PAGE 1 / 17

Image# 201507319000487019

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A F	or Other Than A	An Authorized	l Committe	ee		Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5		
American College of Rh	neumatology (I	RheumPAC))				
ADDRESS (number and street)	2200 Lake Bouleva	ard NE					
Check if different than previously reported. (ACC)	Atlanta				GA	30319	-
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		5	STATE A	ZIP C	ODE 🛦
C C00432823		3. IS THIS REPORT		IEW N) OR	× (A)	MENDED)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Quarterly Report (Q	PRE-Ele Report fo		ij.		Sep		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
X January 31 Year-End Report (YE July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report	(d) 30-Day		General (300	a)	Runoff (3	in the State	
(TER)		Election on	M = M /	D D /	Y Y Y Y	in the State	
5. Covering Period 11	/ D D / Y	2014	through	12_	31	2014]
certify that I have examined this	•	e best of my kno	wledge and b	oelief it is tru	e, correct and	d complete.	
Type or Print Name of Treasurer	Herb Baraf						
Signature of Treasurer Herb I	Baraf		[Electronically	Filed] D	ate 07	31	2015
NOTE: Submission of false, errone	ous, or incomplete in	nformation may su	bject the pers	son signing th	is Report to the	he penalties of 2	. U.S.C. §437g.
Office Use						FEC FO Rev. 12	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period: From: 11 25 2014 To: 12 31 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		168727.92
	(b) Cash on Hand at Beginning of Reporting Period	180923.03	
	(c) Total Receipts (from Line 19)	10771.37	140731.37
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	191694.40	309459.29
7.	Total Disbursements (from Line 31)	1093.36	118858.25
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	190601.04	190601.04
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

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)

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period: From: 11	25 2014 1	To: 12 31 2014	
I. Receipts	I. Receipts COLUMN A Total This Period		
. Contributions (other than loans) From:			
(a) Individuals/Persons Other			
Than Political Committees		100 100 100	
(i) Itemized (use Schedule A)	8700.00	123483.00	
		40000.00	
(ii) Uniternized	1800.00	12069.00	
(iii) TOTAL (add	10500.00	135552.00	
Lines 11(a)(i) and (ii)▶	10500.00	133332.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	7		
(such as PACs)	0.00	0.00	
(d) Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry			
Totals to Line 33, page 5)▶	10500.00	135552.00	
. Transfers From Affiliated/Other			
Party Committees	0.00	0.00	
_	0.00		
All Loans Received	0.00	0.00	
. Loan Repayments Received	0.00	0.00	
Offsets To Operating Expenditures	7	7 7	
(Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
5. Refunds of Contributions Made	7		
to Federal Candidates and Other			
Political Committees	0.00	2500.00	
7. Other Federal Receipts			
(Dividends, Interest, etc.)	271.37	2679.37	
Transfers from Non-Federal and Levin Funds			
(a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
_	2.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	200	
(c) Total Transiers (aud To(a) and To(b))	0.00	0.00	
. Total Receipts (add Lines 11(d),			
12, 13, 14, 15, 16, 17, and 18(c))▶	10771.37	140731.37	
	7	7 7 7	
. Total Federal Receipts			
(subtract Line 18(c) from Line 19)▶	10771.37	140731.3	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	II. Disbursements COLUMN A Total This Period			
. Operating Expenditures: (a) Allocated Federal/Non-Federal	10101 11110 1 61100	Calendar Year-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(") No 5 to 10 0 to	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
Expenditures	0.00	0.00		
(c) Total Operating Expenditures	7			
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party				
Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	115500.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(222 201100010 1)	7			
Loan Repayments Made	0.00	0.00		
	0.00	0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	250.00	250.00		
man i ontical committees	250.00			
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	250.00	250.00		
Other Disbursements	843.36	3108.25		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity (from Schedule H6)				
(i) Federal Share	0.00	0.00		
(i) I odoral oriale	7			
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely				
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1093.36	118858.29		
	7	7		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)	1000.00	440050.05		
from Line 31)	1093.36	118858.25		

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	10500.00	135552.00
4. Total Contribution Refunds (from Line 28(d))	250.00	250.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10250.00	135302.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F3XA Transaction ID :

Amending to show correct receipt balance (\$100 of un-itemized).

