

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 Missouri City TX 77459 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, 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 10 01 2008 through 11 24 2008

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 L.D. King

Signature of Treasurer Electronically Filed by L.D. King Date 12 02 2008

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

Table with 8 columns and 1 row for 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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		46023.19
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	54128.71									
(c) Total Receipts (from Line 19)	2765.90	60043.15								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	56894.61	106066.34								
7. Total Disbursements (from Line 31)	2815.61	51987.34								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54079.00	54079.00								
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:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	2140.90	57918.15
(i) Itemized (use Schedule A)		
(ii) Unitemized	625.00	2125.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2765.90	60043.15
(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)	2765.90	60043.15
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))	2765.90	60043.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2765.90	60043.15

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	15.61	8137.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	15.61	8137.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2800.00	40050.00
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	3800.00
(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	3800.00
29. Other Disbursements.....	0.00	0.00
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))..	2815.61	51987.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2815.61	51987.34

DETAILED SUMMARY PAGE
of Disbursements

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	2765.90	60043.15
34. Total Contribution Refunds (from Line 28(d))	0.00	3800.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2765.90	56243.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15.61	8137.34
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15.61	8137.34

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

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

FOR LINE NUMBER: PAGE 6 / 9
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Hank Abbott

Mailing Address 401 Great Plain Avenue

City State Zip Code
Needham MA 02492

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

Name of Employer Occupation
Bird's Hill Pharmacy Inc. RPh

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: A2008-2085176

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Jeffrey Alan Barris

Mailing Address 23560 South Madison Street Ste. 11

City State Zip Code
Torrance CA 90505

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

Name of Employer Occupation
Pacifica Pharmacy PharmD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3272.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: A2008-1990058

Amount of Each Receipt this Period
345.45

C. Full Name (Last, First, Middle Initial)
Jeffrey Alan Barris

Mailing Address 23560 South Madison Street Ste. 11

City State Zip Code
Torrance CA 90505

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

Name of Employer Occupation
Pacifica Pharmacy PharmD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3618.15

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: A2008-2120077

Amount of Each Receipt this Period
345.45

SUBTOTAL of Receipts This Page (optional) ► 1690.90

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 / 9
	<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) Jim Gillespie		Date of Receipt	
	Mailing Address 2121 Whitesburg Drive		M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: A2008-2023545
	Huntsville	AL	35801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer Huntsville Compounding Pharmacy		Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00		

B.	Full Name (Last, First, Middle Initial) Jim Gillespie		Date of Receipt	
	Mailing Address 2121 Whitesburg Drive		M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: A2008-2174715
	Huntsville	AL	35801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer Huntsville Compounding Pharmacy		Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1350.00		

C.	Full Name (Last, First, Middle Initial) Matthew Martin		Date of Receipt	
	Mailing Address 11722 Oak Bay Drive		M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: A2008-2085177
	Louisville	KY	40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Louisville Pharmacy		Occupation PharmD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	2140.90

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)

A.	Full Name (Last, First, Middle Initial) Friends of Lois Capps <hr/> Mailing Address 38 Ivy Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Contribution Contribution 011 Category/Type <hr/> Candidate Name Lois Capps <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 23	Transaction ID: B235618 Date of Disbursement 11 / 07 / 2008 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">-500.00</div> <hr/> Voided: Original check dated 09/24/2008
B.	Full Name (Last, First, Middle Initial) Friends of Lois Capps <hr/> Mailing Address 38 Ivy Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Contribution Contribution 011 Category/Type <hr/> Candidate Name Lois Capps <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 23	Transaction ID: B241212 Date of Disbursement 11 / 13 / 2008 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">500.00</div>
C.	Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign <hr/> Mailing Address PO BOX 16128 <hr/> City Houston State TX Zip Code 77222 <hr/> Purpose of Disbursement Contribution Contribution 011 Category/Type <hr/> Candidate Name Raymond Gene Green <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 29	Transaction ID: B240725 Date of Disbursement 10 / 30 / 2008 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2800.00</div>

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">2800.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

**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)

A.

Full Name (Last, First, Middle Initial)
Bennett Election Committee Inc.

Mailing Address 175 SW Temple Suite 650

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement
Contribution

010
 011
Category/
Type

Candidate Name
Robert F Bennett

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: UT District:

Transaction ID: B204271
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Voided: Original check dated 11/13/2007

B.

Full Name (Last, First, Middle Initial)
Bennett Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement
Contribution

010
 011
Category/
Type

Candidate Name
Robert F Bennett

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: UT District:

Transaction ID: B239610
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)