

2010 JUL 12 PM 1:01

**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

ACP RX PAL

ADDRESS (number and street)

122 C STREET NW

SUITE 509



Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20001-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00418855

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

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

In the
State of

State

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

In the
State of

State

5. Covering Period

04 / 01 / 2010

06 / 30 / 2010

through

through

06 / 30 / 2010

06 / 30 / 2010

06 / 30 / 2010

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

James E. Link

Date

07 / 08 / 2010

07 / 08 / 2010

07 / 08 / 2010

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

04 / 01 / 2010

To:

06 / 30 / 2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2010		568138
(b) Cash on Hand at Beginning of Reporting Period.....	417638	
(c) Total Receipts (from Line 19)	905000	905000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1322638	1473138
7. Total Disbursements (from Line 31)	100000	250500
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1222638	1222638
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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

04 / 01 / 2010

To:

06 / 30 / 2010

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).....

9050.00

9050.00

- (ii) Unitemized

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

9050.00

9050.00

- (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).....▶

9050.00

9050.00

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

13. All Loans Received.....

14. Loan Repayments Received.....

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

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

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

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))..

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

9050.00

9050.00

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

9050.00

9050.00

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		5.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		5.00
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1,000.00	2,500.00
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))..	1,000.00	2,505.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,000.00	2,505.00

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)	9050.00	9050.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9050.00	9050.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	5.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	0.00	5.00

10030363412

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)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ACP RX PAC

Full Name (Last, First, Middle Initial)

A. Gale, Lance

Mailing Address

401 Church St.

City

Springfield

State

CO

Zip Code

81073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gale Drug Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

5000

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

B. Ripley, Gill

Mailing Address

520 W. Main St.

City

Elkin

State

NC

Zip Code

28621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bridge St. Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

25000

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

25000

Full Name (Last, First, Middle Initial)

C. Boggs, Patrick

Mailing Address

1291 Hwy 2

City

Plain Dealing

State

LA

Zip Code

71064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kelly Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

10000

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

10000

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

40000

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

10030363413

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 2 OF 9

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NAME OF COMMITTEE (In Full)

ACP RX PAC

Full Name (Last, First, Middle Initial)

A. Ivie, James L.

Mailing Address

20420 149 Crown Hill Rd.

City

Excelsior Springs MO 64024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Browns Prescription Drug Pharmacist

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

06 / 14 / 2018

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

B. McCaslin, Don

Mailing Address

401 Hwy. 270

City

Hartshorne OK 74547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cal Drug Pharmacist

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000

Date of Receipt

06 / 14 / 2018

Amount of Each Receipt this Period

10000

Full Name (Last, First, Middle Initial)

C. Slakoper, Mathew

Mailing Address

411 Delaware Ave.

City

Penndel PA 19047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mats Pharmacy Pharmacist

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

06 / 14 / 2018

Amount of Each Receipt this Period

5000

SUBTOTAL of Receipts This Page (optional).....

65000

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)

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NAME OF COMMITTEE (In Full)

ACP RX PAC

Full Name (Last, First, Middle Initial)

A. **Dunn, Marty**

Mailing Address

3111 SW 32nd Pl.

City

Des Moines

State

IA

Zip Code

50321

FEC ID number of contributing
federal political committee.

C

Date of Receipt

06 ' 21 ' 2010

Amount of Each Receipt this Period

100.00

Name of Employer

Methodist Plaza Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Full Name (Last, First, Middle Initial)

B. **Taylor, Thomas F.**

Mailing Address

121 Trexler Dr.

City

Wadesboro

State

NC

Zip Code

28170

FEC ID number of contributing
federal political committee.

C

Date of Receipt

06 ' 21 ' 2010

Amount of Each Receipt this Period

200.00

Name of Employer

Parsons Drug

Occupation

Pharmacist

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Full Name (Last, First, Middle Initial)

C. **SALTAFORMAGGIO, Bernard**

Mailing Address

7791 Kripple K Dr.

City

Denham Springs

State

LA

Zip Code

70706

FEC ID number of contributing
federal political committee.

C

Date of Receipt

06 ' 14 ' 2010

Amount of Each Receipt this Period

100.00

Name of Employer

Bernard's Family Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

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

400.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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13 14 15 16 17

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NAME OF COMMITTEE (In Full)

ACP RX PAC

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

Date of Receipt

06 / 14 / 2010

Mailing Address

1910 Ross Mill Rd.

City

Henderson

State

NC

Zip Code

27537

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

50000

Name of Employer

Mast Drug Co.

