

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

Professional Compounding Centers of America PAC

ADDRESS (number and street) 9901 South Wilcrest Dr

Check if different than previously reported. (ACC) Houston TX 77099

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00558452

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input checked="" type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 11 / 29 / 2022 through M M / D D / Y Y Y Y Y Y 12 / 31 / 2022

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

Type or Print Name of Treasurer _____

Signature of Treasurer Rogers, Emory, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 01 / 31 / 2023

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

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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Professional Compounding Centers of America PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>	<input type="text" value="58151.09"/>	<input type="text" value="58151.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="54998.27"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1923.00"/>	<input type="text" value="83799.00"/>
(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="56921.27"/>	<input type="text" value="141950.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2000.00"/>	<input type="text" value="87028.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="54921.27"/>	<input type="text" value="54921.27"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Professional Compounding Centers of America PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1903.00	76850.00
(ii) Unitemized	20.00	4949.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1923.00	81799.00
(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)	1923.00	81799.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1923.00	83799.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1923.00	83799.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	86663.80
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	365.02
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2000.00	87028.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	87028.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	1923.00	81799.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1923.00	81799.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
<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)
Professional Compounding Centers of America PAC

A. BIGGS, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19814 ICELAND COURT
 City SPRING State TX Zip Code 77379-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Vice President of Pharmacy Software
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 12 / 09 / 2022
Transaction ID : 17220461
 Amount of Each Receipt this Period 100.00
 Memo Item

B. BOTTONI, DON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10010 ELKHART AVE
 City LUBBOCK State TX Zip Code 79424-8211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Compounding Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 09 / 2022
Transaction ID : 17220462
 Amount of Each Receipt this Period 25.00
 Memo Item

C. CLARK, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2010 THORNDAL ROAD
 City INDIAN TRAIL State NC Zip Code 28079-5376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Compounding Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 12 / 09 / 2022
Transaction ID : 17220463
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 165.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<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)
Professional Compounding Centers of America PAC

A. DAY, ARJUN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12722 TRAIL HOLLOW
 City HOUSTON State TX Zip Code 77024-4011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Vice President of Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 12 / 09 / 2022
Transaction ID : 17220464
 Amount of Each Receipt this Period 192.00
 Memo Item

B. DEATSMAN, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4923 WELFORD DR
 City BELLAIRE State TX Zip Code 77401-5335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Manager of Corporate Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 09 / 2022
Transaction ID : 17220465
 Amount of Each Receipt this Period 25.00
 Memo Item

C. DUKE, BEVERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 422 HEATHERTON HILL DRIVE
 City ROSENBERG State TX Zip Code 77469-4718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 09 / 2022
Transaction ID : 17220467
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	227.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 19
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. HARBIN, LIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4409 OLD BROOK RUN
 City MOUNTAIN BRK State AL Zip Code 35243-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) VP PA, Comm, Edu, HR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 12 / 09 / 2022
Transaction ID : 17220468
 Amount of Each Receipt this Period 40.00
 Memo Item

B. HARGER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19623 TRAVIS CANNON LANE
 City RICHMOND State TX Zip Code 77407-5503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Compounding Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 12 / 09 / 2022
Transaction ID : 17220469
 Amount of Each Receipt this Period 20.00
 Memo Item

C. HICKS, CYNDI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1319 BITTERSWEET
 City RICHMOND State TX Zip Code 77406-6534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Director of Events Management and Cul
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 09 / 2022
Transaction ID : 17220470
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. JONES, JANE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3901 TARRINGTON LANE

City UPPER ARLINGTON	State OH	Zip Code 43220-2299
-------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2022

Transaction ID : 17220471

Amount of Each Receipt this Period
20.00

Memo Item

B. LEAKE, W M, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 419 O'HARA DRIVE

City DANVILLE	State KY	Zip Code 40422-1539
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1610.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2022

Transaction ID : 17220472

Amount of Each Receipt this Period
70.00

Memo Item

C. MARTIN, CHARLES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4538 NORTHRIDGE CIRCLE

City CRESTWOOD	State KY	Zip Code 40014-8646
-------------------	-------------	------------------------

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

Name of Employer (for Individual) PCCA	Occupation (for Individual) Clinical Services Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4416.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2022

Transaction ID : 17220473

Amount of Each Receipt this Period
192.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	282.00
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 19
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MERRELL RHOADS, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4036 KENT CT
 City NAPLES State FL Zip Code 34116-7310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Director of Formulation Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2022
Transaction ID : 17220474
 Amount of Each Receipt this Period 20.00
 Memo Item

B. MICHAEL, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22509 Deer Creek Place
 City Cottonwood State CA Zip Code 96022-7714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Director of Member Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2022
Transaction ID : 17220475
 Amount of Each Receipt this Period 20.00
 Memo Item

C. OBRIEN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3234 GREENBRIAR
 City HOUSTON State TX Zip Code 77098-2416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Director of Business Intelligence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2022
Transaction ID : 17220476
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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 11 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. PRESCOTT, RENEE M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11677 GRANDVIEW DR
 City MONTGOMERY State TX Zip Code 77356-4276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Director of Education
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 09 / 2022
Transaction ID : 17220477
 Amount of Each Receipt this Period 25.00
 Memo Item

B. SHANK, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1507 N JEFFERSON STREET
 City ARLINGTON State VA Zip Code 22205-2839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Director of Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 12 / 09 / 2022
Transaction ID : 17220478
 Amount of Each Receipt this Period 35.00
 Memo Item

C. SPEAIRS, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7054 SERRANO DRIVE
 City FORT WORTH State TX Zip Code 76126-2320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Director of Communications and Engage
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1725.00

