

**FEC  
FORM 3X**

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

RECEIVED

2010 DEC -6 PM 3:16

FEC MAIL CENTER

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

AC P RX PAC

ADDRESS (number and street)

122 C STREET NW

Check if different  
than previously  
reported. (ACC)

SUITE 500

WASHINGTON

DC

20001-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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

in the  
State of

(d) 30-Day

POST-Election  
Report for the:



General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

MM / DD / YYYY

in the  
State of

5. Covering Period

MM / DD / YYYY

through

MM / DD / YYYY

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 LINK

Signature of Treasurer

*James Link*

Date

MM / DD / YYYY

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:

10 / 01 / 2010

To:

11 / 22 / 2010

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2010		5,681.38
(b) Cash on Hand at Beginning of Reporting Period	13,786.38	
(c) Total Receipts (from Line 19)	7,100.00	12,820.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	14,496.38	18,501.38
7. Total Disbursements (from Line 31)	4,072.00	8,077.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		
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:

10 / 01 / 2010

To:

11 / 22 / 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).....

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(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).....▶

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)).....▶

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

71,000

12,820.00

71,000

12,820.00

71,000

12,820.00

710,000

71,000

12,820.00

# **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 .....

(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 .....

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)) ..

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

7200  
7200

4000.00

407200

407200

7700  
770

8000.00

8077.00

8077.00

10030512756

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-  
penditures

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
34. Total Contribution Refunds  
(from Line 28(d)) .....
35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
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) ..... ►

710.00

710.00

7200

12,820.00

12,820.00

77.00

10030512757

**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 1 OF 2

☐ 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. TYSON, ROBERT L.

Mailing Address

215 WEST PECAN ST.

City

COLEMAN

State

TX

Zip Code

76834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TYSON PHARMACY

Occupation

PHARMACIST

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

10 / 27 / 2010

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. BEVINS, BRIAN

Mailing Address

1301 N. ROAN ST.

City

JOHNSON CITY

State

TN

Zip Code

37601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PHARM. SPECIALTY SERVICES

Occupation

PHARMACIST

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 27 / 2010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. COULTER, ROBERT

Mailing Address

19525 LANTZ LANE

City

COVE

State

OR

Zip Code

97824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PHARMACIST

Occupation

PHARMACIST

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

10 / 27 / 2010

Amount of Each Receipt this Period

30.00

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

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

380.00

**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 2 OF 2

<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. COULTER, ROBERT

Mailing Address

69525 LANIZ LANE

City

COVE

State

OR

Zip Code

97824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

PHARMACIST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

120.00

Date of Receipt

10/27/2010

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. FORESTER, TIMOTHY

Mailing Address

103 WINDSOR COURT

City

VENETIA

State

PA

Zip Code

15367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

LIBRARY PHARMACY INC

PHARMACIST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

10/27/2010

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. HEATH, TOM

Mailing Address

403-A SPENCER ST.

City

RAYVILLE

State

LA

Zip Code

71269

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

TOM'S EXPRESS DRUG

PHARMACIST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

10/27/2010

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

330.00

710.00

710.00

**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 2

☐ 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)

A.

BUTTERFIELD FOR CONGRESS

Mailing Address

PO BOX 2571

City

WILSON

State

NC

Zip Code

27894

Purpose of Disbursement

Candidate Name

GK BUTTERFIELD

Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

Other (specify) ▼

☒

General

State: NC

District: 1

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1,000.00

B.

BOB ETHERIDGE FOR CONGRESS

Mailing Address

PO BOX 28001

City

RALEIGH

State

NC

Zip Code

27611

Purpose of Disbursement

Candidate Name

BOB ETHERIDGE

Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

Other (specify) ▼

☒

General

State: NC

District: 2

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

500.00

C.

MIKE ROSS FOR CONGRESS

Mailing Address

PO BOX 360

City

PRESCOTT

State

AR

Zip Code

71857

Purpose of Disbursement

Candidate Name

MIKE ROSS

Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

Other (specify) ▼

☒

General

State: AR

District: 4

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

1,000.00

SUBTOTAL of Disbursements This Page (optional) ▶

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

2,500.00

10030512760



**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 2

☐ 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)

A.

BRUCE BRALEY FOR CONGRESS

Mailing Address

512 MULBERRY ST.

City

State

Zip Code

WATERLOO

IA

50704

Purpose of Disbursement

Candidate Name

BRUCE BRALEY

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: IA

District: 1

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

500.00

B.

BOOZMAN FOR ARKANSAS

Mailing Address

11300 FINANCIAL CENTER PKWY ST. 1200

City

State

Zip Code

LITTLE ROCK

AR

72211

Purpose of Disbursement

Candidate Name

JOHN BOOZMAN

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: AR

District:

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

1500.00  
4000.00

10030512761

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 checked="checked" type="checkbox"/> Hand Delivered	Date of Receipt <i>12/7/10</i>
<input type="checkbox"/> USPS First Class Mail	Postmarked
<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

*[Signature]*  
PREPARER  
(3/2005)

*12/7/10*  
DATE PREPARED

10030512762