Occupation

Pharmacist

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000

B. Full Name (Last, First, Middle Initial)
Lanzon, Joseph A.

Date of Receipt

06 / 21 / 2010

Mailing Address

9186 Tavistock Dr.

City

Plymouth

State

MI

Zip Code

48170

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

10000

Name of Employer

Prof. Village Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000

C. Full Name (Last, First, Middle Initial)
Philly, Margaret B.

Date of Receipt

06 / 21 / 2010

Mailing Address

PO Box 117

City

Mer Rouge

State

LA

Zip Code

71261

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

5000

Name of Employer

Brodie Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

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

65000

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)

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<input 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)

ACP RX PAC

Full Name (Last, First, Middle Initial)

A. **Hewkin, John W.**

Mailing Address

721 Iroquois Dr.

City

Sullivan

State

MO

Zip Code

63080

Date of Receipt

06 / 14 / 2010

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

250.00

Name of Employer

Self-Towne Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Full Name (Last, First, Middle Initial)

B. **Adams, Ray Jr.**

Mailing Address

2616 Country Club Dr.

City

Lynn Haven

State

FL

Zip Code

32444

Date of Receipt

06 / 21 / 2010

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

250.00

Name of Employer

Adams Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Full Name (Last, First, Middle Initial)

C. **Bryan, H. Dean**

Mailing Address

421 Main St.

City

Tarboro

State

NC

Zip Code

27886

Date of Receipt

06 / 21 / 2010

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

250.00

Name of Employer

Bryan Drugs

Occupation

Pharmacist

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

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

750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

ACP RX PAC

Full Name (Last, First, Middle Initial)

A. **Futrell, William R.**

Mailing Address

P.O. BOX 768

City

Jackson

State

NC

Zip Code

27845

FEC ID number of contributing
federal political committee.

C

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

100.00

Name of Employer

Self

Occupation

Pharmacist

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Full Name (Last, First, Middle Initial)

B. **ONEAL, Walton P.**

Mailing Address

116 DOWRY Creek East

City

Belhaven

State

NC

Zip Code

27810

FEC ID number of contributing
federal political committee.

C

Date of Receipt

06 / 21 / 2010

Amount of Each Receipt this Period

500.00

Name of Employer

ONEALS Drug Store

Occupation

Pharmacist

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

C. **Gregg, Bob G.**

Mailing Address

50 Andes Cir.

City

Greenville

State

TN

Zip Code

37743

FEC ID number of contributing
federal political committee.

C

Date of Receipt

06 / 21 / 2010

Amount of Each Receipt this Period

100.00

Name of Employer

Atchley Drug Center

Occupation

Pharmacist

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

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

700.00

10030363418

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

ACP RX PAC

Full Name (Last, First, Middle Initial)

A. Pomarico, Theodore

Mailing Address

239 Old Bergen Rd.

City

Jersey City

State

NJ

Zip Code

07305

FEC ID number of contributing
federal political committee.

C

Date of Receipt

06 ' 21 ' 2010

Amount of Each Receipt this Period

100.00

Name of Employer

Pomarico Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

100.00

Full Name (Last, First, Middle Initial)

B. Brantley, Kayren

Mailing Address

649 Broughton St.

City

Troy

State

NC

Zip Code

27371

FEC ID number of contributing
federal political committee.

C

Date of Receipt

06 ' 21 ' 2010

Amount of Each Receipt this Period

2500.00

Name of Employer

White Star Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

2500.00

Full Name (Last, First, Middle Initial)

C. Tatum, Alan

Mailing Address

4012 Walnut Grove Rd.

City

Cookeville

State

TN

Zip Code

38506

FEC ID number of contributing
federal political committee.

C

Date of Receipt

06 ' 21 ' 2010

Amount of Each Receipt this Period

100.00

Name of Employer

Poyless Family Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

100.00

SUBTOTAL of Receipts This Page (optional).....

450.00

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)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACP RX PAC

A. Full Name (Last, First, Middle Initial)
Tuttle, Jon J.

Mailing Address
1200 Aztec Ct.

City **Fort Atkinson** State **WI** Zip Code **53538**

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

Name of Employer **Tuttle's Pharmacy** Occupation **Pharmacist**

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt

06 / **21** / **2010**

Amount of Each Receipt this Period

1,000.00

B. Full Name (Last, First, Middle Initial)
Hunter, Stephen D.

Mailing Address
309 Bridlewood Dr

City **Greensburg** State **PA** Zip Code **15601**

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

Name of Employer **Hunter Pharmacy** Occupation **Pharmacist**

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

06 / **21** / **2010**

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Rothschild, Charles B.

Mailing Address
2613 Mulberry Ln.

