

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
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** C00424143
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 Quarterly 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 (12G)
Election on 06 08 2010 in the State of IA
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 04 01 2010 through 05 19 2010

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 Rod Shafer

Signature of Treasurer Electronically Filed by Rod Shafer Date 05 27 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
International Academy of Compounding Pharmacists PAC (COMP PAC)

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 1 | 9 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 0 | | 42614.05 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 33412.69 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 10200.00 | 10600.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 43612.69 | 53214.05 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 2449.62 | 12050.98 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 41163.07 | 41163.07 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 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

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) | 10200.00 | 10400.00 |
| (ii) Unitemized | 0.00 | 200.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 10200.00 | 10600.00 |
| (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) | 10200.00 | 10600.00 |
| 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 Transfer (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)) | 10200.00 | 10600.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 10200.00 | 10600.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared 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..... | 39.62 | 140.98 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 39.62 | 140.98 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 2000.00 | 11500.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (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..... | 410.00 | 410.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared 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)).. | 2449.62 | 12050.98 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 2449.62 | 12050.98 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 14

| 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) | 10200.00 | 10600.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 10200.00 | 10600.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 39.62 | 140.98 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 39.62 | 140.98 |

**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 / 14 |
| | <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 | |

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.

Full Name (Last, First, Middle Initial)
Lloyd Allen, Jr.

Mailing Address 122 N. Bryant

City Edmond State OK Zip Code 73034

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

Name of Employer IJPC Occupation RPh PhD FIACP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 20 / 2010
Transaction ID: A2010-1200203
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Joseph Bettinger

Mailing Address 3500 5th Avenue

City Pittsburgh State PA Zip Code 15213

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

Name of Employer Hieber's Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 19 / 2010
Transaction ID: A2010-1200204
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Michael Blaire

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 ▼ 1000.00

Date of Receipt: 04 / 20 / 2010
Transaction ID: A2010-1200201
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

A. Form/Schedule : **SA11AI**

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

**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 / 14 |
| | <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. | Full Name (Last, First, Middle Initial) Bob Brensel | | Date of Receipt MM / DD / YYYY 05 / 19 / 2010 | | |
| | Mailing Address 480 North Wiget Lane | | Transaction ID: A2010-1200205 | | |
| | City Walnut Creek | State CA | Zip Code 94598 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Script Works - A Professional Pharmacy | Occupation Pharmacist | Aggregate Year-to-Date 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|--------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Mark Burger | | Date of Receipt MM / DD / YYYY 04 / 20 / 2010 | | |
| | Mailing Address 9070 Windsor Road | | Transaction ID: A2010-1200200 | | |
| | City Windsor | State CA | Zip Code 95492 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Health First! Pharmacy | Occupation Pharmacist | Aggregate Year-to-Date 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|--------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Chris Burgess | | Date of Receipt MM / DD / YYYY 05 / 19 / 2010 | | |
| | Mailing Address 322 N. Ingleside Street | | Transaction ID: A2010-1200206 | | |
| | City Fairhope | State AL | Zip Code 36532 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Heritage Compounding Pharmacy | Occupation Pharmacist | Aggregate Year-to-Date 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| 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 / 14
(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. Full Name (Last, First, Middle Initial)
Chuck Fulmer
Mailing Address P.O. Box 907367
City Gainesville State GA Zip Code 30501
FEC ID number of contributing federal political committee. **C**
Name of Employer Partners In Care Occupation RPh FIACP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 20 / 2010
Transaction ID: A2010-1200202
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Richard Gaffin, II
Mailing Address 12012 North 111th Avenue
City Youngstown State AZ Zip Code 85363-1339
FEC ID number of contributing federal political committee. **C**
Name of Employer Pet Health Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 19 / 2010
Transaction ID: A2010-1200207
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Jim Gillespie
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 ▼ 500.00
Date of Receipt 04 / 20 / 2010
Transaction ID: A2010-1200199
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: PAGE 10 / 14
(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. Full Name (Last, First, Middle Initial)
Jim Gillespie
Mailing Address 2121 Whitesburg Drive
City State Zip Code
Huntsville AL 35801
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Huntsville Compounding Pharmacy Pharmacist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00
Date of Receipt
MM / DD / YYYY
05 / 19 / 2010
Transaction ID: A2010-1200208
Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Eddie Glover
Mailing Address 2515 College Avenue
City State Zip Code
Conway AR 72034
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
US Compounding Inc. Pharmacist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
MM / DD / YYYY
05 / 06 / 2010
Transaction ID: A2010-1200209
Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Joe Grasela
Mailing Address 1875 3rd Avenue
City State Zip Code
San Diego CA 92101
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
University Compounding Pharmacy Pharmacist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
MM / DD / YYYY
05 / 19 / 2010
Transaction ID: A2010-1200210
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00
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 / 14
(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.