Form/Schedule: Transaction ID:

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) for each category of the Detailed Summary Page

-	1 011		140	IVIDEI		17101	-	•	0.	
	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American College of Rheumat	ology (RheumPAC)	
Full Name (Last, First, Middle Initial) Joseph Flood Mailing Address 751 Jaeger Street City	State Zip Code	Date of Receipt 12 04 2014 Transaction ID: 12951942
Columbus FEC ID number of contributing federal political committee. Name of Employer Columbus Arthritis Center Receipt For: Primary General Other (specify) ▼	OH 43206-2272 C Occupation Physician Rheumatologist Aggregate Year-to-Date ▼ 2214.00	Amount of Each Receipt this Period 160.00
Full Name (Last, First, Middle Initial) Eric Matteson Mailing Address 1752 Walden LN SW City Rochester FEC ID number of contributing federal political committee. Name of Employer Mayo Clinic Receipt For: Primary General Other (specify)	State Zip Code MN 55902 C Occupation MD Aggregate Year-to-Date ▼ 635.00	Date of Receipt 12 04 2014 Transaction ID: 12952242 Amount of Each Receipt this Period 135.00
Full Name (Last, First, Middle Initial) James Engelbrecht Mailing Address 4281 Rosemary Lane City Rapid City FEC ID number of contributing federal political committee. Name of Employer Black Hills Orth and Spine Cen Receipt For: Primary General Other (specify)	State Zip Code SD 57702 C Occupation Physician Aggregate Year-to-Date ▼ 1160.00	Date of Receipt 12 04 2014 Transaction ID: 12952243 Amount of Each Receipt this Period 160.00
SUBTOTAL of Receipts This Page (optional)	>	455.00
TOTAL This Period (last page this line number	r only)	

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

ı	FOR LINE NUMBER:			PAGE	8	OF	17		
(check only one)									
	X	11a		11b		11c	12	2	
		13		14		15	16	3	17

or for commercial purposes, other than using	and Statements may not be sold or used by any pering the name and address of any political committee	
NAME OF COMMITTEE (In Full) American College of Rheum	natology (RheumPAC)	
Full Name (Last, First, Middle Initial) William Harvey Mailing Address 33 Worcester Square #4		Date of Receipt
		12 05 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
City	State Zip Code	Transaction ID: 12955354
Boston	MA 02118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	135.00
Name of Employer	Occupation	†
Tufts Medical Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2135.00	
Full Name (Last, First, Middle Initial) Max Hamburger		Date of Receipt
Mailing Address 315 Middle Co Rd		M = M / D = D / Y = Y = Y
City	State 7in Code	12 05 2014
City Smithtown	State Zip Code NY 11787	Transaction ID : 12955355
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	160.00
Name of Employer	Occupation	
Rheum Assoc of Long Island	Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2410.00	
Full Name (Last, First, Middle Initial) 2. Jason G Taylor		Date of Receipt
Mailing Address 120 E Beauregard		12 06 2014
City	State Zip Code	Transaction ID : 12955738
San Angelo	TX 76903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Shannon Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	al)	795.00
	<u> </u>	
TOTAL This Period (last page this line nul	mber only)	
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FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 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) American College of Rheumatology (RheumPAC) Full Name (Last, First, Middle Initial) Evan L Siegel Date of Receipt Mailing Address 10821 Willow Run Court 07 2014 12 City Zip Code State Transaction ID: 12955739 MD Potomac 20854 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Arthritis & Rheumatism Associates, pc Rheumatologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Harry Gewanter Date of Receipt Mailing Address 8116 Buford Oaks Dr 12 09 2014 City State Zip Code Transaction ID: 12956138 VA Richmond 23235-4683 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Pediatric & Adolescent Health Partners rheumatologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Evan L Siegel Date of Receipt Mailing Address 10821 Willow Run Court 2014 12 14 City Zip Code State Transaction ID: 12970372 MD Potomac 20854 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Arthritis & Rheumatism Associates, pc Rheumatologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 10 OF

