

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
American College of Rheumatology (RheumPAC)

ADDRESS (number and street) 2200 Lake Boulevard NE  
Check if different than previously reported. (ACC) Atlanta GA 30319

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00432823 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 [07] / [01] / [2019] through [12] / [31] / [2019]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Palmer, William, , Dr.,  
Type or Print Name of Treasurer

Signature of Treasurer Palmer, William, , Dr., [Electronically Filed] Date [01] / [28] / [2020]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		262602.37
(b) Cash on Hand at Beginning of Reporting Period.....	255428.34	
(c) Total Receipts (from Line 19) .....	73189.04	135828.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	328617.38	398430.59
7. Total Disbursements (from Line 31).....	91598.26	161411.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	237019.12	237019.12
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

**American College of Rheumatology (RheumPAC)**

Report Covering the Period: From:  /  /  To:  /  /

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).....	60073.00	112753.00
(ii) Unitemized .....	11908.00	20679.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	71981.00	133432.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (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) .....	71981.00	133432.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1208.04	2396.22
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	73189.04	135828.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	73189.04	135828.22

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1511.67	2824.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1511.67	2824.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	89000.00	157500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(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)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	1086.59	1086.59
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(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 Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	91598.26	161411.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	91598.26	161411.47

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	71981.00	133432.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	71981.00	133432.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1511.67	2824.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1208.04	2396.22
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	303.63	428.66

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

We write on behalf of American College of Rheumatology (RheumPAC) (C00432823). The Committee has undertaken a thorough reconciliation of its reports. Despite the Committee's substantial work toward a complete reconciliation of transactions dating back several years, there persists a discrepancy between its reported cash-on-hand and bank statement balance, the sources of which the Committee has been unable to identify from the records it is required to and has maintained. To ensure accuracy of future reports, the Committee has adjusted for this unresolved discrepancy through a disbursement on Line 29 of this January 31 Year-End Report. If you have further questions, please contact the Committee.

Form/Schedule:  
Transaction ID:

**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 7 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Breland, Hazel, L., PhD, OTR/L**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address MUSC College of Health Professions  
 151B Rutledge Avenue, MSC 962  
 City Charleston State SC Zip Code 29425-9620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Associate Professor  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 637.00

Date of Receipt **07 / 03 / 2019**  
**Transaction ID : 16920928**  
 Amount of Each Receipt this Period **91.00**  
 Memo Item

**B. Blumstein, Howard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 315 Middle Country Rd  
 City Smithtown State NY Zip Code 11787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rheumatology Associates of Long Island Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 525.00

Date of Receipt **07 / 05 / 2019**  
**Transaction ID : 16923548**  
 Amount of Each Receipt this Period **75.00**  
 Memo Item

**C. Wallace, Zachary, , Dr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 291 Woodland Rd  
 City Newton State MA Zip Code 02466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Massachusetts General Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 450.00

Date of Receipt **07 / 06 / 2019**  
**Transaction ID : 16924340**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>316.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Fahey, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 128 Medical Park Rd  
Suite 101

City Mooresville State NC Zip Code 28117

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

Name of Employer (for Individual) Piedmont HealthCare Occupation (for Individual) Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2019

**Transaction ID : 16925873**

Amount of Each Receipt this Period  
 45.00

Memo Item

**B. Scalettar, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12433 Ansin Circle Dr

City Potomac State MD Zip Code 20854-2904

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

Name of Employer (for Individual) George Washington University Occupation (for Individual) Clinical Emeritus Professor of Medicin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2019

**Transaction ID : 16951369**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C. Calkins, Evan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3799 Windover Drive  
Suite 110

City Hamburg State NY Zip Code 14075

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

Name of Employer (for Individual) Village Pediatrics & Rheum, LLC Occupation (for Individual) Rheumatologist

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2019

**Transaction ID : 16951371**

Amount of Each Receipt this Period  
 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1045.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Kempf, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19272 Stone Oak Pkwy #101  
 City San Antonio State TX Zip Code 78258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rheumatology Assoc. of So. TX Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 14 / 2019  
**Transaction ID : 16989972**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Matsumoto, Alan, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2730 University Blvd W Ste 310  
 City Wheaton State MD Zip Code 20902-1990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis and Rheumatism Associates Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 16 / 2019  
**Transaction ID : 16990697**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. White, Patience, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7516 Arrowood Rd  
 City Bethesda State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Got Transition Occupation (for Individual) Co-Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 19 / 2019  
**Transaction ID : 16992486**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 902

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 10 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Snow, Marcus, Hilton, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 986270 Nebraska Medical Center

City Omaha	State NE	Zip Code 68198-6270
---------------	-------------	------------------------

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

Name of Employer (for Individual) University of Nebraska Medical Center	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2019

**Transaction ID : 16994120**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Singer, Nora, G, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2500 Metrohealth Dr

City Cleveland	State OH	Zip Code 44109-1900
-------------------	-------------	------------------------

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

Name of Employer (for Individual) The MetroHealth System	Occupation (for Individual) Division Director
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2019

**Transaction ID : 16994699**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Marinescu, L. Manuela, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Jefferson Landing Circle

City Port Jefferson	State NY	Zip Code 11777
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Rheumatology Associates of Long Island	Occupation (for Individual) Rheumatologist
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

**Transaction ID : 17002790**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 11 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Shepherd, Rebecca, M, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Herr Rd.  
 City New Providence State PA Zip Code 17560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LGH Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 27 / 2019  
**Transaction ID : 17003274**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Moeller, Garland, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4503 Gloucester Dr  
 City Trent Woods State NC Zip Code 28562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CarolinaEast Medical Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 25 / 2019  
**Transaction ID : 17003601**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 #7804

**C. Deal, Chad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21099 Colby Rd  
 City Shaker Heights State OH Zip Code 44122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2019  
**Transaction ID : 17003602**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 #2942

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 12 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Breland, Hazel, L., PhD, OTR/L**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address MUSC College of Health Professions  
151B Rutledge Avenue, MSC 962

City Charleston	State SC	Zip Code 29425-9620
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical University of South Carolina	Occupation (for Individual) Associate Professor
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
728.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2019

**Transaction ID : 17011958**

Amount of Each Receipt this Period  
91.00

Memo Item

**B. Klein, Steven, J., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 346 Mill St

City Hagerstown	State MD	Zip Code 21740
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Klein and Associates Rheumatology Cons	Occupation (for Individual) Rheumatologist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2019

**Transaction ID : 17011960**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C. Fahey, Sean, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 128 Medical Park Rd  
Suite 101

City Mooreville	State NC	Zip Code 28117
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Piedmont HealthCare	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2019

**Transaction ID : 17022705**

Amount of Each Receipt this Period  
45.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2136.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 13 OF 69
<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)  
**American College of Rheumatology (RheumPAC)**

**A. Birnbaum, Neal, S., M.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2100 Webster St  
 Suite 112  
 City San Francisco State CA Zip Code 94115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 08 / 2019  
**Transaction ID : 17026349**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Venuturupalli, Swamy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8750 Wilshire Blvd, Suite 350  
 City Beverly Hills State CA Zip Code 90211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cedars Sinai Medical Center Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 352.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : 17026767**  
 Amount of Each Receipt this Period 352.00  
 Memo Item

