

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
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Office Use Only

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

ACP-RX-PAC

ADDRESS (number and street) 1122 C ST NW SUITE

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

2. FEC IDENTIFICATION NUMBER ▼ C00418855

CITY ▲ STATE ▲ ZIP CODE ▲

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 M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2007 through M M M / D D D / Y Y Y Y Y Y 06 / 30 / 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 James E. Link

Date M M / D D / Y Y Y Y Y Y 07 / 25 / 2007

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										
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FEC FORM 3X Rev. 12/2004

27039490465

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ACPRx PAC

Report Covering the Period:

From:

01 / 01 / 2007

To:

06 / 30 / 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2007	2007	4100.17
(b) Cash on Hand at Beginning of Reporting Period.....	4100.17	
(c) Total Receipts (from Line 19).....	13800.00	13800.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	17900.17	17900.17
7. Total Disbursements (from Line 31).....	6000.00	6000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	11900.17	11900.17
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

27039490466

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ACPRx PAC

Report Covering the Period: From:

01 / 01 / 2007

To:

06 / 30 / 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).....

11,800.00

11,800.00

(ii) Unitemized

2,000.00

2,000.00

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

13,800.00

13,800.00

(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).....▶

13,800.00

13,800.00

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)).....▶

13,800.00

13,800.00

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

13,800.00

13,800.00

27039490467

**DETAILED SUMMARY PAGE
of Disbursements**

27039490468

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.....	6,000.00	6,000.00
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))..	6,000.00	6,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6,000.00	6,000.00

**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)	13,800.00	13,800.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13,800.00	13,800.00
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)		

27039490469

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

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

FOR LINE NUMBER: PAGE 1 OF 8
(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)
Waggett, 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 ▼

Date of Receipt
07 / 05 / 2007

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
White, Thomas, T. III

Mailing Address
2404 Beechridge Road

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 ▼

Date of Receipt
07 / 05 / 2007

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Link, James, E.

Mailing Address
7501 Westfield Dr.

City **Bethesda** State **MD** Zip Code **20817**

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
07 / 05 / 2007

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **3000.00**

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

27039490470

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

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

FOR LINE NUMBER: PAGE 7 OF 8

(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

Full Name (Last, First, Middle Initial)

A. Durbin, Michael, F.

Mailing Address

15 421 - Main St. P.O. Box 305

City

Mckee

State

KY

Zip Code

40447

FEC ID number of contributing federal political committee.

C

Name of Employer

Campbell's Drug

Occupation

Pharmacy Owner

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

03 / 16 / 2007

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Blacker, Kevin, B.

Mailing Address

2768 Township Rd NE 197

City

Crooksville

State

OH

Zip Code

43731

FEC ID number of contributing federal political committee.

C

Name of Employer

Blacker's Pharmacy

Occupation

Pharmacy Owner

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

03 / 16 / 2007

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Wallenberg, Robert

Mailing Address

122 Hollyberry Rd

City

Bristol

State

CT

Zip Code

06010

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 ▼

Date of Receipt

03 / 16 / 2007

Amount of Each Receipt this Period

500.00

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

1500.00

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

27039490471

**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 8	
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ACP Rx PAC

A. Full Name (Last, First, Middle Initial) BURRIS, Thomas H.		Date of Receipt 03 / 16 / 2007
Mailing Address 440 West Hunts Rd.		Amount of Each Receipt this Period 250.00
City Berrie	State Zip Code MO 63822	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Overturf Health Mart	Occupation Pharmacy Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

B. Full Name (Last, First, Middle Initial) HARRISON, Dorothy B.		Date of Receipt 03 / 16 / 2007
Mailing Address 825 Clifton Cove Ct.		Amount of Each Receipt this Period 200.00
City Cocoa	State Zip Code FL 32926	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self	Occupation Pharmacy Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial) BAINS, Richard H.		Date of Receipt 03 / 16 / 2007
Mailing Address P.O. Box 158		Amount of Each Receipt this Period 500.00
City Bailey	State Zip Code NC 27807	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bailey Pharmacy	Occupation Pharmacy Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....	950.00
TOTAL This Period (last page this line number only).....	

