

**FEC FORM 3X**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2008 JAN 22 PM 4:38

Office Use Only

1. NAME OF COMMITTEE (In full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5

ACP, D, X, PAC

ADDRESS (number and street) 1122 C ST NW SUITE 500

Check if different than previously reported. (ACC) WASHINGTON DC 20001

2. FEC IDENTIFICATION NUMBER **CITY** **STATE** **ZIP CODE**

C00418855

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:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

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

(d) 30-Day POST-Election Report for the:

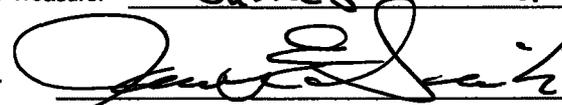
General (30G)  Runoff (30R)  Special (30S)

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

5. Covering Period 07 / 01 / 2007 through 12 / 31 / 2007

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 James E. Link

Signature of Treasurer  Date 01 / 22 / 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.

Office Use Only **FEC FORM 3X**  
Rev. 12/2004

28039594346

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**ACP Rx PAC**

Report Covering the Period:

From:

**07 / 01 / 2007**

To:

**12 / 31 / 2007**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2007</b>		100.00
(b) Cash on Hand at Beginning of Reporting Period.....	12,800.17	
(c) Total Receipts (from Line 19) .....	14,500.00	33,200.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	27,300.17	33,300.17
7. Total Disbursements (from Line 31) .....	11,000.00	17,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	16,300.17	16,300.17
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....		



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

28039594347

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**ACP Rx PAC**

Report Covering the Period: From:

07 / 01 / 2007

To:

12 / 31 / 2007

**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).....
  - (ii) Unitemized .....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

14,500.00  
0  
14,500.00

30,750.00  
2,450.17  
33,200.17

- (b) Political Party Committees .....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0  
0  
14,500.00

0  
0  
33,200.17

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

0  
0  
0

0  
0  
0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

14,500.00

33,200.17

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

14,500.00

33,200.17

28039594348

**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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11,000.00	17,000.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11,000.00	17,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11,000.00	17,000.00

28039594349

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	14,500.00	33,200.17
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14,500.00	33,200.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

28039594350

**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	OF 4
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)  
**ACP Rx PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Buchanan, G.B.**

Mailing Address  
**701 Rollingwood Dr.**

City **Greensboro** State **NC** Zip Code **27410**

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

Name of Employer **Self** Occupation **Pharmacy Owner**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **08 / 20 / 2007**

Amount of Each Receipt this Period **1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Bizell, Robert W.**

Mailing Address  
**3423 Buena Vista Ct.**

City **Kinston** State **NC** Zip Code **28504**

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

Name of Employer **Self** Occupation **Pharmacy Owner**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 18 / 2007**

Amount of Each Receipt this Period **500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Bridges, J.C.**

Mailing Address  
**101 Mason Dr**

City **Cheraw** State **SC** Zip Code **29520**

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

Name of Employer **Self** Occupation **Pharmacy Owner**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 19 / 2007**

Amount of Each Receipt this Period **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **2500.00**

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

28039594351

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

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

FOR LINE NUMBER: PAGE 2 OF 4

(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)  
**ACPRx PAC**

A. Full Name (Last, First, Middle Initial)  
**Davis, Thomas P.**  
 Mailing Address  
**P.O. Box 1108**  
 City **Yanceyville** State **NC** Zip Code **27379**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **Self** Occupation **Pharmacy Owner**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1,000.00**

Date of Receipt  
**09 / 21 / 2007**  
 Amount of Each Receipt this Period  
**1,000.00**

B. Full Name (Last, First, Middle Initial)  
**Fulter, J. Michael**  
 Mailing Address  
**425 S. Fulton St**  
 City **Salisbury** State **NC** Zip Code **28144**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **Self** Occupation **Pharmacy Owner**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1,000.00**

Date of Receipt  
**09 / 21 / 2007**  
 Amount of Each Receipt this Period  
**1,000.00**

C. Full Name (Last, First, Middle Initial)  
**White, Romas T. III**  
 Mailing Address  
**2404 Beechridge Rd**  
 City **Raleigh** State **NC** Zip Code **27608**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **Self** Occupation **Pharmacy Owner**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **4,000.00**

Date of Receipt  
**09 / 21 / 2007**  
 Amount of Each Receipt this Period  
**1,000.00**

SUBTOTAL of Receipts This Page (optional)..... **3,000.00**  
 TOTAL This Period (last page this line number only).....