**c. Singer, Nora, G., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2500 Metrohealth Dr  
 City Cleveland State OH Zip Code 44109-1900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The MetroHealth System Occupation (for Individual) Division Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 15 / 2019  
**Transaction ID : 17030414**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	752.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 14 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Kennedy, Stacy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 644 Georgetown DriveNW  
 City Concord State NC Zip Code 28027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rowan Diagnostic Clinic Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 17 / 2019  
**Transaction ID : 17040329**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Klein-Gitelman, Marisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 E. Chicago Ave, #50  
 City Chicago State IL Zip Code 60611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ann & Robert H. Lurie Children's Hospi Occupation (for Individual) Professor of Pediatrics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 19 / 2019  
**Transaction ID : 17040333**  
 Amount of Each Receipt this Period 160.00  
 Memo Item

**C. Snow, Marcus, Hilton, Dr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 986270 Nebraska Medical Center  
 City Omaha State NE Zip Code 68198-6270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Nebraska Medical Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2019  
**Transaction ID : 17043409**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	710.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 15 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Niemer, Mark, W, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1500 Associates Dr

City Dubuque	State IA	Zip Code 52002-2260
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Medical Associates Clinic	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2019

**Transaction ID : 17043512**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Holers, V, Michael, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1775 Aurora Ct.  
Room 3102

City Aurora	State CO	Zip Code 80045
----------------	-------------	-------------------

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

Name of Employer (for Individual) University of Colorado	Occupation (for Individual) Division Chief
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

**Transaction ID : 17046240**

Amount of Each Receipt this Period  
75.00

Memo Item

**C. Gewanter, Harry, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2600 E Cary St. Apt 3102

City Richmond	State VA	Zip Code 23223-7888
------------------	-------------	------------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) Rheumatologist
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2019

**Transaction ID : 17046659**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 16 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Breland, Hazel, L., PhD, OTR/L**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address MUSC College of Health Professions  
 151B Rutledge Avenue, MSC 962  
 City Charleston State SC Zip Code 29425-9620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Associate Professor  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **819.00**

Date of Receipt **09 / 03 / 2019**  
**Transaction ID : 17048423**  
 Amount of Each Receipt this Period **91.00**  
 Memo Item

**B. Fahey, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 128 Medical Park Rd  
 Suite 101  
 City Mooresville State NC Zip Code 28117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Piedmont HealthCare Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **405.00**

Date of Receipt **09 / 07 / 2019**  
**Transaction ID : 17049967**  
 Amount of Each Receipt this Period **45.00**  
 Memo Item

**C. Bryant, Gary, L., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5429 Vining Point Road  
 City Minnetonka State MN Zip Code 55345-5716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GSK Occupation (for Individual) Professor of Medicine  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 08 / 2019**  
**Transaction ID : 17049975**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>636.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**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 17 OF 69
<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)  
**American College of Rheumatology (RheumPAC)**

**A. Cruz, Nilsa, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2901 W Kk River Pkwy Ste 319

City Milwaukee	State WI	Zip Code 53215-3660
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Milwaukee Rheumatology Center	Occupation (for Individual) CRHC, Practice Administrator
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2019

**Transaction ID : 17049979**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Torralba, Karina, Marianne D, Dr, MD, MACM,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30524 Los Altos Drive

City Redlands	State CA	Zip Code 92373
------------------	-------------	-------------------

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

Name of Employer (for Individual) Loma Linda University School of Medici	Occupation (for Individual) Fellowship Program Director
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2019

**Transaction ID : 17049981**

Amount of Each Receipt this Period  
750.00

Memo Item

**C. Torralba, Karina, Marianne D, Dr, MD, MACM,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30524 Los Altos Drive

City Redlands	State CA	Zip Code 92373
------------------	-------------	-------------------

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

Name of Employer (for Individual) Loma Linda University School of Medici	Occupation (for Individual) Fellowship Program Director
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2019

**Transaction ID : 17049983**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 18 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Bass, Anne, R, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 535 E 70th St

City New York	State NY	Zip Code 10021-4823
------------------	-------------	------------------------

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

Name of Employer (for Individual) Hospital for Special Surgery	Occupation (for Individual) Fellowship Program Director
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2019

**Transaction ID : 17049985**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Mullins, William, W., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8722 Hickory Bend Tr

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Center for Rheumatic Disease & Osteopo	Occupation (for Individual) Fellow
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2019

**Transaction ID : 17049987**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Danila, Maio, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1720 Second Ave S  
FOT 838

City Birmingham	State AL	Zip Code 35294
--------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Alabama at Birmingham (U	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2019

**Transaction ID : 17052695**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 19 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Flint, Kathleen, Patricia, , M.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1711 St Julian Pl  
 City Columbia State SC Zip Code 29204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Articularis Healthcare Group Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2019  
**Transaction ID : 17052697**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Bergman, Martin, , Dr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 W. Chester Pike Suite 201  
 City Ridley Park State PA Zip Code 19078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Drexel University College of Medicine Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2019  
**Transaction ID : 17052702**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Ritchlin, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 Elmwood Avenue Box 695  
 City Rochester State NY Zip Code 14642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Rochester Medical Center Occupation (for Individual) Professor of Medicine  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2019  
**Transaction ID : 17052706**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 20 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Schuster, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 615 S 20th St  
 City Philadelphia State PA Zip Code 19146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis, Rheumatic and Bac Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 10 / 2019  
**Transaction ID : 17057837**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Carrasco, Ruy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8100 Wyoming Blvd NE Ste M4, #788  
 City Albuquerque State NM Zip Code 87113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UT Dell Medical School Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 15 / 2019  
**Transaction ID : 17087783**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Pick, Michael, Arthur, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 N. 1st Street  
 City Springfield State IL Zip Code 62702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Springfield Clinic Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2019  
**Transaction ID : 17089313**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 21 OF 69
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. White, Douglas, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3111 Gundersen Dr  
 City Onalaska State WI Zip Code 54650-8447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gundersen Health System Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 17 / 2019  
**Transaction ID : 17090593**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Borenstein, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2021 K St NW Ste 300  
 City Washington State DC Zip Code 20006-1012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Back In Control, Inc/ Arthritis and Rh Occupation (for Individual) Clinical Professor of Medicine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 13 / 2019  
**Transaction ID : 17090595**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**C. Hamburger, Max, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Micole Ct  
 City Dix Hills State NY Zip Code 11746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rheum Assoc of Long Island Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 18 / 2019  
**Transaction ID : 17091463**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 22 OF 69
	<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)  
**American College of Rheumatology (RheumPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Epstein, Alan, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 19 / 2019
Mailing Address 822 Pine St Suite 3A		<b>Transaction ID : 17091471</b>
City Philadelphia	State PA	Zip Code 19107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Pennsylvania Hospital	Occupation (for Individual) Clinical Professor of Medicine	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Snow, Marcus, Hilton, Dr,</b>		Date of Receipt MM / DD / YYYY 09 / 20 / 2019
Mailing Address 986270 Nebraska Medical Center		<b>Transaction ID : 17091613</b>
City Omaha	State NE	Zip Code 68198-6270
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) University of Nebraska Medical Center	Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Higgins, Gloria, C., Dr.,</b>		Date of Receipt MM / DD / YYYY 09 / 22 / 2019
Mailing Address 2202 Bryden Road		<b>Transaction ID : 17091971</b>
City Columbus	State OH	Zip Code 43209
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 23.00
Name of Employer (for Individual) Nationwide Childrens Hospital/ The Ohi	Occupation (for Individual) Professor Emeritus	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 207.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	373.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 23 OF 69
<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)  
**American College of Rheumatology (RheumPAC)**

