01/28/2020 14 : 05

PAGE 1 / 69

FEC FORM 3X	AN	DD	I OF R SBURS an An Author	EMEN <sup>®</sup>	TS		Office Use Only	
1. NAME OF COMMITTEE (in fi		or Prin	T▼	Example: If t		12FE4M	5	
	ge of Rheu	matolog	gy (RheumP	AC)				
ADDRESS (number and		00 Lake Bo	ulevard NE					
▼ Check if differ								
than previous reported. (AC	У Аt	lanta				GA	30319	
2. FEC IDENTIFICA	TION NUMBE	R 🔻	CITY A	<b>L</b>		STATE 🔺	ZIP C	ODE 🔺
C C00432823		]	3. IS TI REP		NEW (N) <b>OR</b>	AN (A)	IENDED	
4. TYPE OF REPO (Choose One)	<b>DRT</b> (b	) Monthly Report Due On:			May 20 (M5)		20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Repo	orts:		Mar 20		Jun 20 (M6)		20 (M9)	(Non-Election Year Only)
April 15 Quarterly	Report (Q1)		Apr 20	(M4)	Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
July 15	Report (Q2)		Day E-Election	Primary (	12P)	General	(12G)	Runoff (12R)
October 1	5	Rep	port for the:	Conventio	on (12C)	Special (	12S)	
January 3	Report (Q3) 1 Report (YE)		Election o	n	/ D D /	Y Y Y Y Y	in the State	
July 31 M Report (N Year Only	on-election	PO	Day ST-Election	General (	30G)	Runoff (3	30R)	Special (30S)
Terminatic (TER)	on Report	Reț	port for the: Election o	n	/ D D /	Y = Y = Y = Y	in the State	
5. Covering Period	07 /	01	2019	throug	h 12	/ D D / 31	2019	]
I certify that I have exa Type or Print Name of	Pa	port and t almer, Willia		knowledge ar	nd belief it is tr	rue, correct and	d complete.	
Signature of Treasurer	Palmer, Wil	liam, , Dr.,		[Electronic	cally Filed]	Date 01	/ D D / 28	2020
NOTE: Submission of fa	lse, erroneous,	or incompl	ete information m	ay subject the	person signing	this Report to th	ne penalties of 5	52 U.S.C. § 30109
Office Use Only							FEC FO Rev. 05	

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

#### FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name American College of Rheumatology (RheumPAC) M D D Y М D M T. 07 01 2019 12 31 2019 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. 262602.37 Januarv 1. 2019 (b) Cash on Hand at 255428.34 Beginning of Reporting Period..... 73189.04 135828.22 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 398430.59 328617.38 6(a) and 6(c) for Column B)..... 91598.26 161411.47 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 237019.12 237019.12 (subtract Line 7 from Line 6(d)) ..... Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

the Committee (Itemize all on

x

Schedule C and/or Schedule D) .....

#### For further information contact:

0.00

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

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

Write or Type Committee Name

American College of Rheumatology (RheumPAC) MM DD 07 01 2019 31 2019 12 Report Covering the Period: From: To: COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 60073.00 112753.00 (i) Itemized (use Schedule A)..... 11908.00 20679.00 (ii) Unitemized ..... (iii) TOTAL (add 133432.00 71981.00 Lines 11(a)(i) and (ii)..... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 133432.00 71981.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 1208.04 2396.22 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ..... (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))...... 135828.22 73189.04 20. Total Federal Receipts

