

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 Missouri City TX 77459

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

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

5. Covering Period 07 / 01 / 2014 through 09 / 30 / 2014

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 10 / 14 / 2014

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)

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="2014"/>	<input type="text" value="18034.33"/>	<input type="text" value="18034.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="53187.14"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="16100.00"/>	<input type="text" value="91350.00"/>
(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="69287.14"/>	<input type="text" value="109384.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8484.54"/>	<input type="text" value="48581.73"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="60802.60"/>	<input type="text" value="60802.60"/>
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

FEC Form 3X (Rev. 06/2004)

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).....	13350.00	83900.00
(ii) Unitemized	2750.00	7450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16100.00	91350.00
(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)	16100.00	91350.00
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))..... ▶	16100.00	91350.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16100.00	91350.00

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	7984.54	27831.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7984.54	27831.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	20750.00
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)) ..	8484.54	48581.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8484.54	48581.73

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)	16100.00	91350.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16100.00	91350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7984.54	27831.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7984.54	27831.73

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
	<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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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)

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : A2014-1869680
 Amount of Each Receipt this Period
 1000.00

B. Robert Blomquist
 Full Name (Last, First, Middle Initial)
 Mailing Address 146 North Brent St.
 City Ventura State CA Zip Code 93003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cabrillo Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2014
Transaction ID : A2014-1870376
 Amount of Each Receipt this Period
 500.00

C. Chris Burgess
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 N. Ingleside Street
 City Fairhope State AL Zip Code 36532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heritage Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1870371
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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 7 OF 24
	<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. 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 ▼ 1300.00

Date of Receipt
08 / 18 / 2014
Transaction ID : A2014-2040858
Amount of Each Receipt this Period
100.00

B. Chris Burgess
Full Name (Last, First, Middle Initial)
Mailing Address 322 N. Ingleside Street
City Fairhope State AL Zip Code 36532
FEC ID number of contributing federal political committee. **C**
Name of Employer Heritage Compounding Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
09 / 18 / 2014
Transaction ID : A2014-2174268
Amount of Each Receipt this Period
100.00

C. Christopher Casey
Full Name (Last, First, Middle Initial)
Mailing Address 53 West Main Street
City Victor State NY Zip Code 14564
FEC ID number of contributing federal political committee. **C**
Name of Employer Mead Square Pharmacy Occupation RPh
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
07 / 16 / 2014
Transaction ID : A2014-1869682
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<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. Barry Feely
 Full Name (Last, First, Middle Initial)
 Mailing Address 8093 Cornerstone Drive
 City Hayden State ID Zip Code 83835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medicine Man Prairie 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
07 / 16 / 2014
Transaction ID : A2014-1869683
 Amount of Each Receipt this Period
500.00

B. Calvin Freedman
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Albe Drive Unit 1
 City Newark State DE Zip Code 19702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Save Way Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2014
Transaction ID : A2014-2174292
 Amount of Each Receipt this Period
1000.00

C. Cheri Garvin
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Old English Court SW
 City Leesburg State VA Zip Code 20175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leesburg Pharmacy Occupation Rph
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014
Transaction ID : A2014-1870372
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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 9 OF 24
	(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)
A. Cheri Garvin

Mailing Address 109 Old English Court SW

City Leesburg	State VA	Zip Code 20175
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FEC ID number of contributing federal political committee. **C**

Name of Employer Leesburg Pharmacy	Occupation Rph
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	18	/	2014

Transaction ID : A2014-2040859

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
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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 ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09	/	18	/	2014

Transaction ID : A2014-2174293

Amount of Each Receipt this Period

100.00

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

Mailing Address 2015 Lord Baltimore Drive

City Baltimore	State MD	Zip Code 21244
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FEC ID number of contributing federal political committee. **C**

Name of Employer Professional Arts Pharmacy	Occupation Pharmacist
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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
09	/	11	/	2014

Transaction ID : A2014-2174294

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 24
(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)

A. Jim Gillespie
Full Name (Last, First, Middle Initial)

Mailing Address 2121 Whitesburg Drive

City Huntsville State AL Zip Code 35801

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

Name of Employer Huntsville Compounding Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
07 / 18 / 2014

Transaction ID : A2014-1870373

Amount of Each Receipt this Period
100.00

B. Jim Gillespie
Full Name (Last, First, Middle Initial)

Mailing Address 2121 Whitesburg Drive

City Huntsville State AL Zip Code 35801

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

Name of Employer Huntsville Compounding Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
08 / 18 / 2014

Transaction ID : A2014-2040860

Amount of Each Receipt this Period
100.00

C. Jim Gillespie
Full Name (Last, First, Middle Initial)

Mailing Address 2121 Whitesburg Drive

City Huntsville State AL Zip Code 35801

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

Name of Employer Huntsville Compounding Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
09 / 18 / 2014

Transaction ID : A2014-2174295

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 11 OF 24
(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)