**A. Smith, Brett, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 232 Associates Blvd

City Alcoa	State TN	Zip Code 37701
---------------	-------------	-------------------

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

Name of Employer (for Individual) Blount Memorial Hospital	Occupation (for Individual) Attending
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2019

**Transaction ID : 17092311**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Ramanujam, Thaila, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1505 Soquel Drive Suite 9

City Santa Cruz	State CA	Zip Code 95065
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Thaila Ramanujanm. M.D Inc	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2001.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2019

**Transaction ID : 17094981**

Amount of Each Receipt this Period  
2001.00

Memo Item

**C. Gewanter, Harry, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2600 E Cary St. Apt 3102

City Richmond	State VA	Zip Code 23223-7888
------------------	-------------	------------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) Rheumatologist
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2019

**Transaction ID : 17095497**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2326.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 24 OF 69
<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)  
**American College of Rheumatology (RheumPAC)**

**A. Breland, Hazel, L., PhD, OTR/L**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address MUSC College of Health Professions  
 151B Rutledge Avenue, MSC 962  
 City Charleston State SC Zip Code 29425-9620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Associate Professor  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **910.00**

Date of Receipt **10 / 03 / 2019**  
**Transaction ID : 17100652**  
 Amount of Each Receipt this Period **91.00**  
 Memo Item

**B. Wallace, Zachary, , Dr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 291 Woodland Rd  
 City Newton State MA Zip Code 02466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Massachusetts General Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **10 / 06 / 2019**  
**Transaction ID : 17106906**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item

**C. Fahey, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 128 Medical Park Rd Suite 101  
 City Mooresville State NC Zip Code 28117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Piedmont HealthCare Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **450.00**

Date of Receipt **10 / 07 / 2019**  
**Transaction ID : 17109251**  
 Amount of Each Receipt this Period **45.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>286.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**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 25 OF 69
<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)  
**American College of Rheumatology (RheumPAC)**

**A. Beall, Ashley, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4601 Cheltenham Drive

City Bethesda	State MD	Zip Code 20814
------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis and Rheumatism Associates	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

**Transaction ID : 17148843**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Kazmers, Irene, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Northern Michigan Rheumatology  
3280 Woods Way Ste 1

City Petoskey	State MI	Zip Code 49770-8105
------------------	-------------	------------------------

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

Name of Employer (for Individual) Northern Michigan Rheumatology	Occupation (for Individual) Rheumatologist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

**Transaction ID : 17154511**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. Snow, Marcus, Hilton, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 986270 Nebraska Medical Center

City Omaha	State NE	Zip Code 68198-6270
---------------	-------------	------------------------

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

Name of Employer (for Individual) University of Nebraska Medical Center	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2019

**Transaction ID : 17157788**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 26 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Higgins, Gloria, C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2202 Bryden Road

City Columbus	State OH	Zip Code 43209
------------------	-------------	-------------------

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

Name of Employer (for Individual) Nationwide Childrens Hospital/ The Ohi	Occupation (for Individual) Professor Emeritus
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2019

**Transaction ID : 17157819**

Amount of Each Receipt this Period  
23.00

Memo Item

**B. Shepherd, Rebecca, M, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Herr Rd.

City New Providence	State PA	Zip Code 17560
------------------------	-------------	-------------------

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

Name of Employer (for Individual) LGH	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2019

**Transaction ID : 17163423**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Gewanter, Harry, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2600 E Cary St. Apt 3102

City Richmond	State VA	Zip Code 23223-7888
------------------	-------------	------------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) Rheumatologist
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2019

**Transaction ID : 17163431**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	298.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 27 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. White, Douglas, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3111 Gundersen Dr  
 City Onalaska State WI Zip Code 54650-8447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gundersen Health System Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2019  
**Transaction ID : 17163883**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Kazmers, Irene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Northern Michigan Rheumatology 3280 Woods Way Ste 1  
 City Petoskey State MI Zip Code 49770-8105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northern Michigan Rheumatology Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2019  
**Transaction ID : 17164388**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Breland, Hazel, L, , PhD, OTR/L**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address MUSC College of Health Professions 151B Rutledge Avenue, MSC 962  
 City Charleston State SC Zip Code 29425-9620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Associate Professor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 11 / 03 / 2019  
**Transaction ID : 17164942**  
 Amount of Each Receipt this Period 91.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	241.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 28 OF 69
<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)  
**American College of Rheumatology (RheumPAC)**

**A. Peng, Justin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 955 North Madison St.

City Arlington	State VA	Zip Code 22205
-------------------	-------------	-------------------

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

Name of Employer (for Individual) ARAPC	Occupation (for Individual) Rheumatologist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2019

**Transaction ID : 17167186**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. White, Douglas, W, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3111 Gundersen Dr

City Onalaska	State WI	Zip Code 54650-8447
------------------	-------------	------------------------

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

Name of Employer (for Individual) Gundersen Health System	Occupation (for Individual) Rheumatologist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2019

**Transaction ID : 17167771**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Fahey, Sean, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 128 Medical Park Rd  
Suite 101

City Mooresville	State NC	Zip Code 28117
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Piedmont HealthCare	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
495.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2019

**Transaction ID : 17168720**

Amount of Each Receipt this Period  
45.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	795.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 29 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Kenney, Howard, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 W 8th Ave  
 Suite 6080  
 City Spokane State WA Zip Code 99204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis Northwest Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 08 / 2019  
**Transaction ID : 17175829**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Geppert, Thomas, David, Dr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8144 Walnut Hill Lane  
 #800  
 City Dallas State TX Zip Code 75231-4345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rheumatology Associates Dallas Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 10 / 2019  
**Transaction ID : 17183003**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**c. Shepherd, Rebecca, M, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Herr Rd.  
 City New Providence State PA Zip Code 17560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LGH Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 11 / 2019  
**Transaction ID : 17183031**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 30 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Ott, Stephanie, J, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 618 Pleasantville Rd  
 Suite 201  
 City Lancaster State OH Zip Code 43130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fairfield Medical Center Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 11 / 2019  
**Transaction ID : 17183454**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**B. Pick, Michael, Arthur, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 N. 1st Street  
 City Springfield State IL Zip Code 62702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Springfield Clinic Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 11 / 2019  
**Transaction ID : 17193683**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Evangelisto, Amy, M, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 528 Bartram Road  
 City Moorestown State NJ Zip Code 08057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis Rheumatic and Back Disease A Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 11 / 2019  
**Transaction ID : 17197887**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 31 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Vargo, Jill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 288 Macon Ave Apt 307  
 City Asheville State NC Zip Code 28804-3833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Asheville Arthritis and Osteoporosis C Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 11 / 2019  
**Transaction ID : 17198301**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Flint, Kathleen, Patricia, , M.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1711 St Julian Pl  
 City Columbia State SC Zip Code 29204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Articularis Healthcare Group Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 11 / 2019  
**Transaction ID : 17199759**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Kassin, Stuart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 198 Union Blvd Ste 150  
 City Lakewood State CO Zip Code 80228-2259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Arthritis Associates Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 11 / 2019  
**Transaction ID : 17199772**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 32 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Humphrey, Mary Beth, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 975 NE 10th St  
 BRC256  
 City Oklahoma City State OK Zip Code 73104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Oklahoma Health Sciences Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2019  
**Transaction ID : 17199803**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Gonter, Neil, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 Queen Anne Rd  
 City Teaneck State NJ Zip Code 07666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rheumatology Associates of North Jerse Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2019  
**Transaction ID : 17199805**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Tran, Trinh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13214 Griffin Run  
 City Carmel State IN Zip Code 46033-8231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AllCare Rheumatology LLC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2019  
**Transaction ID : 17199807**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 33 OF 69
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Schaffer, Daniel, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 1st St SW  
 158 1E  
 City Rochester State MN Zip Code 55905-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Physician assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 12 / 2019  
**Transaction ID : 17199854**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Dilorio, Emma, , Dr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14995 Shady Grove Road  
 Ste. 250  
 City Rockville State MD Zip Code 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis & Rheumatism Associates Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 12 / 2019  
**Transaction ID : 17199862**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Holtz, Lindsay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1907 moonwind place  
 City Henrico State VA Zip Code 23238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis Specialists Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 12 / 2019  
**Transaction ID : 17200529**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 34 OF 69
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Tindall, Elizabeth, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1255 SW Schaeffer Road  
 City West Linn State OR Zip Code 97068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rheumatology Consultants of Oregon, LL Occupation (for Individual) President, Rheumatology Consultants o  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 12 / 2019**  
**Transaction ID : 17200536**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Wright, Grace, C, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 345 E 37th St # 303  
 City New York State NY Zip Code 10016-3256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grace C Wright MD PC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2100.00