73189.04

135828.22

#### DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4				
	II. Disbursements	COLUMN A Total This Period	COLUMN B				
I. (	Dperating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date				
	(i) Federal Share	0.00	0.00				
	(ii) Non-Federal Share	0.00	0.00				
(	b) Other Federal Operating Expenditures	1511.67	2824.88				
(	<ul> <li>c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li></ul>	1511.67	2824.88				
	ransfers to Affiliated/Other Party						
C	Committees Contributions to Federal Candidates/Committees	0.00	0.00				
а	nd Other Political Committees	89000.00	157500.00				
(	use Schedule E)	0.00	0.00				
(	52 U.S.C. § 30116(d)) use Schedule F)	0.00	0.00				
L	oan Repayments Made	0.00	0.00				
1	oans Made	0.00	0.00				
F	Refunds of Contributions To: a) Individuals/Persons Other						
	Than Political Committees	0.00	0.00				
	<ul><li>b) Political Party Committees</li><li>c) Other Political Committees</li></ul>	0.00	0.00				
,	(such as PACs)	0.00	0.00				
(	<ul> <li>d) Total Contribution Refunds</li> <li>(add Lines 28(a), (b), and (c))</li> </ul>	0.00	0.00				
	Other Disbursements (Including Non-Federal Donations)	1086.59	1086.59				
	Federal Election Activity (52 U.S.C. § 30101(2 a) Allocated Federal Election Activity (from Schedule H6)	20))					
	(i) Federal Share	0.00	0.00				
(	<ul><li>(ii) "Levin" Share</li><li>b) Federal Election Activity Paid</li></ul>	0.00	0.00				
`	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				
	otal Disbursements (add Lines 21(c), 22, 3, 24, 25, 26, 27, 28(d), 29 and 30(c))	91598.26	161411.47				
Т	otal Federal Disbursements						
	subtract Line 21(a)(ii) and Line 30(a)(ii) rom Line 31)►	91598.26	161411.47				

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	Page 5 COLUMN B Calendar Year-to-Date				
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	71981.00	133432.00				
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	71981.00	133432.00				
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	1511.67	2824.88				
7. Offsets to Operating Expenditures (from Line 15, page 3)	1208.04	2396.22				
<ol> <li>Net Operating Expenditures (subtract Line 37 from Line 36)</li> </ol>	303.63	428.66				

#### :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

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:

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

(check only one)

