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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

ACP-RxPAC

ADDRESS (number and street) ▼ 122 C St NW Suite 500

☐ (Check if address is changed)

Washington DC 20001-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

info@ACPRXPAC.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.ACPRXPAC.org

COMMITTEE'S FAX NUMBER

202-628-3770

2. DATE 01 / 20 / 2006

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT ☑ NEW (N) OR ☐ AMENDED (A)

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

Type or Print Name of Treasurer James E. Link

Signature of Treasurer James E. Link Date 01 / 20 / 2006

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

FE3AN042.PDF

5. TYPE OF COMMITTEE (Check One)

(a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)

(b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: ☐ House ☐ Senate ☐ President

State

District

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) ☐ This committee is a separate segregated fund.

(f) ☑ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

none

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name
ACP * Rx PAC

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name: James E Link
Mailing Address: 7501 Westfield Dr
Bethesda MD 20817-

Title or Position▼: Treasurer
CITY ▲ STATE ▲ ZIP CODE ▲
Telephone number: 202-744-9661

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: James E Link
Mailing Address: 7501 Westfield Dr
Bethesda MD 20817-

Title or Position▼: Treasurer
CITY ▲ STATE ▲ ZIP CODE ▲
Telephone number: 202-744-9661

Full Name of Designated Agent: Bill Rustin
Mailing Address: 3341 Ridgecrest Ct
Raleigh NC 27607-

Title or Position▼: Assistant Treasurer
CITY ▲ STATE ▲ ZIP CODE ▲
Telephone number: 919-389-9779

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

none

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

none

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

☑ Hand Delivered	Date of Receipt 1/23/06
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☐ No Postmark	
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Next Business Day Delivery	☐
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
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☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	1/23/06 DATE PREPARED

(3/2005)