Date of Receipt **11 / 13 / 2019**  
**Transaction ID : 17200776**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Laukaitis, Joseph, , , M.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Washington Circle, NW Suite 303  
 City Washington State DC Zip Code 20037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 13 / 2019**  
**Transaction ID : 17200946**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 35 OF 69
<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)  
**American College of Rheumatology (RheumPAC)**

**A. Lakhanpal, Sharad, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5320 ROYAL LANE

City DALLAS	State TX	Zip Code 75229
----------------	-------------	-------------------

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

Name of Employer (for Individual) Rheumatology Associates	Occupation (for Individual) Rheumatologist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		13		2019

**Transaction ID : 17200959**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. KIMEL, ALEXANDRU, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Queen Anne Road

City Teaneck	State NJ	Zip Code 07666
-----------------	-------------	-------------------

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

Name of Employer (for Individual) RHeumatology Associates Of North Jerse	Occupation (for Individual) MD
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		13		2019

**Transaction ID : 17200961**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Walker, Sara, Ellen, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2120 Southern Star Loop

City Las Cruces	State NM	Zip Code 88011
--------------------	-------------	-------------------

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

Name of Employer (for Individual) n/a	Occupation (for Individual) Professor Emeritus
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		13		2019

**Transaction ID : 17200964**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 36 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Gewanter, Harry, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2600 E Cary St. Apt 3102

City Richmond	State VA	Zip Code 23223-7888
------------------	-------------	------------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) Rheumatologist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2019

**Transaction ID : 17200977**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Feldman, Madelaine, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2633 Napoleon Ave Suite 530

City NEW ORLEANS	State LA	Zip Code 70115
---------------------	-------------	-------------------

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

Name of Employer (for Individual) THE RHEUMATOLOGY GROUP	Occupation (for Individual) Rheumatologist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2019

**Transaction ID : 17200982**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Owen, Marcus, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 Angel Trace

City Brentwood	State TN	Zip Code 37027
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Murfreesboro Medical Clinic	Occupation (for Individual) Rheumatologist
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2019

**Transaction ID : 17200990**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 37 OF 69
<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)  
**American College of Rheumatology (RheumPAC)**

**A. Upchurch, Katherine, S, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 207 Musketaquid Road

City Concord	State MA	Zip Code 01742
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2019

**Transaction ID : 17201688**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Singer, Nora, G, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2500 Metrohealth Dr

City Cleveland	State OH	Zip Code 44109-1900
-------------------	-------------	------------------------

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

Name of Employer (for Individual) The MetroHealth System	Occupation (for Individual) Division Director
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

**Transaction ID : 17201690**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Nishio, Jane, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 Hunsaker Canyon Road

City Lafayette	State CA	Zip Code 94549
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Walnut Creek Medical Center	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

**Transaction ID : 17202438**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 38 OF 69
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Respicio Duque, Guada, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14995 Shady Grove Road  
Suite 250

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis and Rheumatism Assoc	Occupation (for Individual) Rheumatologist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2019

**Transaction ID : 17202449**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Potter, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2730 University Blvd West

City Wheaton	State MD	Zip Code 20902
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis & Rheumatism Associates	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2019

**Transaction ID : 17202451**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Klein-Gitelman, Marisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 E. Chicago Ave, #50

City Chicago	State IL	Zip Code 60611
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Ann & Robert H. Lurie Children's Hospi	Occupation (for Individual) Professor of Pediatrics
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2019

**Transaction ID : 17202726**

Amount of Each Receipt this Period  
160.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1410.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 39 OF 69
<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)  
**American College of Rheumatology (RheumPAC)**

**A. Crawford, Donah, Zack, Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1417 Gentlemens Way

City Dresher	State PA	Zip Code 19025
-----------------	-------------	-------------------

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

Name of Employer (for Individual) The Arthritis Group	Occupation (for Individual) Research Director
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		19		2019

**Transaction ID : 17202837**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Menzies, Victoria, , Dr., PhD, RN< C**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8668 SW 77th Ave

City Gainesville	State FL	Zip Code 32608-8484
---------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Florida	Occupation (for Individual) Associate Professor
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		20		2019

**Transaction ID : 17202984**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Snow, Marcus, Hilton, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 986270 Nebraska Medical Center

City Omaha	State NE	Zip Code 68198-6270
---------------	-------------	------------------------

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

Name of Employer (for Individual) University of Nebraska Medical Center	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		20		2019

**Transaction ID : 17202985**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 40 OF 69
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Higgins, Gloria, C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2202 Bryden Road

City Columbus	State OH	Zip Code 43209
------------------	-------------	-------------------

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

Name of Employer (for Individual) Nationwide Childrens Hospital/ The Ohi	Occupation (for Individual) Professor Emeritus
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
253.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		22		2019

**Transaction ID : 17204478**

Amount of Each Receipt this Period  
23.00

Memo Item

**B. Holers, V, Michael, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1775 Aurora Ct.  
Room 3102

City Aurora	State CO	Zip Code 80045
----------------	-------------	-------------------

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

Name of Employer (for Individual) University of Colorado	Occupation (for Individual) Division Chief
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		23		2019

**Transaction ID : 17205012**

Amount of Each Receipt this Period  
75.00

Memo Item

**C. McLain, David, Andrew, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2229 Cahaba Valley Drive

City Birmingham	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer (for Individual) McLain Medical Associates, P.C.	Occupation (for Individual) Symposium Director, Congress of Clinic
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		24		2019

**Transaction ID : 17205015**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	348.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 41 OF 69
<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)  
**American College of Rheumatology (RheumPAC)**