PAGE 7 OF

				Detailed Summary Page	×	11a 13		11b 14		11c 15		12 16	17		
An or	y information copied from such Reports and Si for commercial purposes, other than using the	tatements ma name and a	ay r addr	not be sold or used by any p ess of any political committee	erson f e to so	or the	purp ntrib	pose of	so fro	liciting		ntributi	ons		
$\rangle$	NAME OF COMMITTEE (In Full) American College of Rheumatol	ogy (Rhe	eur	mPAC)											
Α.	Full Name of Individual (Last, First, Middle Init Breland, Hazel, L, , PhD, OTR/L Mailing Address MUSC College of Health Profe		Drga	nization Name		Date of	_	ceipt	D	/ Y	Y	Y	Y		
	151B Rutledge Avenue, MSC S City Charleston	962 State SC		Zip Code 29425-9620		07     03     2019       Transaction ID : 16920928       Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С	i			Amoun	l of		100	eipt thi	SP	91.0	0		
	Name of Employer (for Individual) Medical University of South Carolina		•	tion (for Individual) ate Professor		M	emo	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 637.00	1										
B.	Full Name of Individual (Last, First, Middle Init Blumstein, Howard, , ,	ial) or Full C	Drga	nization Name		Date of	f Re	ceipt							
	Mailing Address 315 Middle Country Rd	04-44-		7		м м 07	/	05	- 1	/ Y	ү 20	19 19	Ŷ		
	City Smithtown	State NY		Zip Code 11787				ion ID : 16923548 Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С								-	_	75.0	0		
	Name of Employer (for Individual) Rheumatology Associates of Long Island		upa /sici	tion (for Individual) an		M	emo	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 525.00	]										
C.	Full Name of Individual (Last, First, Middle Init Wallace, Zachary, , Dr,	ial) or Full C	Drga	nization Name		Date of	f Re	ceipt							
	Mailing Address 291 Woodland Rd			1		<sup>M</sup> 07	Ŀ.	06		/ Y	20	)19 <sup>°</sup>	Y		
	City Newton	State MA		Zip Code 02466				ion ID : Each F				eriod			
	FEC ID number of contributing federal political committee.	С						,		y	_	150.0	0		
	Name of Employer (for Individual) Massachusetts General Hospital Receipt For:	Phy	sicia		Memo Item										
	Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 450.00	1										
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	NAME OF COMMITTEE (In Full) American College of Rheumatolog	gy (Rhe	eur	mPAC)														
Α.		st, First, Middle Initial) or Full Organization Name al Park Rd								Date of Receipt								
	City Mooresville	State NC		Zip Code 28117	_	07 07 2019 Transaction ID : 16925873 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С	-						ne			45.	00					
	Name of Employer (for Individual) Piedmont HealthCare Receipt For:	Phy	sicia				Memo	o Item										
	Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 315.00														
В.	Full Name of Individual (Last, First, Middle Initial Scalettar, Raymond, , ,	) or Full O	Irgai	nization Name		Date	of Re	eceipt										
	Mailing Address 12433 Ansin Circle Dr				07 09 / Y Y Y Y 09 2019								Y					
	City Potomac	State MD		Zip Code 20854-2904	_	Transaction ID : 16951369 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С	-							500.00								
	Name of Employer (for Individual) George Washington University		•	tion (for Individual) Emeritus Professor of Medicin	1	<b></b>	Memo	o Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 500.00														
с.	Full Name of Individual (Last, First, Middle Initial Calkins, Evan, , ,	) or Full O	rga	nization Name		Date	of Re	eceipt										
	Mailing Address 3799 Windover Drive Suite 110 City	State		Zip Code		07		C	9	/ Y	20	19 <sup>°</sup>	Ŷ					
	Hamburg	NY		14075						ceipt tl		eriod						
	FEC ID number of contributing federal political committee.	С	_			Ē		y		9	_	500.	00					
	Name of Employer (for Individual) Village Pediatrics & Rheum, LLC Receipt For:	Rhe	uma	tion (for Individual) atologist		Ш	Memo	o Item										
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$\overline{}$	NAME OF COMMITTEE (In Full)															
