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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

ACP RX PAC

ADDRESS (number and street)

122 C STREET NW

SUITE 600

WASHINGTON

DC

20001

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00418855

3. IS THIS REPORT

NEW

(N)

OR

AMENDED

(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
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

State

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

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

Election on

MM / DD / YYYY

in the State of

State

5. Covering Period

07 / 01 / 2010

through

09 / 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

[Handwritten Signature]

Date

10 / 15 / 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

10030450884

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From:

07 / **01** / **2010**

To:

09 / **30** / **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.....	12,226.38	
(c) Total Receipts (from Line 19)	3,060.00	12,110.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15,286.38	17,791.38
7. Total Disbursements (from Line 31).....	1,500.00	4,005.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	13,786.38	13,786.38
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

10030450885

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period: From: **07** / **01** / **2010** To: **09** / **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).....	3060.00	12110.00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3060.00	12110.00
(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).....▶	3060.00	12110.00
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 H5).....		
(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)).....▶	3060.00	12110.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3060.00	12110.00

10030450886

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

10030450887

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		500
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		500
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	4000.00
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)) ..	1500.00	4005.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	4005.00

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)	30,600.00	121,100.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30,600.00	121,100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		5.00
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		5.00

10030450888

**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 8	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ACP RX PAC

A. Full Name (Last, First, Middle Initial)
Hoskins, Ryan

Mailing Address
11220 N. Main St.

City **Archdale** State **NC** Zip Code **27263**

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

Name of Employer **Archdale Drug** Occupation **Pharmacist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000**

Date of Receipt
06 / 28 / 2010

Amount of Each Receipt this Period
5000

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

Mailing Address
1000 Buell Ave.

City **Joliet** State **IL** Zip Code **60435**

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

Name of Employer **Morris Health Mart** Occupation **Pharmacist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt
06 / 28 / 2010

Amount of Each Receipt this Period
2500

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

Mailing Address
4127 Cory Corners Rd.

City **Manion** State **NY** Zip Code **14505**

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

Name of Employer **Newark Village Pharmacy** Occupation **Pharmacist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt
07 / 06 / 2010

Amount of Each Receipt this Period
2500

SUBTOTAL of Receipts This Page (optional).....▶ **10000**

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

10030450889

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

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

FOR LINE NUMBER: PAGE **2 OF 8**

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

ACP RX PAC

Full Name (Last, First, Middle Initial)

A. **Brisson, Richard**

Mailing Address

132 ~~Advent Rd~~ Alden Rd.

City

Fairhaven

State

MA

Zip Code

02719

FEC ID number of contributing federal political committee.

C

Name of Employer

Pharma Health

Occupation

Pharmacist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

07 ' 06 ' 2010

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. **Ball, John**

Mailing Address

10535 Lemoran Ave.

City

Downey

State

CA

Zip Code

90241

FEC ID number of contributing federal political committee.

C

Name of Employer

Lorena Pharmacy

Occupation

Pharmacist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

06 ' 28 ' 2010

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. **Taubman, Harry**

Mailing Address

6298 Old Orchard Dr.

City

Columbus

State

OH

Zip Code

43213

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Pharmacist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 ' 28 ' 2010

Amount of Each Receipt this Period

100.00

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

350.00

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

350.00

10030450890

**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**

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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)
Berry, Byron

Mailing Address
508 N. Main

City **Carrollton** State **IL** Zip Code **62016**

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

Name of Employer **Pharmacy Plus Inc** Occupation **Pharmacist**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date **500.00**

Date of Receipt
07 / 01 / 2010

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Elliot, Kathy R.

Mailing Address
700 N. 6th Street

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

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

Name of Employer **Rothrock Drug Co. Inc.** Occupation **Pharmacist**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date **100.00**

Date of Receipt
07 / 01 / 2010

Amount of Each Receipt this Period
100.00

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

Mailing Address
1105 Weires Ave

City **Lavale** State **MD** Zip Code **21502**

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

Name of Employer **Lavale Pharmacy Inc** Occupation **Pharmacist**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date **50.00**

Date of Receipt
07 / 01 / 2010

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... **650.00**

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

10030450891

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 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. **Coulter, Robert**
 Full Name (Last, First, Middle Initial)
 Mailing Address
69525 Lantz 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 General Other (specify)
 Aggregate Year-to-Date **60.00**

Date of Receipt
07 / **12** / **2010**
 Amount of Each Receipt this Period
30.00

B. **Coulter, Robert**
 Full Name (Last, First, Middle Initial)
 Mailing Address
69525 Lantz 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 General Other (specify)
 Aggregate Year-to-Date **60.00**

Date of Receipt
08 / **16** / **2010**
 Amount of Each Receipt this Period
30.00

C. **Holloway, Mike**
 Full Name (Last, First, Middle Initial)
 Mailing Address
512 Magnolia Crest Circle
 City **Gardendale** State **AL** Zip Code **35071**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Burns Pharmacy** Occupation **Pharmacist**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **100.00**

Date of Receipt
07 / **12** / **2010**
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **160.00**
 TOTAL This Period (last page this line number only).....