**A. Keenan, Robert, Thomas, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Trent Dr # 2978  
 City Durham State NC Zip Code 27710-3037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke University School of Medicine Occupation (for Individual) Associate Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 26 / 2019  
**Transaction ID : 17207903**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Yonker, Richard, A, Dr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1424 Cedar Bay Ln  
 City Sarasota State FL Zip Code 34231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sarasota Arthritis Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 26 / 2019  
**Transaction ID : 17208115**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Jones, Richard, Edwin, Dr., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Towncenter Blvd Suite 112  
 City Tuscaloosa State AL Zip Code 35406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Assistant Professor of Med  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 27 / 2019  
**Transaction ID : 17208182**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 42 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Gewanter, Harry, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2600 E Cary St. Apt 3102  
 City Richmond State VA Zip Code 23223-7888  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2019  
**Transaction ID : 17208192**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Bourg, Angele, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1218 Elmcrest Dr.  
 City Baton Rouge State LA Zip Code 70808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baton Rouge Clinic Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 01 / 2019  
**Transaction ID : 17208202**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Breland, Hazel, L, , PhD, OTR/L**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address MUSC College of Health Professions 151B Rutledge Avenue, MSC 962  
 City Charleston State SC Zip Code 29425-9620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Associate Professor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1092.00

Date of Receipt 12 / 03 / 2019  
**Transaction ID : 17208791**  
 Amount of Each Receipt this Period 91.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	616.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 43 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Thomas, Nicole, S, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2730 University Blvd W Ste 310

City Wheaton	State MD	Zip Code 20902
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis & Rheumatism Associate	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2019

**Transaction ID : 17211590**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Masi, Alfonse, T., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6710 N. Skyline Drive

City Peoria	State IL	Zip Code 61614
----------------	-------------	-------------------

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

Name of Employer (for Individual) None	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2019

**Transaction ID : 17211876**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Fahey, Sean, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 128 Medical Park Rd Suite 101

City Mooresville	State NC	Zip Code 28117
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Piedmont HealthCare	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2019

**Transaction ID : 17212901**

Amount of Each Receipt this Period  
45.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	795.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 44 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Robinson, William, , Dr., MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address CCSR 4135  
 269 Campus Dr  
 City State Zip Code  
 Stanford CA 94305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Stanford University Professor of Medicine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2019  
**Transaction ID : 17215887**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Flood, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 751 Jaeger St  
 City State Zip Code  
 Columbus OH 43206-2272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Columbus Arthritis Center Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2019  
**Transaction ID : 17215889**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Worthing, Angus, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5025 Sherier Place NW  
 City State Zip Code  
 Washington DC 20016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Arthritis & Rheumatism Associates, PC Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼  
 2618.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2019  
**Transaction ID : 17215891**  
 Amount of Each Receipt this Period  
 286.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	886.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 45 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Allen, Everett, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19272 Stone Oak Pkwy, #101  
 City San Antonio State TX Zip Code 78258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rheumatology Assoc. South Texas Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 10 / 2019  
**Transaction ID : 17215911**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Phillips, Christopher, R., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Kiana Ct. Suite B  
 City Paducah State KY Zip Code 42001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Paducah Rheumatology Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1110.00

Date of Receipt 12 / 10 / 2019  
**Transaction ID : 17216622**  
 Amount of Each Receipt this Period 610.00  
 Memo Item

**C. Desir, Deborah, D., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Zak Hill Dr.  
 City Woodbridge State CT Zip Code 06525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Yale-New Haven Medical Center Occupation (for Individual) Physician, Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 12 / 10 / 2019  
**Transaction ID : 17233313**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1235.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 46 OF 69
<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)  
**American College of Rheumatology (RheumPAC)**

**A. Sivaraman, Padmapriya, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8144 Walnut Hill Lane, Suite 800  
 City Dallas State TX Zip Code 75231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rheumatology Associates Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 372.00

Date of Receipt 12 / 10 / 2019  
**Transaction ID : 17233329**  
 Amount of Each Receipt this Period 122.00  
 Memo Item

**B. Huston, Kent, Kwas, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4330 Wornall Rd Suite 40  
 City Kansas City State MO Zip Code 64111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kansas City Physician Partners Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 10 / 2019  
**Transaction ID : 17233338**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Crofford, Leslie, , Dr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1161 21st Ave S, T3113 MCN  
 City Nashville State TN Zip Code 37232-2681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vanderbilt University Medical Center Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 386.00

Date of Receipt 12 / 10 / 2019  
**Transaction ID : 17233340**  
 Amount of Each Receipt this Period 286.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	708.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 47 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Sampson, Roy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2784 N. Brookbury Crossing

City Fayetteville	State AR	Zip Code 72703
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Washington Regional Medical Center	Occupation (for Individual) Rheumatologist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2019

**Transaction ID : 17233357**

Amount of Each Receipt this Period  
220.00

Memo Item

**B. Oza, Meera, R, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2100 Kingsley Ave

City Orange Park	State FL	Zip Code 32073-5130
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Arthritis & Osteoporosis Treatment Cen	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2286.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2019

**Transaction ID : 17233388**

Amount of Each Receipt this Period  
286.00

Memo Item

**C. Kolba, Karen, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 Erna Way

City Pismo Beach	State CA	Zip Code 93449
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2019

**Transaction ID : 17236456**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	806.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 48 OF 69
<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)  
**American College of Rheumatology (RheumPAC)**

**A. Sayers, Brian, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1106 Gaston Ave

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

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

Name of Employer (for Individual) Brian S. Sayers, M.D.	Occupation (for Individual) physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2019

**Transaction ID : 17236515**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Saag, Kenneth, G, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4213 Kennesaw Drive

City Birmingham	State AL	Zip Code 35213
--------------------	-------------	-------------------

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

Name of Employer (for Individual) UAB	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
536.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2019

**Transaction ID : 17236828**

Amount of Each Receipt this Period  
286.00

Memo Item

**C. Blumstein, Howard, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 315 Middle Country Rd

City Smithtown	State NY	Zip Code 11787
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rheumatology Associates of Long Island	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
811.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

**Transaction ID : 17237605**

Amount of Each Receipt this Period  
286.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	822.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 49 OF 69
<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)  
**American College of Rheumatology (RheumPAC)**

**A. Yang, Howard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2020 Santa Monica Blvd. Suite 540  
 City Santa Monica State CA Zip Code 90404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 UCLA Medical Center Rheumatology Fellow  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2019  
**Transaction ID : 17247612**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Baraf, Herbert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2730 University Blvd W Suite 310  
 City Wheaton State MD Zip Code 20902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Arthritis and Rheumatism Associates Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3178.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2019  
**Transaction ID : 17247614**  
 Amount of Each Receipt this Period  
 1678.00  
 Memo Item

**C. Karp, David, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5323 Harry Hines Blvd  
 City Dallas State TX Zip Code 75390-8884  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 UT Southwestern Medical Center Professor and Chief  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2019  
**Transaction ID : 17247622**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2178.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 50 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Weselman, Kelly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6035 Riverwood Dr. NW  
 City Sandy Springs State GA Zip Code 30328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wellstar Health System Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 786.00