$\sum$	American College of Rheumatolog	gy (Rhe	eumPAC)				_									
A.	Full Name of Individual (Last, First, Middle Initial) Kempf, Kevin, , ,	) or Full Oi	rganization Name		Date of	Re	ecei	ipt								
	Mailing Address 19272 Stone Oak Pkwy #101				м м 07	] ′	14       15       16       17         rpose of soliciting contributions butions from such committee.       17         ecceipt       /       14       15         /       14       15       16       17         ecceipt       /       2019       14       2019         tion ID : 16989972       f Each Receipt this Period       1000.00       1000.00         no Item       /       2019       16       500.00         tion ID : 16990697       f Each Receipt this Period       500.00       500.00         no Item       /       2019       19       2019         ecceipt       /       19       2019       10         ettion ID : 16992486       f Each Receipt this Period       500.00       10									
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<u>.</u>	Full Name of Individual (Last, First, Middle Initial) Matsumoto, Alan, K, ,	) or Full Or	rganization Name		Date of	' Re	•cei	ipt								
	Mailing Address 2730 University Blvd W Ste 310			M M	_	_	D D	) / <b>[</b> *		Y						
	City	State	Zip Code		Trans	acti	ction ID : 16990697									
	Wheaton	MD	20902-1990													
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с.	Full Name of Individual (Last, First, Middle Initial) White, Patience, H, ,	) or Full Or	rganization Name		Date of	<sup>:</sup> Re	€ei	ipt								
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or for commercial purposes, other than us												
American College of Rheu		,		-								
Full Name of Individual (Last, First, Mid Snow, Marcus, Hilton, Dr,	ddle Initial) or Full C	Organization Name			f Do	coint						
Mailing Address 986270 Nebraska Med	lical Center				_		1	V	V			
aming / coroco - 500270 Nebraska Meu				07	/	20	/ Y	2019	T			
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Omaha	NE	68198-6270	/	Amount	t of	Each Re	eceipt thi	is Period				
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Name of Employer (for Individual) University of Nebraska Medical Center		upation (for Individual) rsician		M	emo	Item						
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Mailing Address 2500 Metrohealth Dr				M M	13       14       15       16       17         r the purpose of soliciting contributions it contributions from such committee.       17       18       16       17         ate of Receipt       /       2019       2019       19       16       17         Transaction ID : 16994120       10000       50.00       50.00       50.00       50.00         Memo Item       10000       100.00       100.00       100.00       100.00         Memo Item       100.00       100.00       100.00       100.00       100.00							
0.4		Zin Ond-	07		22		2019					
City Cleveland	State OH	Zip Code 44109-1900										
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federal political committee.	C											
Name of Employer (for Individual) The MetroHealth System		upation (for Individual) ision Director		M	emo	Item						
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Other (specify) ▼		300.00	] -									
Full Name of Individual (Last, First, Mic . Marinescu, L. Manuela, , Dr.		Organization Name		Date of	f Re	ceipt						
Mailing Address 50 Jefferson Landing C	Circle			м м 07	1		/ Y		Y			
City Bort leffereen	State NY	Zip Code										
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Rheumatology Associates of Long Island	d Rhe	umatologist										
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	y information copied from such Reports and State													
· · · ·	for commercial purposes, other than using the nar	me and ad	dress of any political committee	e to sol	icit co	ntrib	utions f	from sucl	h commit	tee.				
$\backslash$	NAME OF COMMITTEE (In Full)	v (Dhai												