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Rheumato	ology (RheumPAC)	
Full Name (Last, First, Middle Initial) Stuart Kassan Mailing Address 9940 E Progress Cir City Greenwood Village FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code CO 80111 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 12 17 2014 Transaction ID: 12970410 Amount of Each Receipt this Period 2000.00
Full Name (Last, First, Middle Initial) Howard M Kenney MD Mailing Address 105 W 8th Ave City Spokane FEC ID number of contributing federal political committee. Name of Employer Arthritis Northwest Receipt For: Primary General Other (specify)	State Zip Code WA 99204 C Occupation Rheumatologist Aggregate Year-to-Date ▼	Date of Receipt 12 21 2014 Transaction ID: 12976036 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Emma G Diiorio Mailing Address 13036 MIMOSA FARM COUR City Rockville FEC ID number of contributing federal political committee. Name of Employer ARTHRITIS AND RHEUMATISM ASSOCIATE Receipt For: Primary General Other (specify)	State Zip Code MD 20850	Date of Receipt 12 22 2014 Transaction ID: 12976039 Amount of Each Receipt this Period 350.00
SUBTOTAL of Receipts This Page (optional)		▶ 2850.00
TOTAL This Period (last page this line number	only)	>

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 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) American College of Rheumatology (RheumPAC) Full Name (Last, First, Middle Initial) Dr. Luiziana Marinescu Date of Receipt Mailing Address 50 Jefferson Landing Circle 2014 12 City Zip Code State Transaction ID: 12976041 NY Jefferson 11777 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Rheumatology Associates of Long Island Rheumatologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Martin Kafina Date of Receipt Mailing Address 59 Old Road To 9 Acre Cor 12 18 2014 City State Zip Code Transaction ID: 12976042 MA Concord 01742 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation Self MD Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name (Last, First, Middle Initial) c. Douglas W White Date of Receipt Mailing Address 3111 Gundersen Dr 12 19 2014 City Zip Code State Transaction ID: 12976445 WI Onalaska 54650 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Onalaska Clinic Rheumatologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 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) American College of Rheumatology (RheumPAC) Full Name (Last, First, Middle Initial) Chester V Oddis Date of Receipt Mailing Address 2341 Morton Road 2014 12 26 City State Zip Code Transaction ID: 12994468 PΑ Pittsburgh 15241 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation University of Pittsburgh Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Fehmida Zahabi Date of Receipt Mailing Address 6300 Stonewood Dr. #412 12 26 2014 City State Zip Code Transaction ID: 12994469 TX Plano 75024 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Texas Rheumatology Care Rheumatologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Jose Antonio Pando Date of Receipt Mailing Address P.O. Box 37 2014 12 27 City Zip Code State Transaction ID: 12994470 DF Lewes 19958-0037 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Physician Rheumatology Consultants Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE 13 OF	- 17
Use separate schedule(s)	(check only one)		
for each category of the Detailed Summary Page	X 11a 11b	11c 12	
	13 14	15 16	17

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) American College of Rheumato	ology (RheumPAC)	
Full Name (Last, First, Middle Initial) Yvonne Sherrer Mailing Address 21645 Fall River Drive		Date of Receipt
Mailing Address 21045 Fall River Drive		12 30 2014
City	State Zip Code	Transaction ID : 12994474
Boca Raton	FL 33428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Arthritis Center	Rheumatologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Gerald T Rosenberg MD Mailing Address 45 Donore Square		Date of Receipt
		12 31 2014
City	State Zip Code	Transaction ID: 12994480
San Antonio	TX 78229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Arthritis Associates, PA	Rheumatologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. William P MAIER		Date of Receipt
Mailing Address 633 E 11th Street	7.0.1	12 30 / Y = Y = Y = Y
City Eugene	State Zip Code OR 97401	Transaction ID : 13002662 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	-
WILLIAM P MAIER MD PC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	>	1500.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 14 OF 17 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 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) American College of Rheumatology (RheumPAC) Full Name (Last, First, Middle Initial) Sue Olsson Date of Receipt Mailing Address 4201 Woodcrest Ct. 30 2014 12 City State Zip Code Transaction ID: 13472423 Ypskantil MI 48197 Amount of Each Receipt this Period FEC ID number of contributing C 0.00 federal political committee. Name of Employer Occupation University of Michigan Nurse Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$250.00 This 0.00 Other (specify) changes the YTD Total to \$0.00 Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional)..... 8700.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 OF 17 (check only one) 11a 11b 11c 12 13 14 15 16 X 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements mand a	ay not be sold or used by any puddress of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Rheumatol	ogy (Rhe	eumPAC)	
Full Name (Last, First, Middle Initial) American College of Rheumatology Mailing Address 2200 Lake Boulevard NE City Atlanta FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State GA C Occupation Aggregate	Zip Code 30319 Year-to-Date ▼	Date of Receipt 11 26 2014 Transaction ID: 12922119 Amount of Each Receipt this Period 148.97
Full Name (Last, First, Middle Initial) American College of Rheumatology Mailing Address 2200 Lake Boulevard NE City Atlanta FEC ID number of contributing federal political committee. Name of Employer Receipt For:	State GA C Occupation Aggregate	Zip Code 30319 Year-to-Date ▼	Date of Receipt 12 16 2014 Transaction ID: 13038925 Amount of Each Receipt this Period
Primary General Other (specify) ▼		2679.37	
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State C Occupation Aggregate	Zip Code Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			271.37