A. Jay Greco
Full Name (Last, First, Middle Initial)
Mailing Address 580 North Main Street
City 580 North Main Street State NJ Zip Code 08005
FEC ID number of contributing federal political committee. **C**
Name of Employer Jersey Shore 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
07 / 16 / 2014
Transaction ID : A2014-1869686
Amount of Each Receipt this Period
250.00

B. Douglas Higgins
Full Name (Last, First, Middle Initial)
Mailing Address 137 North Market Street
City Paxton State IL Zip Code 60957
FEC ID number of contributing federal political committee. **C**
Name of Employer Doug's 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
07 / 29 / 2014
Transaction ID : A2014-1870382
Amount of Each Receipt this Period
1000.00

C. Mary Holtgrave
Full Name (Last, First, Middle Initial)
Mailing Address 3405 Kenyon Street
City San Diego State CA Zip Code 92110
FEC ID number of contributing federal political committee. **C**
Name of Employer PJ's Prescription Shoppe 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
07 / 29 / 2014
Transaction ID : A2014-1870383
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 12 OF 24
(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)

A. Jeff Jackson
Full Name (Last, First, Middle Initial)
Mailing Address 5510 Lafayette Rd #260

City Indianapolis	State IN	Zip Code 46254
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FEC ID number of contributing federal political committee. **C**

Name of Employer Custom Med Apothecary	Occupation RPh FIACP
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2014

Transaction ID : A2014-2174296

Amount of Each Receipt this Period
750.00

B. Ron Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 720 Snelling Avenue

City St. Paul	State MN	Zip Code 55104
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FEC ID number of contributing federal political committee. **C**

Name of Employer Lloyds Pharmacy	Occupation Pharmacist
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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
07	/	29	/	2014

Transaction ID : A2014-1870468

Amount of Each Receipt this Period
250.00

C. Tony Jones
Full Name (Last, First, Middle Initial)
Mailing Address 102 East Harrison

City Sullivan	State IL	Zip Code 61951
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FEC ID number of contributing federal political committee. **C**

Name of Employer The Sullivan Pharmacy	Occupation Pharmacist
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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
09	/	11	/	2014

Transaction ID : A2014-2174297

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 13 OF 24
	<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. James Kodman
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 North 7th Street
 City Indiana State PA Zip Code 15701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gatti Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 08 / 21 / 2014
Transaction ID : A2014-1870377
 Amount of Each Receipt this Period
 250.00

B. Ashraf Latif
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 Central Avenue
 City East Orange State NJ Zip Code 07018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sheefa Pharmacy & Wellness Center Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 11 / 2014
Transaction ID : A2014-2174298
 Amount of Each Receipt this Period
 500.00

C. Rebecca Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 2515 College Avenue
 City Conway State AR Zip Code 72304
 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 ▼ 350.00

Date of Receipt
 07 / 16 / 2014
Transaction ID : A2014-1869689
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
	<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. George Nekos
Full Name (Last, First, Middle Initial)

Mailing Address 86 N Front St

City Kingston State NY Zip Code 12401

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

Name of Employer: Nekos-Dedrick's Pharmacy Occupation: Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 11 / 2014
Transaction ID : A2014-2174299

Amount of Each Receipt this Period: 250.00

B. Brenda Pavlic
Full Name (Last, First, Middle Initial)

Mailing Address 31 Albe Drive Unit 1

City Newark State DE Zip Code 58104

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

Name of Employer: Save Way Compounding Pharmacy Occupation: Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt: 07 / 18 / 2014
Transaction ID : A2014-1870374

Amount of Each Receipt this Period: 50.00

C. Brenda Pavlic
Full Name (Last, First, Middle Initial)

Mailing Address 31 Albe Drive Unit 1

City Newark State DE Zip Code 58104

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

Name of Employer: Save Way Compounding Pharmacy Occupation: Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: 08 / 18 / 2014
Transaction ID : A2014-2040861

Amount of Each Receipt this Period: 50.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 24
(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. Brenda Pavlic

Mailing Address 31 Albe Drive Unit 1

City Newark State DE Zip Code 58104

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

Name of Employer Save Way Compounding Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2014

Transaction ID : A2014-2174300

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Brian Pinto

Mailing Address 1115 South Avenue West

City Westfield State NJ Zip Code 07090

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

Name of Employer Tiffany Natural 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
09 / 11 / 2014

Transaction ID : A2014-2174301

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Robert Ray

Mailing Address 400 South Main

City Mansfield State TX Zip Code 76063

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

Name of Employer Ray's 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
09 / 11 / 2014

Transaction ID : A2014-2175076

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **550.00**

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 24
	<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)