10030450892

**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 8	
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (in Full)
ACP RX PAC

A. Hanna, Chns
 Full Name (Last, First, Middle Initial)
 Mailing Address: **PO Box 1088**
 City: **Estill** State: **SC** Zip Code: **29918**
 Name of Employer: **Self** Occupation: **Pharmacist**
 Receipt For: Primary General
 Aggregate Year-to-Date: **50.00**

Date of Receipt: **07 / 12 / 2010**
 Amount of Each Receipt this Period: **50.00**

B. Cherman, Stephen
 Full Name (Last, First, Middle Initial)
 Mailing Address: **3021 Adirondack CT.**
 City: **Westlake Village** State: **CA** Zip Code: **91362**
 Name of Employer: **Medicine Shoppe** Occupation: **Pharmacist**
 Receipt For: Primary General
 Aggregate Year-to-Date: **100.00**

Date of Receipt: **07 / 12 / 2010**
 Amount of Each Receipt this Period: **100.00**

C. Blomquist, Bob
 Full Name (Last, First, Middle Initial)
 Mailing Address: **146 N. Brent St.**
 City: **Ventura** State: **CA** Zip Code: **93003**
 Name of Employer: **Cabrillo Pharmacy** Occupation: **Pharmacist**
 Receipt For: Primary General
 Aggregate Year-to-Date: **500.00**

Date of Receipt: **07 / 19 / 2010**
 Amount of Each Receipt this Period: **500.00**

SUBTOTAL of Receipts This Page (optional)..... **650.00**
 TOTAL This Period (last page this line number only).....

10030450893

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

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NAME OF COMMITTEE (In Full)

ACP RX PAC

A. Wood, R. Vance
 Full Name (Last, First, Middle Initial)
 Mailing Address
1302 N. Johnson St.
 City **Benson** State **NC** Zip Code **27504**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Wood Pharmacy** Occupation **Pharmacist**
 Receipt For: Primary General
 Other (specify) **Aggregate Year-to-Date**
100.00

Date of Receipt

07 / **19** / **2010**

Amount of Each Receipt this Period

100.00

B. Kormcier, Stephanie
 Full Name (Last, First, Middle Initial)
 Mailing Address
PO Box 2842
 City **Weaverville** State **CA** Zip Code **96093**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Trinity Prof. Pharmacy** Occupation **Pharmacist**
 Receipt For: Primary General
 Other (specify) **Aggregate Year-to-Date**
100.00

Date of Receipt

07 / **19** / **2010**

Amount of Each Receipt this Period

100.00

C. LaPorte, Nancy
 Full Name (Last, First, Middle Initial)
 Mailing Address
PO Box 216 **103 S. Main**
 City **Hennessey** State **OK** Zip Code **73742**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **LaPorte Pharmacy** Occupation **Pharmacist**
 Receipt For: Primary General
 Other (specify) **Aggregate Year-to-Date**
100.00

Date of Receipt

08 / **09** / **2010**

Amount of Each Receipt this Period

100.00

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

300.00

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

10030450894

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

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NAME OF COMMITTEE (In Full)
ACP RX PAC

A. Fox, Steve
Full Name (Last, First, Middle Initial)
Mailing Address: **1100 E. Main St.**
City: **Florence** State: **CO** Zip Code: **81226**
Date of Receipt: **09 / 06 / 2010**
Amount of Each Receipt this Period: **100.00**
FEC ID number of contributing federal political committee: **C**
Name of Employer: **Fox Drug Inc.** Occupation: **Pharmacist**
Receipt For: Primary General Other (specify) **Aggregate Year-to-Date**: **100.00**

B. McDaniel, Steven
Full Name (Last, First, Middle Initial)
Mailing Address: **6723 Sandie Ct.**
City: **Amarillo** State: **TX** Zip Code: **79109**
Date of Receipt: **06 / 28 / 2010**
Amount of Each Receipt this Period: **250.00**
FEC ID number of contributing federal political committee: **C**
Name of Employer: **Southpark Pharmacy** Occupation: **Pharmacist**
Receipt For: Primary General Other (specify) **Aggregate Year-to-Date**: **250.00**

C. Papageorge, George
Full Name (Last, First, Middle Initial)
Mailing Address: **1325 Dawn Rd.**
City: **Nipomo** State: **CA** Zip Code: **93444**
Date of Receipt: **07 / 12 / 2010**
Amount of Each Receipt this Period: **250.00**
FEC ID number of contributing federal political committee: **C**
Name of Employer: **Nipomo Rexall** Occupation: **Pharmacist**
Receipt For: Primary General Other (specify) **Aggregate Year-to-Date**: **250.00**

SUBTOTAL of Receipts This Page (optional) **600.00**
TOTAL This Period (last page this line number only)

10030450895

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

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

FOR LINE NUMBER: PAGE **8** OF **8**

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

ACP RX PAC

Full Name (Last, First, Middle Initial)

A. Pigg, Graham R.

Mailing Address

1601 Old Mill Rd.

City

Lincolnton

State

NC

Zip Code

28092

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Pharmacist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 28 / 2010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

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

Full Name (Last, First, Middle Initial)

C.

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).....▶

3060.00

10030450896

**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 / OF /

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. **Stabenow for Senate**

Date of Disbursement

07 / 15 / 2010

Mailing Address

PO Box 4945

City

E. Lansing

State

MI

Zip Code

48826

Purpose of Disbursement

Debbie Stabenow

Candidate Name

Debbie Stabenow

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. **Brad Miller for Congress**

Date of Disbursement

08 / 19 / 2010

Mailing Address

PO Box 10322

City

Raleigh

State

NC

Zip Code

27605

Purpose of Disbursement

Candidate Name

Brad Miller

Category/
Type

Amount of Each Disbursement this Period

500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State: **NC**

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

/ /

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State:

District:

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

1,500.00

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

1,500.00

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Received from Electronic Filing Office Date of Receipt

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10/18/10
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