28039594352

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

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

FOR LINE NUMBER: PAGE 3 OF 4  
(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)  
**ACP Rx PAC**

A. Full Name (Last, First, Middle Initial)  
**Blount, J.G.**

Mailing Address  
**201 Blount St P.O. Box 209**

City **Edenton** State **NC** Zip Code **27932**

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

Name of Employer **Self** Occupation **Pharmacy Owner**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1,000.00**

Date of Receipt  
**09 / 24 / 2007**

Amount of Each Receipt this Period  
**1,000.00**

B. Full Name (Last, First, Middle Initial)  
**Hogg, Johnny**

Mailing Address  
**P.O. Box 719 303 N. Third St.**

City **Pinebluffs** State **NC** Zip Code **27864**

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

Name of Employer **Self** Occupation **Pharmacy Owner**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2,000.00**

Date of Receipt  
**09 / 24 / 2007**

Amount of Each Receipt this Period  
**1,000.00**

C. Full Name (Last, First, Middle Initial)  
**Maggett, J. Davie**

Mailing Address  
**612 Bayshore Dr.**

City **Wilmington** State **NC** Zip Code **28411**

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

Name of Employer **Self** Occupation **Pharmacy Owner**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**3,000.00**

Date of Receipt  
**09 / 26 / 2007**

Amount of Each Receipt this Period  
**1,000.00**

SUBTOTAL of Receipts This Page (optional).....▶ **3,400.00**

TOTAL This Period (last page this line number only).....▶ **3,400.00**

28039594353

**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 4 OF 4
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)  
**ACPRx PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Marks Jr, Ellis L.**

Mailing Address  
**323 Curtis Dr.**

City **Rockingham** State **NC** Zip Code **28379**

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

Name of Employer **Self** Occupation **Pharmacy Owner**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**10 / 02 / 2007**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Cameron, William S.**

Mailing Address  
**100 Park Ave.**

City **Sanford** State **NC** Zip Code **27330**

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

Name of Employer **Self** Occupation **Pharmacy Owner**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**10 / 06 / 2007**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mast, William H.**

Mailing Address  
**1910 Ross Mill Rd.**

City **Henderson** State **NC** Zip Code **27537**

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

Name of Employer **Self** Occupation **Pharmacy Owner**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**4000.00**

Date of Receipt  
**11 / 21 / 2007**

Amount of Each Receipt this Period  
**4000.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **6000.00**

**TOTAL** This Period (last page this line number only)..... ▶ **14500.00**

28039594354



**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)						PAGE 2 OF 3
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

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)  
**ACP Rx PAC**

**A. Tom Feeney for Congress**

Full Name (Last, First, Middle Initial) **Tom Feeney for Congress**

Mailing Address **1470 Alafaya Trail Suite 103**

City **Oviedo** State **FL** Zip Code **32765**

Purpose of Disbursement

Candidate Name **Tom Feeney** Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **FL** District: **74**

Date of Disbursement **09 / 17 / 2007**

Amount of Each Disbursement this Period **500.00**

**B. David Price for Congress**

Full Name (Last, First, Middle Initial) **David Price for Congress**

Mailing Address **P.O. Box 1986**

City **Raleigh** State **NC** Zip Code **27602**

Purpose of Disbursement

Candidate Name **David Price** Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **NC** District: **4**

Date of Disbursement **09 / 20 / 2007**

Amount of Each Disbursement this Period **1,000.00**

**C. Bob Etheridge for Congress**

Full Name (Last, First, Middle Initial) **Bob Etheridge for Congress**

Mailing Address **P.O. Box 28001**

City **Raleigh** State **NC** Zip Code **27611**

Purpose of Disbursement

Candidate Name **Bob Etheridge** Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **NC** District: **2**

Date of Disbursement **11 / 09 / 2007**

Amount of Each Disbursement this Period **1,000.00**

**SUBTOTAL** of Disbursements This Page (optional).....▶ **2,500.00**

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

28039594356

**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)

PAGE 3 OF 3

<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

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)

ACP Rx PAC

Full Name (Last, First, Middle Initial)

A. Keller for Congress

Mailing Address P.O. Box 1453

City Orlando State FL Zip Code 32802

Purpose of Disbursement

Candidate Name Ric Keller

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

State: FL District: 8

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

50000

Full Name (Last, First, Middle Initial)

B. Mike Ross for Congress Campaign

Mailing Address P.O. Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement

Candidate Name Mike Ross

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

State: AR District: 4

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

100000

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 S. Capitol Street SE.

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name Democratic Congressional Campaign Committee

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

State: District:

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

500000

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

650000

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

1100000

28039594357

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  
1/22/08

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

  
 PREPARER  
 (3/2005)

1/23/08  
 DATE PREPARED

28039594358