Date of Receipt 12 / 14 / 2019  
**Transaction ID : 17247624**  
 Amount of Each Receipt this Period 286.00  
 Memo Item

**B. Melton, Gwenesta, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2125 Valleygate Dr Suite 201  
 City Fayetteville State NC Zip Code 28304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LaFayette Clinic Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3220.00

Date of Receipt 12 / 16 / 2019  
**Transaction ID : 17248650**  
 Amount of Each Receipt this Period 1220.00  
 Memo Item

**C. Jones, Karla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Rheumatology ED3A 700 Childrens Dr  
 City Columbus State OH Zip Code 43205-2664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nationwide Children's Hospital Occupation (for Individual) Pediatric Nurse Practitioner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 17 / 2019  
**Transaction ID : 17248800**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1856.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 51 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Hargrove, Jody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7600 France Ave S  
 Suite 5100  
 City Edina State MN Zip Code 55435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis & Rheumatology Consultants, Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2286.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2019  
**Transaction ID : 17248804**  
 Amount of Each Receipt this Period  
 286.00  
 Memo Item

**B. Bridges, S. Louis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2920 Balmoral Rd  
 City Mountain Brk State AL Zip Code 35223-1238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Alabama at Birmingham Occupation (for Individual) Professor and Division Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 386.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2019  
**Transaction ID : 17248811**  
 Amount of Each Receipt this Period  
 286.00  
 Memo Item

**C. Gravallesse, Ellen, M, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Hale Building for Transformative M  
 60 Fenwood Road  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Massachusetts Medical Sc Occupation (for Individual) Chief, Division of Rheumatology, Infla  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 372.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2019  
**Transaction ID : 17248963**  
 Amount of Each Receipt this Period  
 122.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	694.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 52 OF 69
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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)  
**American College of Rheumatology (RheumPAC)**

**A. Wallace, Zachary, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 291 Woodland Rd

City Newton	State MA	Zip Code 02466
----------------	-------------	-------------------

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

Name of Employer (for Individual) Massachusetts General Hospital	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2019

**Transaction ID : 17248984**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Edgerton, Colin, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2008 Central Avenue

City Summerville	State SC	Zip Code 29486
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Articularis Healthcare	Occupation (for Individual) Rheumatologist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2286.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2019

**Transaction ID : 17249166**

Amount of Each Receipt this Period  
286.00

Memo Item

**C. Holers, V, Michael, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1775 Aurora Ct.  
Room 3102

City Aurora	State CO	Zip Code 80045
----------------	-------------	-------------------

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

Name of Employer (for Individual) University of Colorado	Occupation (for Individual) Division Chief
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
836.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2019

**Transaction ID : 17249168**

Amount of Each Receipt this Period  
286.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	872.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 53 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Harvey, William, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 Washington St  
 Box 406  
 City Boston State MA Zip Code 02111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tufts Medical Center Occupation (for Individual) Assoc. Professor of Medicine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2610.00

Date of Receipt 12 / 18 / 2019  
**Transaction ID : 17249176**  
 Amount of Each Receipt this Period 610.00  
 Memo Item

**B. Mehta, Jay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3501 Civic Center Blvd  
 CTRB 10109  
 City Philadelphia State PA Zip Code 19104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Hospital of Philadelphia Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1110.00

Date of Receipt 12 / 18 / 2019  
**Transaction ID : 17249217**  
 Amount of Each Receipt this Period 610.00  
 Memo Item

**C. Menzies, Victoria, , Dr., PhD, RN< C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8668 SW 77th Ave  
 City Gainesville State FL Zip Code 32608-8484  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Florida Occupation (for Individual) Associate Professor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 20 / 2019  
**Transaction ID : 17253661**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1240.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 54 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Snow, Marcus, Hilton, Dr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 986270 Nebraska Medical Center

City Omaha	State NE	Zip Code 68198-6270
---------------	-------------	------------------------

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

Name of Employer (for Individual) University of Nebraska Medical Center	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2019

**Transaction ID : 17253662**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Higgins, Gloria, C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2202 Bryden Road

City Columbus	State OH	Zip Code 43209
------------------	-------------	-------------------

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

Name of Employer (for Individual) Nationwide Childrens Hospital/ The Ohi	Occupation (for Individual) Professor Emeritus
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2019

**Transaction ID : 17254538**

Amount of Each Receipt this Period  
23.00

Memo Item

**C. Silver, Arielle, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address The Pavillions  
2301 E Evesham Rd Bldg 800, Ste 11

City Voorhees	State NJ	Zip Code 08043
------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis, Rheumatic and Back Disease	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2019

**Transaction ID : 17254904**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	323.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 55 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Gewanter, Harry, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2600 E Cary St. Apt 3102  
 City Richmond State VA Zip Code 23223-7888  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2019  
**Transaction ID : 17255018**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. Kassin, Stuart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 198 Union Blvd Ste 150  
 City Lakewood State CO Zip Code 80228-2259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Arthritis Associates Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2019  
**Transaction ID : 17255020**  
 Amount of Each Receipt this Period  
 1220.00  
 Memo Item

**C. Gewanter, Harry, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2600 E Cary St. Apt 3102  
 City Richmond State VA Zip Code 23223-7888  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2019  
**Transaction ID : 17261525**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1370.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 56 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**American College of Rheumatology (RheumPAC)**

**A. Rosenberg, Robert, Lawrence, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2730 University Blvd W #310  
 City Wheaton State MD Zip Code 20902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis and Rheumatism Associates Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 29 / 2019  
**Transaction ID : 17261550**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Hauptman, Howard, Warren, Dr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1504 Pinnacle Rd  
 City Baltimore State MD Zip Code 21286  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rheumatology Associates of Baltimore Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 30 / 2019  
**Transaction ID : 17261552**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Macalester, Shawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 545 SE Oak St Ste F  
 City Hillsboro State OR Zip Code 97123-4147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Oregon Rheumatology Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : 17264866**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2300.00
<b>TOTAL</b> This Period (last page this line number only).....	60073.00



**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 57 OF 69
<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 checked="" 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)  
**American College of Rheumatology (RheumPAC)**

**A. American College of Rheumatology**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2200 Lake Boulevard NE

City Atlanta	State GA	Zip Code 30319
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1351.03

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2019

**Transaction ID : 16917913**

Amount of Each Receipt this Period  
162.85

Memo Item

May 2019 Credit Card Fees Reimbursement

**B. American College of Rheumatology**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2200 Lake Boulevard NE

City Atlanta	State GA	Zip Code 30319
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1648.33

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2019

**Transaction ID : 17003603**

Amount of Each Receipt this Period  
297.30

Memo Item

June 2019 Credit Card Fees Reimbursement

**C. American College of Rheumatology**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2200 Lake Boulevard NE

City Atlanta	State GA	Zip Code 30319
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2053.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2019

**Transaction ID : 17048437**

Amount of Each Receipt this Period  
405.25

Memo Item

July 2019 Credit Card Fees Reimbursement

<b>SUBTOTAL</b> of Receipts This Page (optional).....	865.40
<b>TOTAL</b> This Period (last page this line number only).....	

