SPEAIRS, KIMBERLY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7054 SERRANO DRIVE

City FORT WORTH	State TX	Zip Code 76126-2320
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PCCA	Occupation (for Individual) Director of Communications and Engage
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2022

Transaction ID : PR909922329926

Amount of Each Receipt this Period
75.00

Memo Item

P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 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)
Professional Compounding Centers of America PAC

A. LEAKE, W M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 419 O'HARA DRIVE
 City DANVILLE State KY Zip Code 40422-1539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Services Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1330.00

Date of Receipt 10 / 19 / 2022
Transaction ID : PR973115229926
 Amount of Each Receipt this Period 70.00
 Memo Item
 P/R Deduction (\$70.00 Bi-Weekly)

B. PRESCOTT, RENEE M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11677 GRANDVIEW DR
 City MONTGOMERY State TX Zip Code 77356-4276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Director of Education
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 19 / 2022
Transaction ID : PR973115329926
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. DAY, ARJUN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12722 TRAIL HOLLOW
 City HOUSTON State TX Zip Code 77024-4011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Vice President of Clinical Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3264.00

Date of Receipt 10 / 19 / 2022
Transaction ID : PR974808329926
 Amount of Each Receipt this Period 192.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	287.00
TOTAL This Period (last page this line number only).....	899.00

**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)
Professional Compounding Centers of America PAC

Full Name (Last, First, Middle Initial) A. Texans For Morgan Luttrell		Date of Disbursement MM / DD / YYYY 10 / 04 / 2022
Mailing Address PO Box 1245		FEC Identification Number C C00781112 Transaction ID : 16851104
City Magnolia	State TX	Zip Code 77353
Purpose of Disbursement	Category/Type 011	
Candidate Name Luttrell, Morgan, , ,	Amount of Each Disbursement this Period 2000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 08	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. First in Freedom PAC		Date of Disbursement MM / DD / YYYY 10 / 11 / 2022
Mailing Address 611 Pennsylvania Ave, SE #396		FEC Identification Number C Transaction ID : 16855602
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2022	Category/Type 011	
Candidate Name	Amount of Each Disbursement this Period 2500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Michael Burgess For Congress		Date of Disbursement MM / DD / YYYY 10 / 18 / 2022
Mailing Address PO Box 2334		FEC Identification Number C C00372532 Transaction ID : 16882608
City Denton	State TX	Zip Code 76202
Purpose of Disbursement	Category/Type 011	
Candidate Name Burgess, Michael, , Rep., M.D.	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 26	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	5500.00
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)
Professional Compounding Centers of America PAC

A. Dr John Joyce For Congress

Full Name (Last, First, Middle Initial)
Date of Disbursement: 10 / 18 / 2022

Mailing Address: 1002 Logan Blvd Ste 114

City: Altoona State: PA Zip Code: 16602

Purpose of Disbursement: 011 Category/Type

Candidate Name: **Joyce, John, , Rep.,**

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

FEC Identification Number: **C** C00674259
Transaction ID : **16882610**
Amount of Each Disbursement this Period: 1500.00

State: PA District: 13 Memo Item

B.

Full Name (Last, First, Middle Initial)

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

FEC Identification Number: **C**

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

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

FEC Identification Number: **C**

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	7000.00