	American College of Rheumatolog	y (Rhei	IMPAC)											
Α.	Full Name of Individual (Last, First, Middle Initial) Shepherd, Rebecca, M, , MD	or Full Org	ganization Name		Date of	f Re	ceipt							
	Mailing Address 20 Herr Rd.				07 27 2019									
	City	State	Zip Code			acti	1.00	1700327						
	New Providence	PA	17560						is Period					
	FEC ID number of contributing federal political committee.	C		250.00										
	Name of Employer (for Individual) LGH	Occup Physi	pation (for Individual) cian		М	emo	ltem							
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	Primary General Other (specify) ▼		750.00											
	Full Name of Individual (Last, First, Middle Initial) Moeller, Garland, , ,	or Full Org	ganization Name		Date of	f Re	ceipt							
	Mailing Address 4503 Gloucester Dr				м м 07	/	25	) / Y	y y 2019	Y				
	City	State	Zip Code		Trans	07 25 2019 ansaction ID : 17003601								
	Trent Woods	NC	28562	A	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C			250.00									
	Name of Employer (for Individual) CarolinaEast Medical Center	Occup Physi	oation (for Individual) ician		М	emo	Item							
	Receipt For:     A       Primary     General       Other (specify) ▼	ggregate Y	éar-to-Date ▼ 250.00	#7	804									
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	Mailing Address 21099 Colby Rd				м м 07	/	26		2019	Y				
	3	State	Zip Code		Trans	sact	ion ID :	1700360	)2					
	Shaker Heights	OH	44122	/	moun	t of	Each F	Receipt th	nis Period					
	FEC ID number of contributing federal political committee.	С			_		y i	, ,	250.	00				
	Name of Employer (for Individual) Cleveland Clinic	Occup Physic	pation (for Individual) cian		М	emc	tem							
	Receipt For:	For: Aggregate Year-to-Date ▼												
	Primary General Other (specify)		250.00	#2	2942									
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	for commercial purposes, other than using the													
$\setminus$	NAME OF COMMITTEE (In Full)													
$\square$	American College of Rheumato			,										
~	Full Name of Individual (Last, First, Middle Init Breland, Hazel, L, , PhD, OTR/L	tial) or Full C	Orgar	nization Name										
Α.	Mailing Address MUSC College of Health Profe				-	Date of	_	· .		_			_	
	151B Rutledge Avenue, MSC					м м 08		03		/ Y	20	019	Y	
	City	State		Zip Code		Trans	acti	ion ID	: 1	701195	8	-		
	Charleston	SC		29425-9620		Amoun	t of	Each	Re	ceipt thi	is P	eriod		
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	Medical University of South Carolina	Ass	socia	te Professor	_									
	Receipt For: Primary General	Aggregate	Yea	r-to-Date ▼	_									
	Other (specify) ▼		Ţ	728.00										
в.	Full Name of Individual (Last, First, Middle Init Klein, Steven, J, , MD	tial) or Full C	Drgar	nization Name		Date of	Re	eceipt						
	Mailing Address 346 Mill St					м м 08	1	03		/ Y	ү 20	)19	Y	
	City	State		Zip Code		Trans	acti	on ID	: 1	701196	)		_	
	Hagerstown	MD		21740		Amoun	t of	Each	Re	ceipt thi	is P	eriod		
	FEC ID number of contributing federal political committee.	С				2000.00								
	Name of Employer (for Individual) Klein and Associates Rheumatology Cons		•	ion (for Individual) atologist		M	emc	ltem						
	Receipt For:	Aggregate	e Yea	r-to-Date ▼										
	Primary General Other (specify) ▼		,	2000.00										
_	Full Name of Individual (Last, First, Middle Init	tial) or Full C	Orgar	nization Name		_	=							
C.					_	Date of		· .						
	Mailing Address 128 Medical Park Rd Suite 101					м м 08	1	0		/ Y		)19	Y	
	City	State		Zip Code		Trans	act	ion ID	:1	702270	5			
	Mooresville	NC		28117		Amoun	t of	Each	Re	ceipt thi	is P	eriod		
	FEC ID number of contributing federal political committee.	С						,		9		45.0	0	
	Name of Employer (for Individual)	Occ	cupat	ion (for Individual)	_	М	emc	ltem						
	Piedmont HealthCare		, sicia	( ,										
	Receipt For:	Aggregate	r-to-Date ▼											
	Other (specify)		- -	360.00										
F	UBTOTAL of Receipts This Page (optional)				-   -		-	y		,	2	2136.0	0	

