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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

ACPRXRPAC

ADDRESS (number and street) 122 C Street NW Suite 500

(Check if address is changed) Washington DC 20001-1

COMMITTEE'S E-MAIL ADDRESS info@acprxpac.org

COMMITTEE'S WEB PAGE ADDRESS (URL) www.acprxpac.org

COMMITTEE'S FAX NUMBER 202-628-3770

James E. Link

122 C Street, NW
Suite 500
Washington, DC 20001

PHONE: (202) 628-3750
CELL: (202) 744-9661
FAX: (202) 628-3770
EMAIL: jim@larsonstewart.com

LARSON STEWART MYRICK & LINK, LLC
GOVERNMENT RELATIONS

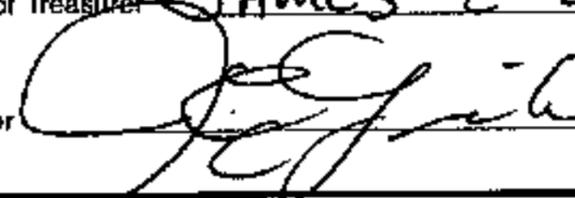
2. DATE 04 03 2006

3. FEC IDENTIFICATION NUMBER ► C00418855

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  Date 04 03 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.

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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

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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 CITY STATE ZIP CODE

Treasurer

Telephone number 202-749-9661

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 CITY STATE ZIP CODE

Treasurer

Telephone number 202-749-9661

Full Name of Designated Agent Bill Rustin

Mailing Address 3341 Ridgecrest Ct

Raleigh NC 27607-

Title or Position CITY STATE ZIP CODE

Assistant Treasurer

Telephone number 919-389-10770

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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.

SunTrust Banks Inc

Mailing Address

2 Massachusetts Ave NW

Washington D.C. 20001-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

26039030245



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-1

March 31, 2006

James E. Link, Treasurer
ACP-Rx PAC
122 C Street NW, Suite 500
Washington, D.C. 20001

Response Due Date:
May 1, 2006

Identification Number: C00418855

Reference: Amended Statement of Organization, dated 2/01/06

Dear Mr. Link:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received at the Commission by the response date noted above.** An itemization of the information needed follows:

-Any affiliated or connected organization must be identified on your Statement of Organization. For further guidance on affiliated committees and connected organizations, please refer to 11 CFR §§100.5(g) and 100.6. If there are no other committees or organizations with which you share control or financing, please indicate "None" on Line 6. If you do share control or financing with other committees or organizations, please list their names, addresses, and relationships on Line 6. 11 CFR §102.2

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please

26039030245

contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1394.

Sincerely,

Marlene R. Daughtrey
Marlene R. Daughtrey
Campaign Finance Analyst
Reports Analysis Division

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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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature]
 PREPARER 4/10/06
 (3/2005) DATE PREPARED

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