**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 58 OF 69
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**American College of Rheumatology (RheumPAC)**

**A. American College of Rheumatology**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2200 Lake Boulevard NE

City Atlanta	State GA	Zip Code 30319
-----------------	-------------	-------------------

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

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2170.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2019

**Transaction ID : 17094983**

Amount of Each Receipt this Period  
117.24

Memo Item

August 2019 Credit Card Fees Reimbursement

**B. American College of Rheumatology**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2200 Lake Boulevard NE

City Atlanta	State GA	Zip Code 30319
-----------------	-------------	-------------------

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

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2303.33

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2019

**Transaction ID : 17167769**

Amount of Each Receipt this Period  
132.51

Memo Item

September 2019 Credit Card Fees Reimbursement

**C. American College of Rheumatology**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2200 Lake Boulevard NE

City Atlanta	State GA	Zip Code 30319
-----------------	-------------	-------------------

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

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2396.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2019

**Transaction ID : 17274375**

Amount of Each Receipt this Period  
92.89

Memo Item

November 2019 Credit Card Fees Reimbursement

<b>SUBTOTAL</b> of Receipts This Page (optional).....	342.64
<b>TOTAL</b> This Period (last page this line number only).....	1208.04

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**American College of Rheumatology (RheumPAC)**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank Charges**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
July 2019 Credit Card Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 17048436**  
Amount of Each Disbursement this Period

Memo Item Fees July 2019 Credit Card Processing

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank Charges**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
August 2019 Credit Card Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 17094982**  
Amount of Each Disbursement this Period

Memo Item August 2019 Credit Card Processing Fees

Full Name (Last, First, Middle Initial)

**C. SunTrust Bank Charges**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
September 2019 Credit Card Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 17167768**  
Amount of Each Disbursement this Period

Memo Item September 2019 Credit Card Processing Fees

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

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

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**American College of Rheumatology (RheumPAC)**

Full Name (Last, First, Middle Initial) <b>A. SunTrust Bank Charges</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2019
Mailing Address PO Box 622227		FEC Identification Number C [REDACTED] <b>Transaction ID : 17211874</b> Amount of Each Disbursement this Period [REDACTED] 238.32
City Orlando	State FL	Zip Code 32862-2227
Purpose of Disbursement October 2019 Credit Card Processing Fees		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item October 2019 Credit Card Processing Fees	

Full Name (Last, First, Middle Initial) <b>B. SunTrust Bank Charges</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2019
Mailing Address PO Box 622227		FEC Identification Number C [REDACTED] <b>Transaction ID : 17211875</b> Amount of Each Disbursement this Period [REDACTED] 92.89
City Orlando	State FL	Zip Code 32862-2227
Purpose of Disbursement November 2019 Credit Card Processing Fees		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item November 2019 Credit Card Processing Fees	

Full Name (Last, First, Middle Initial) <b>C. SunTrust Bank Charges</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2019
Mailing Address PO Box 622227		FEC Identification Number C [REDACTED] <b>Transaction ID : 17293423</b> Amount of Each Disbursement this Period [REDACTED] 525.46
City Orlando	State FL	Zip Code 32862-2227
Purpose of Disbursement December 2019 Credit Card Processing Fees		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item December 2019 Credit Card Processing Fees	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 856.67
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED] 1511.67

**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"/> 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)  
**American College of Rheumatology (RheumPAC)**

**A. Doug Jones For Senate Committee**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 131025

M M M	/	D D D	/	Y Y Y Y Y
08		08		2019

City Birmingham State AL Zip Code 35213

FEC Identification Number

Purpose of Disbursement  
2020 Primary Election Contribution

C	C00640623
---	-----------

Candidate Name  
**Jones, Doug, , Sen.,**

011
Category/ Type

**Transaction ID : 17090583**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

5000.00
---------

2020 Primary Election Contribution

State: AL District:

Memo Item

**B. Guthrie For Congress**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 9639

M M M	/	D D D	/	Y Y Y Y Y
07		17		2019

City Bowling Green State KY Zip Code 42102

FEC Identification Number

Purpose of Disbursement  
2020 Primary Election Contribution

C	C00445023
---	-----------

Candidate Name  
**Guthrie, S., , Rep.,**

011
Category/ Type

**Transaction ID : 17090584**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

5000.00
---------

2020 Primary Election Contribution

State: KY District: 02

Memo Item

**C. George Holding For Congress Inc.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 97187

M M M	/	D D D	/	Y Y Y Y Y
07		19		2019

City Raleigh State NC Zip Code 27624

FEC Identification Number

Purpose of Disbursement  
2020 Primary Election Contribution

C	C00499236
---	-----------

Candidate Name  
**Holding, George, , Rep.,**

011
Category/ Type

**Transaction ID : 17090585**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

2500.00
---------

2020 Primary Election Contribution

State: NC District: 02

Memo Item

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

12500.00
----------

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

--

**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"/> 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)

**American College of Rheumatology (RheumPAC)**

Full Name (Last, First, Middle Initial)

**A. George Holding For Congress Inc.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	9		2	0	1	9		

Mailing Address PO Box 97187

FEC Identification Number

C	C00499236
---	-----------

**Transaction ID : 17090586**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

2020 General Election Contribution

Memo Item

City  
Raleigh

State  
NC

Zip Code  
27624

Purpose of Disbursement  
2020 General Election Contribution

0	1	1
---	---	---

Category/  
Type

Candidate Name

**Holding, George, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Full Name (Last, First, Middle Initial)

**B. Butterfield For Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	5		2	0	1	9		

Mailing Address PO Box 2571

FEC Identification Number

C	C00401190
---	-----------

**Transaction ID : 17090587**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

2020 Primary Election Contribution

Memo Item

City  
Wilson

State  
NC

Zip Code  
27894

Purpose of Disbursement  
2020 Primary Election Contribution

0	1	1
---	---	---

Category/  
Type

Candidate Name

**Butterfield, George, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: NC District: 01

Full Name (Last, First, Middle Initial)

**C. Schneider For Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	9		2	0	1	9		

Mailing Address PO Box 1318

FEC Identification Number

C	C00495952
---	-----------

**Transaction ID : 17090588**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

2020 Primary Election Contribution

Memo Item

City  
Deerfield

State  
IL

Zip Code  
60015

Purpose of Disbursement  
2020 Primary Election Contribution

0	1	1
---	---	---

Category/  
Type

Candidate Name

**Schneider, Bradley, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

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

1	2	5	0	.	0	0
---	---	---	---	---	---	---

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

1	2	5	0	.	0	0
---	---	---	---	---	---	---

**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"/> 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)

**American College of Rheumatology (RheumPAC)**

Full Name (Last, First, Middle Initial)

**A. Walden For Congress**

Mailing Address PO Box 1091

City  
Hood River

State  
OR

Zip Code  
97031

Purpose of Disbursement  
2020 Primary Election Contribution

011

Category/  
Type

Candidate Name

**Walden, Greg, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2019

FEC Identification Number

C C00333427

**Transaction ID : 17090589**

Amount of Each Disbursement this Period

5000.00

2020 Primary Election Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Lisa Murkowski For Us Senate**

Mailing Address PO Box 100847

City  
Anchorage

State  
AK

Zip Code  
99510

Purpose of Disbursement  
2022 General Election Contribution

011

Category/  
Type

Candidate Name

**Murkowski, Lisa, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: AK District:

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2019

FEC Identification Number

C C00384529

**Transaction ID : 17090592**

Amount of Each Disbursement this Period

2500.00

2022 General Election Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Mckinley For Congress**

Mailing Address PO Box 642

City  
Morgantown

State  
WV

Zip Code  
26507

Purpose of Disbursement  
2020 Primary Election Contribution

011

Category/  
Type

Candidate Name

**McKinley, David, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2019

FEC Identification Number

C C00473132

**Transaction ID : 17236610**

Amount of Each Disbursement this Period

5000.00

2020 Primary Election Contribution

Memo Item

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

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

12500.00



**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

**American College of Rheumatology (RheumPAC)**

Full Name (Last, First, Middle Initial)