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			Detailed Summa	ry Page	×	11a 13		11b 14	11c	12 16	17					
	y information copied from such Reports and State for commercial purposes, other than using the na															
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Rheumatolog	gy (Rhe	eumPAC)													
A.	Full Name of Individual (Last, First, Middle Initial) Birnbaum, Neal, S, , M.D.	) or Full O	rganization Name			Date of	Re	ceipt								
	Mailing Address 2100 Webster St Suite 112	04-4-				08 / 08 / 2019 Transaction ID : 17026349										
	City San Francisco	State CA	Zip Code 94115						1702634 leceipt th		d					
	FEC ID number of contributing federal political committee.	С								300	.00					
	Name of Employer (for Individual) Self-Employed		upation (for Individu umatologist	al)		M	emo	Item								
	Receipt For:       Primary       General         Other (specify) ▼	Aggregate	Year-to-Date V	300.00												
В.	Full Name of Individual (Last, First, Middle Initial)	) or Full O	rganization Name			Date of	Re	ceipt								
	Mailing Address 8750 Wilshire Blvd, Suite 350	1-				м м 08	/	09	/ Y	2019	Y					
	City Beverly Hills	State CA	Zip Code 90211			Transaction ID : 17026767 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С							· ·	352	.00					
	Name of Employer (for Individual) Cedars Sinai Medical Center		upation (for Individu eumatologist	al)		M	emo	ltem								
	Receipt For:       Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼	352.00												
С.	Full Name of Individual (Last, First, Middle Initial) Singer, Nora, G, , MD	) or Full O	rganization Name			Date of	Re	ceipt								
	Mailing Address 2500 Metrohealth Dr					08 <sup>M</sup>	1	D D D 15	/ Y	2019	Y					
	City Cleveland	State OH	Zip Code 44109-1900						1703041 eceipt th		ł					
	FEC ID number of contributing federal political committee.	С				_:		, .	, y	100	.00					
	Name of Employer (for Individual) The MetroHealth System		upation (for Individu sion Director	al)		M	ema	tem Item								
	Receipt For:     //       Primary     General       Other (specify)	Aggregate	Year-to-Date V	400.00												
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17									
	y information copied from such Reports and St for commercial purposes, other than using the												
$\rangle$	NAME OF COMMITTEE (In Full) American College of Rheumatole	ogy (Rhe	eumPAC)										
Α.	Full Name of Individual (Last, First, Middle Initi Kennedy, Stacy, , , Mailing Address 644 Georgetown DriveNW	al) or Full C	Organization Name	Date of Receipt									
	City Concord	State NC	Zip Code 28027	Transaction ID : 17040329           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		500.00									
	Name of Employer (for Individual)         Rowan Diagnostic Clinic         Receipt For:         Primary       General         Other (specify) ▼	Rhe	upation (for Individual) eumatologist Year-to-Date ▼ 500.00										
В.	Full Name of Individual (Last, First, Middle Initi Klein-Gitelman, Marisa, , , Mailing Address 225 E. Chicago Ave, #50	al) or Full C	Organization Name	Date of Receipt									
	City Chicago FEC ID number of contributing federal political committee.	State IL	Zip Code 60611	08     19     2019       Transaction ID : 17040333       Amount of Each Receipt this Period       160.00									
	Name of Employer (for Individual) Ann & Robert H. Lurie Children's Hospi		upation (for Individual) fessor of Pediatrics	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00										
с.	Full Name of Individual (Last, First, Middle Initi Snow, Marcus, Hilton, Dr, Mailing Address 986270 Nebraska Medical Cer	,	Organization Name	Date of Receipt									
	City	State	Zip Code	08         20         2019           Transaction ID : 17043409									
	Omaha FEC ID number of contributing federal political committee.	C	68198-6270	Amount of Each Receipt this Period									
	Name of Employer (for Individual) University of Nebraska Medical Center Receipt For:		upation (for Individual) sician	Memo Item									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	1									
s	UBTOTAL of Receipts This Page (optional)		······	710.00									
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
or for commercial purposes, other than using		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Rheuma	tology (RheumPAC)	
Full Name of Individual (Last, First, Middle           Niemer, Mark, W, Dr., MD           Mailing Address         1500 Associates Dr	Initial) or Full Organization Name	Date of Receipt
City Dubuque	State Zip Code IA 52002-2260	08 20 2019 Transaction ID : 17043512
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual)         Medical Associates Clinic         Receipt For:         Primary       General         Other (specify) ▼	Occupation (for Individual) Physician Aggregate Year-to-Date ▼ 1000.0	0 Memo Item
B. Holers, V, Michael, , Mailing Address 1775 Aurora Ct. City	Initial) or Full Organization Name	Date of Receipt
Aurora FEC ID number of contributing federal political committee.	C 20 2000 200 200 200 200 200 200 200 20	Transaction ID : 17046240         Amount of Each Receipt this Period         75.00
Name of Employer (for Individual) University of Colorado	Occupation (for Individual) Division Chief	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.0	
C. Full Name of Individual (Last, First, Middle Gewanter, Harry, L, , Mailing Address 2600 E Cary St. Apt 3102	Initial) or Full Organization Name	Date of Receipt
City Richmond	StateZip CodeVA23223-7888	Transaction ID : 17046659           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Rheumatologist	Memo Item
Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.0	
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number		

