

**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:

01 / 01 / 2007

To:

06 / 30 / 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2007"/>		100.00
(b) Cash on Hand at Beginning of Reporting Period.....	1,000.00	
(c) Total Receipts (from Line 19)	18,700.17	18,700.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18,800.17	18,800.17
7. Total Disbursements (from Line 31)	6,000.00	6,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12,800.17	12,800.17
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

27039524666

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

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).....	16,250.00	16,250.00
(ii) Unitemized.....	2,450.17	2,450.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	18,700.17	18,700.17
(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).....▶	18,700.17	18,700.17
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)).....▶	18,700.17	18,700.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	18,700.17	18,700.17

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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.....	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

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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)	18,700.17	18,700.17
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18,700.17	18,700.17
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)		

27039524669

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

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

FOR LINE NUMBER: PAGE OF 11
(check only one)

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial)
A. 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 **2,000.00**

Date of Receipt **01 / 05 / 2007**

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

Full Name (Last, First, Middle Initial)
B. White, Romas, 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 **3,000.00**

Date of Receipt **01 / 05 / 2007**

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

Full Name (Last, First, Middle Initial)
C. 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 **1,500.00**

Date of Receipt **01 / 05 / 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).....▶

27039524670

**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 1				
	(check only one)	<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)
ACPRx PAC

A. Full Name (Last, First, Middle Initial) Hogg, Johnny		Date of Receipt 01 / 05 / 2007
Mailing Address P.O. Box 719		Amount of Each Receipt this Period 1,000.00
City Pinetop	State Zip Code NC 27864	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,000.00
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 ▼ 1,000.00	

B. Full Name (Last, First, Middle Initial) Durbin, Michael, F.		Date of Receipt 03 / 16 / 2007
Mailing Address US 421 Main St P.O. Box 305		Amount of Each Receipt this Period 500.00
City Mckee	State Zip Code KY 40447	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Campbell's Drug	Occupation Pharmacy Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Blacker, Kevin, R.		Date of Receipt 03 / 16 / 2007
Mailing Address 2168 Township Rd. NE 197		Amount of Each Receipt this Period 500.00
City Crookville	State Zip Code OH 43731	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Blacker's Pharmacy	Occupation Pharmacy Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	2,000.00
TOTAL This Period (last page this line number only).....▶	

27039524671

**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 11

(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

ACPRxPAC

Full Name (Last, First, Middle Initial) A. <u>Wollenberg, Robert</u>		Date of Receipt <u>03</u> / <u>16</u> / <u>2007</u>
Mailing Address <u>122 Hollyberry Rd</u>		Amount of Each Receipt this Period <u>500.00</u>
City <u>Bristol</u>	State Zip Code <u>CT 06010</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>500.00</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>500.00</u>	

Full Name (Last, First, Middle Initial) B. <u>Burris, Thomas H.</u>		Date of Receipt <u>03</u> / <u>16</u> / <u>2007</u>
Mailing Address <u>440 West Hurts Rd</u>		Amount of Each Receipt this Period <u>250.00</u>
City <u>Berrie</u>	State Zip Code <u>MO 63822</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>Overturf Health Mart</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>250.00</u>	

Full Name (Last, First, Middle Initial) C. <u>Harrison, Dorothy B.</u>		Date of Receipt <u>03</u> / <u>16</u> / <u>2007</u>
Mailing Address <u>825 Clifton Cove Ct.</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>Cocoa</u>	State Zip Code <u>FL 32926</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>200.00</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>200.00</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>950.00</u>
TOTAL This Period (last page this line number only).....▶	

27039524672

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

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

FOR LINE NUMBER: PAGE 4 OF 11
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ACPRx PAC

A. Full Name (Last, First, Middle Initial)
Rains, Richard, H.
 Mailing Address
P.O. Box 158
 City **Bailey** State **NC** Zip Code **27807**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Bailey Pharmacy** Occupation **Pharmacy Owner**
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / **16** / **2007**
 Amount of Each Receipt this Period
500.00