City **Northbrook** State **IL** Zip Code **60062**

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

Name of Employer **Del Lago Pharmacy** Occupation **Pharmacist**

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
10,000.00

Date of Receipt

06 / **21** / **2010**

Amount of Each Receipt this Period

10,000.00

SUBTOTAL of Receipts This Page (optional)..... ►

25,000.00

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

25,000.00

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 **9** OF **19**

<input 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)

ACP RX PAC

A. Full Name (Last, First, Middle Initial)
Reznick, Frank P.

Mailing Address
421 W. Lane St.

City **Centerville** State **IA** Zip Code **52544**

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owl Pharmacy

Occupation
Pharmacist

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 21 / 2010

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
Kostecki, Lisa

Mailing Address
PO Box 82

City **Cross Plains** State **WI** Zip Code **53528**

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cross Plains Pharmacy

Occupation
Pharmacist

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 / 21 / 2010

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Porter, Richard J.

Mailing Address
22212 57th Ave. N.

City **Fort Byron** State **IL** Zip Code **61275**

FEC ID number of contributing
federal political committee.

C

Name of Employer
Porter Village Rx

Occupation
Pharmacist

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

100.00

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

250.00

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

10030363421

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)

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<input 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)

ACP RX PAC

Full Name (Last, First, Middle Initial)

A. **Mercier, Arthur M.**

Mailing Address

508 N. Indiana Ave

City

Englewood

State

FL

Zip Code

34223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apple Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

20000

Date of Receipt

06 ' 21 ' 2010

Amount of Each Receipt this Period

20000

Full Name (Last, First, Middle Initial)

B. **Einsidler, Gary B.**

Mailing Address

70 Pontiac Rd.

City

Quincy

State

MA

Zip Code

02169

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tremont Drug

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

10000

Date of Receipt

06 ' 14 ' 2010

Amount of Each Receipt this Period

10000

Full Name (Last, First, Middle Initial)

C. **Whittier, Mark**

Mailing Address

103 Lexington Ave

City

Canby

State

MN

Zip Code

56220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Canby Drug

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

10000

Date of Receipt

06 ' 14 ' 2010

Amount of Each Receipt this Period

10000

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

40000

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

40000

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE **11** OF **19**
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACP RX PAC

A. Full Name (Last, First, Middle Initial)
Powers, James B.

Mailing Address
1349 Old Village Rd.

City **Tallahassee** State **FL** Zip Code **32312**

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

Name of Employer **FL. Indep. Pharmacy Network** Occupation **Pharmacist**

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
10000

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

10000

B. Full Name (Last, First, Middle Initial)
Lane, Donald K.

Mailing Address
39 Peacock Rd.

City **Vienna** State **GA** Zip Code **31092**

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

Name of Employer **Montezuma Drug** Occupation **Pharmacist**

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
10000

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

10000

C. Full Name (Last, First, Middle Initial)
Barbee, Sprite

Mailing Address
415 Harris Ave.

City **Racford** State **NC** Zip Code **28376**

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

Name of Employer **Barbee Pharmacy** Occupation **Pharmacist**

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
20000

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

20000

SUBTOTAL of Receipts This Page (optional)..... ►

40000

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

40000

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**

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACP RX PAC

Full Name (Last, First, Middle Initial)

A. **Duchnowski, Kenneth M.**

Mailing Address

101 LaDue Rd.

City

Belleville

State

IL

Zip Code

62223

FEC ID number of contributing
federal political committee.

C

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

25000

Name of Employer

B+D Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000

Full Name (Last, First, Middle Initial)

B. **Nduka, Clement**

Mailing Address

374 Pleasant View Ct.

City

El Paso

State

TX

Zip Code

79912

FEC ID number of contributing
federal political committee.

C

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

10000

Name of Employer

Eckland Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000

Full Name (Last, First, Middle Initial)

C. **Crosby, Gary N.**

Mailing Address

306 18th Ave. N.

City

Fort Dodge

State

IA

Zip Code

50501

FEC ID number of contributing
federal political committee.

C

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

10000

Name of Employer

Disco Drug

Occupation

Pharmacist

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000

SUBTOTAL of Receipts This Page (optional)..... ►

45000

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

☐ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

ACP RX PAC

Full Name (Last, First, Middle Initial)

A. **Ellison, Clarence**

Mailing Address

380 Broadmoor Way

City

Clayton

State

NC

Zip Code

27520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coors Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. **Ferguson, Anna F.**

Mailing Address

891 Three Forks Rd.

City

Taylorsville

State

NC

Zip Code

28681

FEC ID number of contributing
federal political committee.