Date of Receipt 12 / 09 / 2022
Transaction ID : 17220479
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
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 12 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. BIGGS, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19814 ICELAND COURT
 City SPRING State TX Zip Code 77379-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Vice President of Pharmacy Software
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 12 / 23 / 2022
Transaction ID : 17220480
 Amount of Each Receipt this Period 100.00
 Memo Item

B. BOTTONI, DON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10010 ELKHART AVE
 City LUBBOCK State TX Zip Code 79424-8211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Compounding Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 12 / 23 / 2022
Transaction ID : 17220481
 Amount of Each Receipt this Period 25.00
 Memo Item

C. CLARK, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2010 THORNDALE ROAD
 City INDIAN TRAIL State NC Zip Code 28079-5376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Compounding Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 12 / 23 / 2022
Transaction ID : 17220482
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	165.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. DAY, ARJUN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12722 TRAIL HOLLOW
 City HOUSTON State TX Zip Code 77024-4011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Vice President of Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4224.00

Date of Receipt 12 / 23 / 2022
Transaction ID : 17220483
 Amount of Each Receipt this Period 192.00
 Memo Item

B. DEATSMAN, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4923 WELFORD DR
 City BELLAIRE State TX Zip Code 77401-5335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Manager of Corporate Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 12 / 23 / 2022
Transaction ID : 17220484
 Amount of Each Receipt this Period 25.00
 Memo Item

C. DUKE, BEVERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 422 HEATHERTON HILL DRIVE
 City ROSENBERG State TX Zip Code 77469-4718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 23 / 2022
Transaction ID : 17220486
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	227.00
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 14 OF 19
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. HARBIN, LIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4409 OLD BROOK RUN
 City MOUNTAIN BRK State AL Zip Code 35243-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) VP PA, Comm, Edu, HR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 12 / 23 / 2022
Transaction ID : 17220487
 Amount of Each Receipt this Period 40.00
 Memo Item

B. HARGER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19623 TRAVIS CANNON LANE
 City RICHMOND State TX Zip Code 77407-5503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Compounding Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 12 / 23 / 2022
Transaction ID : 17220488
 Amount of Each Receipt this Period 20.00
 Memo Item

C. HICKS, CYNDI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1319 BITTERSWEET
 City RICHMOND State TX Zip Code 77406-6534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Director of Events Management and Cul
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 23 / 2022
Transaction ID : 17220489
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
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 15 OF 19
	<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)
Professional Compounding Centers of America PAC

A. JONES, JANE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3901 TARRINGTON LANE

City UPPER ARLINGTON	State OH	Zip Code 43220-2299
-------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2022

Transaction ID : 17220490

Amount of Each Receipt this Period
20.00

Memo Item

B. JONES, MICHEAL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3800 MAIN ST #547

City HOUSTON	State TX	Zip Code 77002-9685
-----------------	-------------	------------------------

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

Name of Employer (for Individual) PCCA	Occupation (for Individual) Senior Benefits Administrator
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2022

Transaction ID : 17220491

Amount of Each Receipt this Period
25.00

Memo Item

C. LEAKE, W M, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 419 O'HARA DRIVE

City DANVILLE	State KY	Zip Code 40422-1539
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2022

Transaction ID : 17220492

Amount of Each Receipt this Period
70.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.00
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 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. MARTIN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4538 NORTHRIDGE CIRCLE
 City CRESTWOOD State KY Zip Code 40014-8646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Services Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4608.00

Date of Receipt 12 / 23 / 2022
Transaction ID : 17220493
 Amount of Each Receipt this Period 192.00
 Memo Item

B. MERRELL RHOADS, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4036 KENT CT
 City NAPLES State FL Zip Code 34116-7310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Director of Formulation Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 12 / 23 / 2022
Transaction ID : 17220494
 Amount of Each Receipt this Period 20.00
 Memo Item

C. MICHAEL, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22509 Deer Creek Place
 City Cottonwood State CA Zip Code 96022-7714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Director of Member Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 23 / 2022
Transaction ID : 17220495
 Amount of Each Receipt this Period 20.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3234 GREENBRIAR

City HOUSTON	State TX	Zip Code 77098-2416
-----------------	-------------	------------------------

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

Name of Employer (for Individual) PCCA	Occupation (for Individual) Director of Business Intelligence
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2022

Transaction ID : 17220496

Amount of Each Receipt this Period
20.00

Memo Item

B. PRESCOTT, RENEE M., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11677 GRANDVIEW DR

City MONTGOMERY	State TX	Zip Code 77356-4276
--------------------	-------------	------------------------

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

Name of Employer (for Individual) PCCA	Occupation (for Individual) Director of Education
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2022

Transaction ID : 17220497

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 1507 N JEFFERSON STREET

City ARLINGTON	State VA	Zip Code 22205-2839
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
910.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2022

Transaction ID : 17220498

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
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 18 OF 19
(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)
Professional Compounding Centers of America PAC

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

Mailing Address **7054 SERRANO DRIVE**

City FORT WORTH	State TX	Zip Code 76126-2320
---------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
12 / 23 / 2022

Transaction ID : 17220499

Amount of Each Receipt this Period
75.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	1903.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Defend Our Conservatives Senate PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 26141

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2022

City
Alexandria

State
VA

Zip Code
22313

FEC Identification Number

Purpose of Disbursement
2022

C	C00632323
---	-----------

Candidate Name

011
Category/ Type

Transaction ID : 17083989

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

2000.00

2022

Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

C	
---	--

Candidate Name

Category/ Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

--

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

C	
---	--

Candidate Name

Category/ Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

--

Memo Item

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

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

2000.00

2000.00