B. 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 ▼
250.00

Date of Receipt
03 / **16** / **2007**
 Amount of Each Receipt this Period
250.00

C. 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 ▼
250.00

Date of Receipt
03 / **16** / **2007**
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶ **1000.00**
 TOTAL This Period (last page this line number only).....▶ **1000.00**

27039524673

**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 5 OF 11	
	<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)
Bakar, Shamouh

Mailing Address
815 W. 181st St. # 6J

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 ▼ **500.00**

Date of Receipt
03 / 16 / 2007

Amount of Each Receipt this Period
500.00

B. 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 ▼ **750.00**

Date of Receipt
03 / 16 / 2007

Amount of Each Receipt this Period
750.00

C. 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 ▼ **200.00**

Date of Receipt
03 / 16 / 2007

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶ **950.00**

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

27039524674

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 11	
	<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)
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 ▼ **250.00**

Date of Receipt
03 / **16** / **2007**

Amount of Each Receipt this Period
250.00

B. 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 **MedCare Pharmacy** Occupation **Pharmacy Owner**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
03 / **16** / **2007**

Amount of Each Receipt this Period
250.00

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

Mailing Address
20435 Ted Road

City **Brooksville** State **FL** Zip Code **34601**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt
03 / **16** / **2007**

Amount of Each Receipt this Period
200.00

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

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

27039524675

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

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NAME OF COMMITTEE (In Full)
ACPRx PAC

A. 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 **Vizzoni's Pharmacy LLC** Occupation **Pharmacy Owner**
 Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt
03 ' **16** ' **2007**
 Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Hinkle Jr, Robert J.
 Mailing Address
580 Aiter St.
 City **Hazelton** State **PA** Zip Code **18201**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Johnson's Pharmacy** Occupation **Pharmacy Owner**
 Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt
03 ' **16** ' **2007**
 Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
McCutcheon, Bryan
 Mailing Address
22 Stonywell Ct.
 City **Dix Hills** State **NY** Zip Code **11746**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Echo Pharmacy** Occupation **Pharmacy Owner**
 Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date **1,000.00**

Date of Receipt
03 ' **16** ' **2007**
 Amount of Each Receipt this Period
1,000.00

SUBTOTAL of Receipts This Page (optional).....▶ **1,500.00**
 TOTAL This Period (last page this line number only).....▶

27039524676

**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 11	
	<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

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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 150000

Date of Receipt 06 / 29 / 2007

Amount of Each Receipt this Period 50000

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

Mailing Address 25655 Shining Mt. 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 20000

Date of Receipt 06 / 29 / 2007

Amount of Each Receipt this Period 20000

C. Full Name (Last, First, Middle Initial) White, Ramona, 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 300000

Date of Receipt 06 / 29 / 2007

Amount of Each Receipt this Period 100000

SUBTOTAL of Receipts This Page (optional).....▶ 170000

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

27039524677

**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 11	
	<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)
White, Rumar, 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 ▼
3,000.00

Date of Receipt
03 / 29 / 2007

Amount of Each Receipt this Period
1,000.00

B. Full Name (Last, First, Middle Initial)
Waggett, J. Davie

Mailing Address
612 Bayshore Drive

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 ▼
2,000.00

Date of Receipt
03 / 22 / 2007

Amount of Each Receipt this Period
1,000.00

C. Full Name (Last, First, Middle Initial)
Buchanan, G.R.

Mailing Address
701 Rollingwood Drive

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 ▼
1,000.00

Date of Receipt
03 / 04 / 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).....▶ **3,000.00**

27039524678

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

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

FOR LINE NUMBER: PAGE 10 OF 11
 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)
ACPR PAC