27039490472

**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 8	
	<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)
ACP Rx PAC

A. Full Name (Last, First, Middle Initial)
Brumer, 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 **Pharmacy Owner**

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

Aggregate Year-to-Date **▼**

Date of Receipt
03 / 16 / 2007

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Thutt, Thomas, R.

Mailing Address
1603 Crawford Rd.

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

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

Name of Employer **Medical Center Pharmacy** Occupation **Pharmacy Owner**

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

Aggregate Year-to-Date **▼**

Date of Receipt
03 / 16 / 2007

Amount of Each Receipt this Period
250.00

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

Mailing Address
815 W. 181st St. #65

City **New York** State **NY** Zip Code **10033**

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

Name of Employer **King's Pharmacy** Occupation **Pharmacy Owner**

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

Aggregate Year-to-Date **▼**

Date of Receipt
03 / 16 / 2007

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **1000.00**

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

27039490473

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

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

FOR LINE NUMBER: PAGE **5** OF **8**
(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)
Nusbaum, Stanley J.

Mailing Address
7126 Saratoga Ln.

City **Chattanooga** State **TN** Zip Code **37421**

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 ▼

Date of Receipt
03 / 16 / 2007

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Krusling, Michael R.

Mailing Address
2360 Bethel New Richmond Rd.

City **Bethel** State **OH** Zip Code **45106**

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 ▼

Date of Receipt
03 / 16 / 2007

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Rothrock-Fieber, Kathleen

Mailing Address
4003 N. 6th St

City **Blytheville** State **AR** Zip Code **72315**

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

Name of Employer **Rothrock Pharmacy** Occupation **Pharmacy Owner**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
03 / 16 / 2007

Amount of Each Receipt this Period
250.00

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

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

700.00

27039490474

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 8	
	(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"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ACP Bx PAC

A. Full Name (Last, First, Middle Initial)
Kerby, Jerel

Mailing Address
P.O. Box 715

City **Dangerfield** State **TX** Zip Code **75638**

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

Name of Employer **Med Care Pharmacy** Occupation **Pharmacy Owner**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
03 / 16 / 2007

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Rey Jr, Joe

Mailing Address
20435 Ted Road

City **Brookville** State **FL** Zip Code **34601**

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

Name of Employer **Brookville Drugs** Occupation **Pharmacy Owner**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
03 / 16 / 2007

Amount of Each Receipt this Period
700.00

C. Full Name (Last, First, Middle Initial)
Vizzoni, James J.

Mailing Address
392 South Post Rd

City **West Windsor** State **NJ** Zip Code **08550**

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

Name of Employer **Vizzonis Pharmacy LLC** Occupation **Pharmacy Owner**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
03 / 16 / 2007

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **700.00**

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

27039490475

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE <u>7</u> OF <u>8</u>	
	(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)
ACP Rx PAC

A. Full Name (Last, First, Middle Initial) <u>Hinkle Jr., Robert J.</u>		Date of Receipt <u>03</u> / <u>16</u> / <u>2007</u>
Mailing Address <u>580 Alter St.</u>		Amount of Each Receipt this Period <u>250.00</u>
City <u>Hazleton</u>	State <u>PA</u> Zip Code <u>18201</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>250.00</u>
Name of Employer <u>Johnson's Pharmacy</u>	Occupation <u>Pharmacy Owner</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u></u>	

B. Full Name (Last, First, Middle Initial) <u>McCutcheon, Bryan</u>		Date of Receipt <u>03</u> / <u>16</u> / <u>2007</u>
Mailing Address <u>22 Stonywell Ct.</u>		Amount of Each Receipt this Period <u>1,000.00</u>
City <u>Dix Hills</u>	State <u>NY</u> Zip Code <u>11746</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>1,000.00</u>
Name of Employer <u>Echo Pharmacy</u>	Occupation <u>Pharmacy Owner</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u></u>	

C. Full Name (Last, First, Middle Initial) <u>Hogg, Johnny</u>		Date of Receipt <u>01</u> / <u>05</u> / <u>2007</u>
Mailing Address <u>P.O. Box 719</u>		Amount of Each Receipt this Period <u>1,000.00</u>
City <u>Pinetops</u>	State <u>NC</u> Zip Code <u>27864</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>1,000.00</u>
Name of Employer <u>Self</u>	Occupation <u>Pharmacy Owner</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u></u>	

SUBTOTAL of Receipts This Page (optional).....	<u>2,250.00</u>
TOTAL This Period (last page this line number only).....	<u></u>

27039490476

**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 8 OF 8	
	<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)
ACP Rx PAC

A. Full Name (Last, First, Middle Initial)
Link, James, E.

Mailing Address
7501 Westfield Dr.