Full Name (Last, First, Middle Initial)
Constance Hegerfeld

Mailing Address 2 Marsh Court

City State Zip Code
Madison WI 53718

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

Name of Employer
Women's International Pharmacy

Occupation
Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2010

Transaction ID: A2010-1200211

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Eric Holgate

Mailing Address 1543 15th St.

City State Zip Code
Augusta GA 30901

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

Name of Employer
Custom Prescription Shoppe

Occupation
Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2010

Transaction ID: A2010-1200212

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mike McMahan

Mailing Address P.O. Box 389

City State Zip Code
Goldthwaite TX 76844

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

Name of Employer
McMahan Pharmacy

Occupation
Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2010

Transaction ID: A2010-1200213

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 / 14
(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.

Full Name (Last, First, Middle Initial)
Rebecca Mitchell

Mailing Address 121 Maranes Cir

City State Zip Code
Maumelle AR 72113

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

Name of Employer Intl Academy of Compoundi-
ng Pharmacist Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2010

Transaction ID: A2010-1200214

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Carol Petersen

Mailing Address 2 Marsh Court

City State Zip Code
Madison WI 53718

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

Name of Employer Women's International Pha-
rmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2010

Transaction ID: A2010-1200215

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
David Sparks

Mailing Address 9901 S. Wilcrest

City State Zip Code
Houston TX 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
MM / DD / YYYY
05 / 06 / 2010

Transaction ID: A2010-1200216

Amount of Each Receipt this Period
5000.00

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 5500.00 |
| TOTAL This Period (last page this line number only) | 10200.00 |

**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)

PAGE 13 / 14

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Grassley Committee Inc <hr/> Mailing Address PO Box 1000 <hr/> City Des Moines State IA Zip Code 50304 <hr/> Purpose of Disbursement Contribution Candidate Name Charles E Grassley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B329047 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 1000.00 Category/Type: 011 |
| B. Full Name (Last, First, Middle Initial) Tammy Baldwin for Congress <hr/> Mailing Address P.O. Box 696 <hr/> City Madison State WI Zip Code 53701 <hr/> Purpose of Disbursement Contribution Candidate Name Tammy Baldwin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B327855 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 1000.00 Category/Type: 011 |

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

TOTAL This Period (last page this line number only) ►

2000.00

**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)

PAGE 14 / 14

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

International Academy of Compounding Pharmacists PAC (COMP PAC)

A.

Full Name (Last, First, Middle Initial)

Michael Blaire 2010

Mailing Address 10921 N 140th Way

City State Zip Code
Scottsdale AZ 85259

Purpose of Disbursement
O-2010 State House 8 AZ

Candidate Name
Michael Blaire

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2010
 Primary General

Other (specify) ▼
Election Cycle

Transaction ID: B328055

Date of Disbursement

04 / 22 / 2010

Amount of Each Disbursement this Period

410.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

410.00

TOTAL This Period (last page this line number only)

410.00