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

271.37

17

SCHEDULE B (FEC FORM 3X)	Use separate schedule(s)	FOR LINE (check only	FOR LINE NUMBER: PAGE 16 OF 17			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 28b	24 25 26 28c 29 30b		
Any information copied from such Reports and Staten or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) American College of Rheumatology						
Full Name (Last, First, Middle Initial) A. Sue Olsson			Date of Disburseme	nt		
Mailing Address 4201 Woodcrest Ct.	12 30 / 2014					
	State Zip Code		Transaction ID : 1	2088083		
Ypskantil Purpose of Disbursement	MI 48197		Transaction iD . I	2300303		
Candidate Name		010	Amount of Each Dis	sbursement this Period		
	Category/ Type		250.00			
President	nent For: Primary General Other (specify) ▼					
State: District: Full Name (Last, First, Middle Initial)						
B.			Date of Disburseme	nt		
Mailing Address						
City	State Zip Code					
Purpose of Disbursement		Amount of Each Dis	sbursement this Period			
Candidate Name		Category/ Type	,	7		
President	nent For: Primary General Other (specify) ▼					
State: District: Full Name (Last, First, Middle Initial)						
C.			Date of Disburseme	nt		
Mailing Address			W - W / D - B			
City	State Zip Code					
Purpose of Disbursement			A	h		
Candidate Name	Amount of Each Dis	bursement this Period				
	nent For: Primary General Other (specify)		,	,		
State. District.						
SUBTOTAL of Disbursements This Page (optional)		·····•		250.00		
TOTAL This Period (last page this line number only)				250.00		

SCHEDULE B (FEC Form 3X)		TOD LINE	FOR LINE NUMBER: PAGE 17 OF 17		
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 OF 17 (check only one)			
II LIVIIZED DISBUNSEIVIEN IS	for each category of the	21b	22 23 24 25 26		
	Detailed Summary Page	27	28a 28b 28c X 29 30k		
Any information copied from such Reports and Star	ements may not be sold or us	sed by any nerse			
or for commercial purposes, other than using the n					
NAME OF COMMITTEE (In Full)					
American College of Rheumatolo	av (RheumPAC)				
	9, (
Full Name (Last, First, Middle Initial)					
A. SunTrust Bank Charges			Date of Disbursement		
		11 28 2014			
Mailing Address PO Box 622227					
City	State Zip Code				
Orlando	FL 32862-2227		Transaction ID: 12970381		
Purpose of Disbursement	- 52002-2221				
		001	Amount of Each Disbursement this Period		
Candidate Name		Category/			
		Type	122.40		
Office Sought: House Disburs	ement For:				
Senate	Primary General				
President	Other (specify) ▼				
State: District:			· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial)					
B. SunTrust Bank Charges			Date of Disbursement		
			M = M / D = D / Y = Y = Y		
Mailing Address PO Box 622227			12 31 2014		
City	Chata 7 2 :				
City Orlando	State Zip Code FL 32862-2227		Transaction ID: 13035834		
Purpose of Disbursement	32002-2221				
,		001	Amount of Each Disbursement this Period		
Candidate Name		Category/			
		Type	720.96		
Office Sought: House Disburs	ement For:				
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)					
C.			Date of Disbursement		
		M M / D D / Y Y Y Y			
Mailing Address					
City	State Zip Code		<u> </u>		
	ļ				
Purpose of Disbursement					
	Amount of Each Disbursement this Period				
Candidate Name	Category/				
000		Type			
	ement For:				
Senate	Primary General				
President	Other (specify)				
State: District:					
			843.36		
SUBTOTAL of Disbursements This Page (optional)	······	043.30		
TOTAL TIL D. L. M. C.	LA		843.36		
TOTAL This Period (last page this line number on	ly)		040.00		