City **Bethesda** State **MD** Zip Code **20817**

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

Name of Employer **Self** Occupation **Government Relations**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
06' 29' 2007

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Boatiglio, David, R.

Mailing Address
25655 Shining Mtn. Way

City **Oak Creek** State **CO** Zip Code **80467**

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 ▼

Date of Receipt
06' 29' 2007

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
White, Roman, T.

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 ▼ **20,000.00**

Date of Receipt
06' 29' 2007

Amount of Each Receipt this Period
1,000.00

SUBTOTAL of Receipts This Page (optional).....▶ **1,700.00**

TOTAL This Period (last page this line number only).....▶ **1,800.00**

27039490477

**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 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

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NAME OF COMMITTEE (In Full)

ACP Rx PAC

Full Name (Last, First, Middle Initial)

A. Marion Berry for Congress

Date of Disbursement

05 / 15 / 2007

Mailing Address

P.O. Box 8084

City

Jonesboro

State

AR

Zip Code

72403

Purpose of Disbursement

Candidate Name

Marion Berry

Category/
Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Walter Jones for Congress Committee

Date of Disbursement

05 / 15 / 2007

Mailing Address

P.O. Box 99667

City

Raleigh

State

NC

Zip Code

27624

Purpose of Disbursement

Candidate Name

Walter Jones

Category/
Type

Amount of Each Disbursement this Period

500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Team Emerson for JoAnn Emerson

Date of Disbursement

05 / 15 / 2007

Mailing Address

PO Box 922

City

Cape Girardeau

State

Zip Code

MO 63702

Purpose of Disbursement

Candidate Name

JoAnn Emerson

Category/
Type

Amount of Each Disbursement this Period

500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

2,000.00

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

27039490478

**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"/> 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

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NAME OF COMMITTEE (In Full)

ACP Rx PAC

Full Name (Last, First, Middle Initial)

A. Friends of Weiner

Mailing Address 1 Ascan Avenue #31

City Forest Hills State NY Zip Code 11375

Purpose of Disbursement

Candidate Name Anthony Weiner

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

State: District:

Date of Disbursement

05 ' 22 ' 2007

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. Friends of Rahm Emanuel

Mailing Address P.O. Box 101124

City Chicago State IL Zip Code 60610

Purpose of Disbursement

Candidate Name Rahm Emanuel

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

State: District:

Date of Disbursement

05 ' 22 ' 2007

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. Hayes for Congress

Mailing Address P.O. Box 2000

City Concord NC State Zip Code 28026

Purpose of Disbursement

Candidate Name Robert C. (Robin) Hayes

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

State: District:

Date of Disbursement

06 ' 27 ' 2007

Amount of Each Disbursement this Period

500.00

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

2,500.00

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

27039490479

**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

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NAME OF COMMITTEE (In Full)

ACP Rx PAC

Full Name (Last, First, Middle Initial)

A. Virginia Foxx for Congress

Mailing Address P.O. Box 1100

City Clemmons State NC Zip Code 27012

Purpose of Disbursement

Candidate Name Virginia Foxx

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Graves for Congress

Mailing Address 2345 Grand Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement

Candidate Name E. Samuel Graves

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Tim Mahoney for Florida

Mailing Address 4114 Northlake Blvd Suite 300

City Palm Beach Gardens, FL State FL Zip Code 33410

Purpose of Disbursement

Candidate Name Tim Mahoney

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

500.00

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

1,500.00

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

6,000.00

27039490480

Federal Election Commission
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Postmarked

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No Postmark

Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

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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

7/30/07
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