**A. Bill Cassidy For Us Senate**

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement  
2020 Primary Election Contribution

011

Category/  
Type

Candidate Name  
**Cassidy, William, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	7		2	0	1	9		

FEC Identification Number

C00543983

**Transaction ID : 17236611**

Amount of Each Disbursement this Period

2500.00

2020 Primary Election Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bill Cassidy For Us Senate**

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement  
2020 General Election Contribution

011

Category/  
Type

Candidate Name  
**Cassidy, William, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	7		2	0	1	9		

FEC Identification Number

C00543983

**Transaction ID : 17236613**

Amount of Each Disbursement this Period

2500.00

2020 General Election Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wenstrup For Congress**

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement  
2020 Primary Election Contribution

011

Category/  
Type

Candidate Name  
**Wenstrup, Brad, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	6		2	0	1	9		

FEC Identification Number

C00497818

**Transaction ID : 17236614**

Amount of Each Disbursement this Period

5000.00

2020 Primary Election Contribution

Memo Item

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

10000.00

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



**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"/> 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)  
**American College of Rheumatology (RheumPAC)**

**A. MICHAEL BURGESS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 2334

M M M	/	D D D	/	Y Y Y Y Y
11		13		2019

City Denton State TX Zip Code 76202

FEC Identification Number

Purpose of Disbursement  
2020 Primary Election Contribution

C	C00372532
---	-----------

Candidate Name  
**Burgess, Michael C., , ,**

011
Category/ Type

**Transaction ID : 17236615**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: TX District: 00

1500.00
2020 Primary Election Contribution
<input type="checkbox"/> Memo Item

**B. Debbie Dingell For Congress**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 19855 W. Outer Dr.  
Ste 103 Ae

M M M	/	D D D	/	Y Y Y Y Y
11		22		2019

City Dearborn State MI Zip Code 48124

FEC Identification Number

Purpose of Disbursement  
2020 Primary Election Contribution

C	C00558213
---	-----------

Candidate Name  
**Dingell, Debbie, , Rep.,**

011
Category/ Type

**Transaction ID : 17236616**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: MI District: 12

5000.00
2020 Primary Election Contribution
<input type="checkbox"/> Memo Item

**C. Mike Braun For Indiana**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 159

M M M	/	D D D	/	Y Y Y Y Y
11		18		2019

City Zionsville State IN Zip Code 46077

FEC Identification Number

Purpose of Disbursement  
2024 Primary Election Contribution

C	C00653147
---	-----------

Candidate Name  
**Braun, Mike, , Sen.,**

011
Category/ Type

**Transaction ID : 17236620**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: IN District:

2500.00
2024 Primary Election Contribution
<input type="checkbox"/> Memo Item

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

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

9000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)  
**American College of Rheumatology (RheumPAC)**

Full Name (Last, First, Middle Initial)  
**A. People For Derek Kilmer**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	5		2	0	1	9		

Mailing Address PO Box 1381

FEC Identification Number

**C** C00514893

**Transaction ID : 17236621**

Amount of Each Disbursement this Period

5000.00

2020 Primary Election Contribution

Memo Item

City Tacoma State WA Zip Code 98402

Purpose of Disbursement  
2020 Primary Election Contribution

011  
Category/  
Type

Candidate Name  
**Kilmer, Derek, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: WA District: 06

Full Name (Last, First, Middle Initial)  
**B. Whitehouse For Senate**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	8		2	0	1	9		

Mailing Address P.O. Box 40280

FEC Identification Number

**C** C00410803

**Transaction ID : 17285866**

Amount of Each Disbursement this Period

2500.00

Primary 2024 Contribution

Memo Item

City Providence State RI Zip Code 02940

Purpose of Disbursement  
Primary 2024 Contribution

011  
Category/  
Type

Candidate Name  
**Whitehouse, Sheldon, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: RI District:

Full Name (Last, First, Middle Initial)  
**C. Tim Scott For Senate**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	8		2	0	1	9		

Mailing Address 1405 Ashley River Rd

FEC Identification Number

**C** C00540302

**Transaction ID : 17285994**

Amount of Each Disbursement this Period

2500.00

2022 General Election Contribution

Memo Item

City Charleston State SC Zip Code 29407

Purpose of Disbursement  
2022 General Election Contribution

011  
Category/  
Type

Candidate Name  
**Scott, Tim, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: SC District:

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

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

10000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

**American College of Rheumatology (RheumPAC)**

Full Name (Last, First, Middle Initial)

**A. Dr. Raul Ruiz For Congress**

Mailing Address PO Box 3433

City  
Palm Desert

State  
CA

Zip Code  
92261

Purpose of Disbursement  
2020 General Election Contribution

011

Category/  
Type

Candidate Name

**Ruiz, Raul, , Rep., MD**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2019

FEC Identification Number

C C00502575

**Transaction ID : 17285996**

Amount of Each Disbursement this Period

5000.00

2020 General Election Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Doggett For Us Congress**

Mailing Address PO Box 5843

City  
Austin

State  
TX

Zip Code  
78763

Purpose of Disbursement  
2020 Primary Election Contribution

011

Category/  
Type

Candidate Name

**Doggett, Lloyd, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: TX District: 35

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2019

FEC Identification Number

C C00286500

**Transaction ID : 17286000**

Amount of Each Disbursement this Period

5000.00

2020 Primary Election Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Collins For Senator**

Mailing Address PO Box 1096

City  
Bangor

State  
ME

Zip Code  
04402

Purpose of Disbursement  
2020 Primary Election Contribution

011

Category/  
Type

Candidate Name

**Collins, Susan, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2019

FEC Identification Number

C C00314575

**Transaction ID : 17286001**

Amount of Each Disbursement this Period

5000.00

2020 Primary Election Contribution

Memo Item

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

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

15000.00

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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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)

Form A: Bob Casey For Senate Inc. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, and Amount of Each Disbursement.

Form B: Bera For Congress. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, and Amount of Each Disbursement.

Form C: Empty form with fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, and Amount of Each Disbursement.

Summary table with two rows: SUBTOTAL of Disbursements This Page (optional) at 7500.00 and TOTAL This Period (last page this line number only) at 89000.00.

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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)

**American College of Rheumatology (RheumPAC)**

Full Name (Last, First, Middle Initial)

**A. Cash Correction**

Mailing Address 2200 Lake Boulevard NE

City  
Atlanta

State  
GA

Zip Code  
30319

Purpose of Disbursement  
One-time reconciliation, see memo text

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	9		

FEC Identification Number

C [ ]

**Transaction ID : 17286076**

Amount of Each Disbursement this Period

[ ] 1086.59

One-time reconciliation, see memo  
 Memo Item text

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

[ ] 1086.59

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

[ ] 1086.59