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FEC MAIL CENTER

2010 JUL 14 AM 7:57

1455 Pennsylvania Avenue
Suite 400
Washington, DC 20004-1017
202.621.1820
202.621.1819 [fax]
www.accp.com



Department of Government & Professional Affairs

July 7, 2010

Dear Sir or Madam,

Please find enclosed the completed "Statement of Organization" (FEC Form 1) for the American College of Clinical Pharmacy Political Action Committee (ACCP-PAC).

Sincerely,

A handwritten signature in black ink, appearing to read 'John McGlew', is written over a horizontal line.

John K. McGlew
Associate Director, Government Affairs

Providing Leadership in Clinical Pharmacy Practice and Research

American College of Clinical Pharmacy • 13000 W. 87th St. Parkway • Lenexa KS 66215-4530 • (913) 492-3311
Michael S. Maddux, Pharm.D., FCCP, Executive Director

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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

AMERICAN COLLEGE OF CLINICAL PHARMACY
POLITICAL ACTION COMMITTEE (ACCP-PAC)

ADDRESS (number and street) 1455 PENNSYLVANIA AVENUE NW
SUITE 400
WASHINGTON DC 20004-1017
CITY STATE ZIP CODE

(Check if address
is changed)

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

JMCFLEN@ACCP.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

WWW.ACCP.COM

2. DATE 07 / 07 / 2010

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer GARY R. MATZKE

Signature of Treasurer *Gary R Matzke* Date 06 / 28 / 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

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Write or Type Committee Name

AMERICAN COLLEGE OF CLINICAL PHARMACY POLITICAL ACTION COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

AMERICAN COLLEGE OF CLINICAL PHARMACY

Mailing Address 13000 WEST 87TH STREET PARKWAY

LENEXA K.S. 66215-4530 CITY STATE ZIP CODE

Relationship: [X] Connected Organization [] Affiliated Committee [] Joint Fundraising Representative [] Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name MICHAEL S. MADDUX

Mailing Address AMERICAN COLLEGE OF CLINICAL PHARMACY 13000 WEST 87TH ST. PARKWAY LENEXA K.S. 66215-4530

Title or Position CITY STATE ZIP CODE

EXECUTIVE DIRECTOR Telephone number 913-492-1311

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer GARY R. MATZKE

Mailing Address SCHOOL OF PHARMACY VCU-MCV CAMPUS 215 McGUIRE HALL 1112 EAST CLAY ST. PO BOX 980533 RICHMOND VA 23298-0533

Title or Position CITY STATE ZIP CODE

PROFESSOR + ASSOCIATE DEAN FOR CLINICAL RESEARCH + PUBLIC POLICY Telephone number 804-828-1388

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Full Name of Designated Agent

C. EDWIN WEBB

Mailing Address

11455 PENNSYLVANIA AVENUE, NW

SUITE 400

WASHINGTON

CITY

DC

STATE

20004-2514

ZIP CODE

Title or Position

ASSOCIATE EXECUTIVE DIRECTOR

Telephone number

202-621-1820

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF BLUE VALLEY

Mailing Address

9500 LACKMAN ROAD

LENEXA

CITY

KS

STATE

66219-1204

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030364698

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
7/8/10

USPS Registered/Certified Postmarked (R/C)

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USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office 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

Amis
 PREPARER

7/14/10
 DATE PREPARED

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