Full Name (Last, First, Middle Initial) A. Jodie Roberds		Date of Receipt MM / DD / YYYY 09 / 11 / 2014 Transaction ID : A2014-2175077
Mailing Address 333 N. Rivershire		Amount of Each Receipt this Period 250.00
City Conroe	State TX	Zip Code 77304
FEC ID number of contributing federal political committee. C	Name of Employer Roberds Pharmacy	Occupation Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. David Rochefort		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : A2014-1870375
Mailing Address 262 Cottage Street Suite 116		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. David Rochefort		Date of Receipt MM / DD / YYYY 08 / 18 / 2014 Transaction ID : A2014-2040862
Mailing Address 262 Cottage Street Suite 116		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 24
	<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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2014

Transaction ID : A2014-2175078

Amount of Each Receipt this Period

1000.00

B. Rafik Sarkissian
Full Name (Last, First, Middle Initial)

Mailing Address 1219 North Pacific Avenue Suite B

City Glendale	State CA	Zip Code 91202
------------------	-------------	-------------------

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

Name of Employer AmeriComp Pharmacy	Occupation PharmD
--	----------------------

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
07	/	16	/	2014

Transaction ID : A2014-1870368

Amount of Each Receipt this Period

1000.00

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

Mailing Address 3330 Hamilton Blvd.

City Allentown	State PA	Zip Code 18103
-------------------	-------------	-------------------

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

Name of Employer Dorneyville Pharmacy	Occupation RPh FIACP
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2014

Transaction ID : A2014-2175080

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 24
	<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. Tommy Simpson
Full Name (Last, First, Middle Initial)
Mailing Address 114 Mulberry Street
City Ripley State MS Zip Code 38663
FEC ID number of contributing federal political committee. **C**
Name of Employer Delta Pharma Inc. Occupation MD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2014
Transaction ID : A2014-1870378
Amount of Each Receipt this Period
500.00

B. Steven Spruill
Full Name (Last, First, Middle Initial)
Mailing Address 1330 Big A Road
City Toccoa State GA Zip Code 30577
FEC ID number of contributing federal political committee. **C**
Name of Employer Maddox Drugs Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2014
Transaction ID : A2014-2175082
Amount of Each Receipt this Period
500.00

c. Craig Toman
Full Name (Last, First, Middle Initial)
Mailing Address 1545 116 Ave. NE Ste. 103
City Bellevue State WA Zip Code 98004
FEC ID number of contributing federal political committee. **C**
Name of Employer Custom Prescriptions LLC Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2014
Transaction ID : A2014-2175084
Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	13350.00

**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: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	1	4		

Transaction ID : B511270

Amount of Each Disbursement this Period

4	8	8	.	0	0
---	---	---	---	---	---

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: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	7			2	0	1	4		

Transaction ID : B500291

Amount of Each Disbursement this Period

3	3	7	.	5	0
---	---	---	---	---	---

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: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	3			2	0	1	4		

Transaction ID : B507715

Amount of Each Disbursement this Period

5	8	8	.	0	0
---	---	---	---	---	---

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

1	4	1	.	3	5
---	---	---	---	---	---

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

1	4	1	.	3	5
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. 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: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State:

District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : B508696

Amount of Each Disbursement this Period

42.00

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 650282

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Bank Service Charge

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State:

District:

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2014

Transaction ID : B533785

Amount of Each Disbursement this Period

171.49

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: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State:

District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : B510046

Amount of Each Disbursement this Period

518.00

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

731.49

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: 2014
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	4

Transaction ID : B511170

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Fitts, Roberts & Co PC

Mailing Address 5718 Westheimer, Ste 800

City Houston State TX Zip Code 77057

Purpose of Disbursement
Admin expen-Accounting Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	4

Transaction ID : B511262

Amount of Each Disbursement this Period

3	0	0	.	0	0
---	---	---	---	---	---

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: 2014
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	4

Transaction ID : B511266

Amount of Each Disbursement this Period

3	8	1	.	5	0
---	---	---	---	---	---

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

9	3	1	.	5	0
---	---	---	---	---	---

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

9	3	1	.	5	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. 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: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	4

Transaction ID : B535658

Amount of Each Disbursement this Period

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

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: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	4

Transaction ID : B511933

Amount of Each Disbursement this Period

3	8	8	.	5	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Public Affairs Support Services Inc.

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement
Admin expen-Report prep.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	1	4

Transaction ID : B500127

Amount of Each Disbursement this Period

1	1	0	7	.	1	3
---	---	---	---	---	---	---

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

1	5	4	.	9	6
---	---	---	---	---	---

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

1	5	4	.	9	6
---	---	---	---	---	---

**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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2014

Transaction ID : B507716

Amount of Each Disbursement this Period

1110.94

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: 2014
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	02	/	2014

Transaction ID : B511171

Amount of Each Disbursement this Period

2228.30

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
	/		/	

Amount of Each Disbursement this Period

--

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

3339.24

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

7960.69

**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. Kurt Schrader for Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Kurt Schrader

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 15 / 2014

Transaction ID : B531477

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

500.00

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

500.00