C

Name of Employer

Office Practice of Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. **Craft, Lonnie Joe**

Mailing Address

480 S. Jefferson Ave.

City

Plain City

State

OH

Zip Code

43064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

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

400.00

10030363425

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)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ACP RX PAC

Full Name (Last, First, Middle Initial)

A. **Turner, Robert A.**

Mailing Address

PO Box 580

City

Andrews

State

NC

Zip Code

28901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hyattsville Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 ' 14 ' 2010

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. **Obeld, Charles J.**

Mailing Address

318 Willow Rd.

City

Pittston

State

PA

Zip Code

18640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheehans Pharmacy

Occupation

Owner

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

109.90

Date of Receipt

06 ' 14 ' 2010

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. **Ganhi, Paresh T.**

Mailing Address

32 Lafayette Cir.

City

Totowa

State

NJ

Zip Code

07512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 ' 14 ' 2010

Amount of Each Receipt this Period

500.00

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

760.00

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

760.00

10030363426

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)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACP RX PAC

Full Name (Last, First, Middle Initial)

A. **Bachman, Constance K.**

Mailing Address

104 W. Main

City

Goldendale

State

WA

Zip Code

98620

FEC ID number of contributing
federal political committee.

C

Name of Employer

K-C Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

50000

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

50000

Full Name (Last, First, Middle Initial)

B. **Crowell, Vivian and Barton**

Mailing Address

1404 Woodland Terr.

City

Pittsburg

State

KS

Zip Code

66762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crowell Drug

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

10000

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

10000

Full Name (Last, First, Middle Initial)

C. **Webber, William Wesley**

Mailing Address

116 S. Dean A Mc Gee Ave

City

Wynnewood

State

OK

Zip Code

73098

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pharmacist

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

10000

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

10000

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

70000

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

70000

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

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACP RX PAC

Full Name (Last, First, Middle Initial)

A. Lebbad, Malin K.

Mailing Address

40 16th St.

City

Cayucos

State

CA

Zip Code

93430

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cayucos Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000

Date of Receipt

06 ' 14 ' 2010

Amount of Each Receipt this Period

10000

Full Name (Last, First, Middle Initial)

B. Gee, Bobby

Mailing Address

3230 Northridge Dr.

City

Purcell

State

OK

Zip Code

73080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Turner Drug

Occupation

Pharmacist

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000

Date of Receipt

06 ' 14 ' 2010

Amount of Each Receipt this Period

25000

Full Name (Last, First, Middle Initial)

C. Thompson, Terry

Mailing Address

821 Bernal Court

City

Spring Valley

State

IL

Zip Code

61362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thompson's Drug

Occupation

Pharmacist

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000

Date of Receipt

06 ' 14 ' 2010

Amount of Each Receipt this Period

10000

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

45000

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**

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACP RX PAC

Full Name (Last, First, Middle Initial)

A. **Lowmy, Mark R**

Mailing Address

6435 Louina Rd.

City

Roanoke

State

AL

Zip Code

36274

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lineville Clinic Phy.

Occupation

Pharmacist

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

06 ' 14 ' 2010

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

B. **Flippo, Gary D.**

Mailing Address

PO Box 550

City

Walnut Ridge

State

AR

Zip Code

72476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Prescription House

Occupation

Pharmacist

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

06 ' 14 ' 2010

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

C. **Wong, Allen**

Mailing Address

66-36 Yellowstone Blvd # 266

City

Forest Hill

State

NY

Zip Code

11375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Victoria Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000

Date of Receipt

06 ' 14 ' 2010

Amount of Each Receipt this Period

25000

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

35000

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)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACP RX PAC

Full Name (Last, First, Middle Initial)

A. Roberts, John H.

Mailing Address

2142 Muddy Springs Rd.

City

Magnolia

State

MS

Zip Code

39652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Corner Drug Store

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Poret, Gregory

Mailing Address

PO Box 127

City

Cottonport

State

LA

Zip Code

71327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Benefiel, Stephen E.

Mailing Address

116 W. Court

City

Paris

State

IL

Zip Code

61944

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

450.00

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 9 OF 19	
<input 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)

ACP RX PAC

A. Full Name (Last, First, Middle Initial)
Brunner, Charles

Mailing Address
10742 Zurich St.

City **Cooper City** State **FL** Zip Code **33026**

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

Name of Employer **Hollywood Discount Pharmacy** Occupation **Pharmacist**

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ **25000**

Date of Receipt

06 / 14 / 2010

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

250.00

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

9050.00

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)

PAGE 1 OF 1

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ACP RX PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 27 / 2010

A. **Walter Jones for Congress**

Mailing Address

PO Box 3962

City

Greenville

State

NC

Zip Code

27836

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

500.00

Candidate Name

Walter Jones

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

06 / 09 / 2010

B. **Elaine Marshall Committee**

Mailing Address

311 S. Harrington St.

City

Raleigh

State

NC

Zip Code

27601

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

500.00

Candidate Name

Elaine Marshall

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

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

1000.00

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

1000.00

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