A. Full Name (Last, First, Middle Initial)
Mabe, Robert D.
 Mailing Address
105 E. Main St.
 City **Ashville** State **OH** Zip Code **43103**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Ashville Apothecary** Occupation **Pharmacy Owner**
 Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
04 / **17** / **2007**
 Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Calhoun, John
 Mailing Address
2800 Raeford Rd. Ste 18
 City **Fayetteville** State **NC** Zip Code **28303**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Fear Cape Discount Drugs** Occupation **Pharmacy Owner**
 Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
04 / **19** / **2007**
 Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Rickard, Jerry
 Mailing Address
4045 College Heights Dr.
 City **Madisonville** State **KY** Zip Code **42431**
 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 **250.00**

Date of Receipt
03 / **27** / **2007**
 Amount of Each Receipt this Period
250.00

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

1250.00

27039524679

**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 11
 (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)
Cohen, Jacob

Mailing Address
1785 E. 15 St.

City **Brooklyn** State **NY** Zip Code **11229**

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 ▼ **20000**

Date of Receipt
04 / 17 / 2007

Amount of Each Receipt this Period
20000

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).....▶ **20000**

TOTAL This Period (last page this line number only).....▶ **16250.00**

27039524680

**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)

ACPRx PAC

Full Name (Last, First, Middle Initial)

A. Marion Berry for Congress

Mailing Address P.O. Box 8084

City Jonesboro State AR Zip Code 72403

Purpose of Disbursement

Candidate Name Marion Berry

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: AR District: 01

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

1 000 00

B. Walter Jones for Congress Committee

Mailing Address P.O. Box 99667

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

Candidate Name Walter Jones

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: NC District: 03

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

500 00

C. Team Emerson for Jo Ann Emerson

Mailing Address P.O. Box 822

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement

Candidate Name Jo Ann Emerson

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: MO District: 06

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

500 00

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

2 000 00

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

27039524681

**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)

<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. Friends of Weiner

Mailing Address

1 Ascan Avenue #31

City

Forest Hills

State

NY

Zip Code

11375

Purpose of Disbursement

Candidate Name

Anthony Weiner

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: NY

District: 09

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

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: IL

District: 05

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

State

NC

Zip Code

28026

Purpose of Disbursement

Candidate Name

Robert C. (Robin) Hayes

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: NC

District: 08

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).....▶

27039524682

**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

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NAME OF COMMITTEE (In Full)
ACPRx PAC

A. Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) _____
 Mailing Address **P.O. Box 1100**
 City **Clemmons** State **NC** Zip Code **27012**
 Purpose of Disbursement _____
 Candidate Name **Virginia Foxx** Category/Type _____
 Office Sought: House Senate President
 Disbursement For: Primary General
 Other (specify) _____
 State: **NC** District: **05**

Date of Disbursement: **06** / **27** / **2007**
 Amount of Each Disbursement this Period: **500.00**

B. Graves for Congress

Full Name (Last, First, Middle Initial) _____
 Mailing Address **2345 Grand Suite 2400**
 City **Kansas City** State **MO** Zip Code **64108**
 Purpose of Disbursement _____
 Candidate Name **Samuel Graves** Category/Type _____
 Office Sought: House Senate President
 Disbursement For: Primary General
 Other (specify) _____
 State: **MO** District: **06**

Date of Disbursement: **06** / **27** / **2007**
 Amount of Each Disbursement this Period: **500.00**

C. Tim Mahoney for Florida

Full Name (Last, First, Middle Initial) _____
 Mailing Address **4114 Northlake Blvd Suite 300**
 City **Palm Beach Gardens** State **FL** Zip Code **33410**
 Purpose of Disbursement _____
 Candidate Name **Tim Mahoney** Category/Type _____
 Office Sought: House Senate President
 Disbursement For: Primary General
 Other (specify) _____
 State: **FL** District: **16**

Date of Disbursement: **06** / **27** / **2007**
 Amount of Each Disbursement this Period: **500.00**

SUBTOTAL of Disbursements This Page (optional) **1500.00**

TOTAL This Period (last page this line number only) **6000.00**

27039524683

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>9/14/07</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

27039524684

[Signature]
 PREPARER
 (3/2005)

9/20/07
 DATE PREPARED