

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 Alliance for Pharmacy Compounding PAC (COMP PAC)

ADDRESS (number and street) 100 Daingerfield Road Suite 100 Alexandria VA 22314 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00424143 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] 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) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) 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 MM/DD/YYYY in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of VA

5. Covering Period MM/DD/YYYY 10/20/2022 through MM/DD/YYYY 11/28/2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Brunner, Scott, , Type or Print Name of Treasurer

Signature of Treasurer Brunner, Scott, , [Electronically Filed] Date MM/DD/YYYY 12/02/2022

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Alliance for Pharmacy Compounding PAC (COMP PAC)**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		54653.73
(b) Cash on Hand at Beginning of Reporting Period.....	32061.13	
(c) Total Receipts (from Line 19) .....	3969.00	78670.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	36030.13	133323.73
7. Total Disbursements (from Line 31).....	2181.41	99475.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	33848.72	33848.72
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**Alliance for Pharmacy Compounding PAC (COMP PAC)**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3739.00	75675.00
(ii) Unitemized .....	230.00	2995.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	3969.00	78670.00
(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) .....	3969.00	78670.00
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)).....▶	3969.00	78670.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3969.00	78670.00

**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 .....	2181.41	9275.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2181.41	9275.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	86500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	3700.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2181.41	99475.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2181.41	99475.01

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3969.00	78670.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3969.00	78670.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2181.41	9275.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2181.41	9275.01

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Alliance for Pharmacy Compounding PAC (COMP PAC)**

**A. Blaire, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10921 North 140 Way  
 City Scottsdale State AZ Zip Code 85259-4615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wedgewood Pharmacy Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 10 / 2022  
**Transaction ID : A-16000**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Bliss, Marcy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 Heron Dr  
 City Swedesboro State NJ Zip Code 08085-1749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wedgewood Pharmacy Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3400.00

Date of Receipt 11 / 10 / 2022  
**Transaction ID : A-16001**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Cantalino, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 275 Woodland Drive  
 City Brightwaters State NY Zip Code 11718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VetMedics Compounding Pharmacy Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 10 / 2022  
**Transaction ID : A-16019**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Alliance for Pharmacy Compounding PAC (COMP PAC)**

**A. Davis, Tenille, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7331 E Osborne Rd  
 City Scottsdale State AZ Zip Code 85251-6450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Civic Center Pharmacy Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2090.00

Date of Receipt 11 / 10 / 2022  
**Transaction ID : A-16005**  
 Amount of Each Receipt this Period 209.00  
 Memo Item

**B. Eubanks, Gerald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1401 S Gaylord St  
 City Denver State CO Zip Code 80210-2340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Accreditation Partners Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 11 / 10 / 2022  
**Transaction ID : A-16006**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Garvin, Cheri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Old English Court SW  
 City Leesburg State VA Zip Code 20175-2900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leesburg Pharmacy Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 11 / 10 / 2022  
**Transaction ID : A-16007**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	559.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Alliance for Pharmacy Compounding PAC (COMP PAC)**

**A. Gustafson, Adam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2606 Northeast Broadway  
 Ste 8  
 City Portland State OR Zip Code 97232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lloyd Central Compounding Pharmacy Occupation (for Individual) Technician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 11 / 10 / 2022  
**Transaction ID : A-16008**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Hrcncir, Jim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4835 N. O'Connor Road #130  
 City Irving State TX Zip Code 75062-2741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Las Colinas Pharmacy Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 10 / 2022  
**Transaction ID : A-16009**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Isbell, Ginny, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 Silo Hill Road  
 City Madison State AL Zip Code 35758-6116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Madison Drug Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 10 / 2022  
**Transaction ID : A-16010**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Alliance for Pharmacy Compounding PAC (COMP PAC)**

**A. Jerusik, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 223 Balligomingo Road  
 City Conshohocken State PA Zip Code 19428-2605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Rx Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 11 / 10 / 2022  
**Transaction ID : A-16011**  
 Amount of Each Receipt this Period 230.00  
 Memo Item

**B. Kraemer, Cheri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45458 269th Street  
 City Parker State SD Zip Code 57053-5244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmacy Specialties & Clinic Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 10 / 2022  
**Transaction ID : A-16012**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Moser, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 South 1st Street  
 City Mount Vernon State WA Zip Code 98273  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Maker Compounding Pharmacy Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 10 / 2022  
**Transaction ID : A-16017**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1330.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Alliance for Pharmacy Compounding PAC (COMP PAC)**

**A. Navarra, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 415 Crossways Park Dr  
 City Woodbury State NY Zip Code 11797-2055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Town Total Compounding Center Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 10 / 2022  
**Transaction ID : A-16014**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Pytlarz, Alexander, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 3rd Street S  
 City St Petersburg State FL Zip Code 33701-4251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Infuserve America Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 10 / 2022  
**Transaction ID : A-16015**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Thompson, Tara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1758 Rosehedge Way NW  
 City Kennesaw State GA Zip Code 30152-7756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Innovation Compounding Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 10 / 2022  
**Transaction ID : A-16016**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	3739.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Alliance for Pharmacy Compounding PAC (COMP PAC)**

Full Name (Last, First, Middle Initial)

**A. Alliance for Pharmacy Compounding**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		22		2022

Mailing Address 100 Daingerfield Road  
Suite 401

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Expense

001
Category/ Type

FEC Identification Number

C
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Transaction ID : B-16020

Amount of Each Disbursement this Period

2181.41
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Memo Item

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

FEC Identification Number

C
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Amount of Each Disbursement this Period

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Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

FEC Identification Number

C
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Amount of Each Disbursement this Period

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Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

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

2181.41
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2181.41
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