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				Detailed Summary Page	×	11a 13		11 14	1b 4	11c 15	12	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n					or the		po	se of s	soliciting	contrib	utions
	NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (Rhe	eur	nPAC)								
A.	Full Name of Individual (Last, First, Middle Initia Breland, Hazel, L, , PhD, OTR/L		rgar	nization Name		Date of	f Re	ece	eipt			
	Mailing Address MUSC College of Health Profess 151B Rutledge Avenue, MSC 96 City			Zip Code		09 <b>T</b>	L.	J.	03	/ Y	2019	Y
	Charleston	Scale		29425-9620	A					704842		d
	FEC ID number of contributing federal political committee.	С						,			9′	1.00
	Name of Employer (for Individual) Medical University of South Carolina		•	ion (for Individual) te Professor		М	emo	o It	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 819.00	1							
в.	Full Name of Individual (Last, First, Middle Initial	l) or Full O	rgai	nization Name		Date of	Re	ece	eipt			
	Mailing Address 128 Medical Park Rd Suite 101					м м 09	/	l	07	/ Y	2019	Y
	City Mooresville	State NC		Zip Code 28117	<i>F</i>					704996		d
	FEC ID number of contributing federal political committee.	С				_		-		-	4	5.00
	Name of Employer (for Individual) Piedmont HealthCare	Occu Phy	•	tion (for Individual) an		М	emo	o It	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 405.00								
C.	Full Name of Individual (Last, First, Middle Initia Bryant, Gary, L, , MD	l) or Full O	rgai	nization Name		Date of	Re	ece	eipt			
	Mailing Address 5429 Vining Point Road					м м 09	/		08	/ Y	y y 2019	Y
	City Minnetonka	State MN		Zip Code 55345-5716						704997 ceipt th		d
	FEC ID number of contributing federal political committee.	С				_		,		,		0.00
	Name of Employer (for Individual) GSK		•	ion (for Individual) or of Medicine		M	emo	o It	tem			
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 500.00	1							
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				Detailed Summary Page	×	_		11b	11c	12	
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	for commercial purposes, other than using the										
$\setminus$	NAME OF COMMITTEE (In Full)										
	American College of Rheumatol	<b>UI</b> \		,							
	Full Name of Individual (Last, First, Middle Init	tial) or Full C	Drga	nization Name							
Α.	Cruz, Nilsa, , , Mailing Address 2901 W Kk River Pkwy Ste 31	0			-	Date o					
	Walling Address 2901 W KK River Fkwy Ste ST	9				м м 09	/	08	/ Y	2019	Y
	City	State		Zip Code		Trans	sact	ion ID :	1704997	9	
	Milwaukee	WI		53215-3660		Amoun	t of	Each R	eceipt thi	s Period	
	FEC ID number of contributing federal political committee.	С								500.	00
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)		М	emo	b Item			
	Milwaukee Rheumatology Center	CRI	HC,	Practice Administrator							
	Receipt For:	Aggregate	Yea	ar-to-Date <b>V</b>							
	Primary General			500.00	1						
			7		1						
<u>—</u> В.	Full Name of Individual (Last, First, Middle Init Torralba, Karina, Marianne D, Dr, M			nization Name		Date o	f Re	eceipt			
	Mailing Address 30524 Los Altos Drive	,	,			M M		D D	/ Y	ΥΥ	Y
				1		09	J.	08		2019	
	City	State CA		Zip Code					17049981		
	Redlands		_	92373		Amoun	t of	Each R	eceipt thi	s Period	
	FEC ID number of contributing federal political committee.	С	_				_	-	-	750.	00
	Name of Employer (for Individual) Loma Linda University School of Medici		•	tion (for Individual) hip Program Director		M	emo	o Item			
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻							
	Other (specify) ▼			1000.00	1						
			<b>,</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1						
с.	Full Name of Individual (Last, First, Middle Init Torralba, Karina, Marianne D, Dr,					Date o	f Re	eceipt			
	Mailing Address 30524 Los Altos Drive					<sup>M</sup> 09	1	08	/ Y	y y 2019	Y
	City	State CA		Zip Code 92373		Trans	sact	ion ID :	1704998	3	
	Redlands		_	92373		Amoun	t of	Each R	eceipt thi	s Period	
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	Name of Employer (for Individual)	Occ	upa	tion (for Individual)		M	emo	o Item			
	Loma Linda University School of Medici	Fello	ows	hip Program Director							
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s	UBTOTAL of Receipts This Page (optional)							,	. ,	2250.	00
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ITEMIZED RECEIPTS for each category of the Detailed Summary Page					<b>X</b> 11a 13		11b 14	11c 15	12		17
	y information copied from such Reports and S for commercial purposes, other than using the										s
$\setminus$	NAME OF COMMITTEE (In Full)										
$\rangle$	American College of Rheumato	logy (Rhe	eumPAC)								
Α.	Full Name of Individual (Last, First, Middle Ini Bass, Anne, R, Dr.,	itial) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 535 E 70th St				м м 09	/	08	/ Y	ү ү 2019	Y	
	City New York	State NY	Zip Code 10021-4823					1704998 eceipt th		d	
	FEC ID number of contributing federal political committee.			<u> </u>		7			0.00		
	Name of Employer (for Individual) Hospital for Special Surgery		upation (for Individual) owship Program Director		M	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1							
в.	Full Name of Individual (Last, First, Middle Ini Mullins, William, W., Dr.,	itial) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 8722 Hickory Bend Tr				м м 09	/	08	/ Y	y y 2019	Y	
	City	State	Zip Code		Trans	acti	on ID :	1704998	7		
	Potomac	MD	20854	_	Amount	t of	Each R	eceipt th	is Perio	d	
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	Name of Employer (for Individual) Center for Rheumatic Disease & Osteopo	Occ Fell	upation (for Individual) ow		M	emo	Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		1000.00	]							
с.	Full Name of Individual (Last, First, Middle Ini Danila, Maio, , ,	itial) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 1720 Second Ave S FOT 838				м м 09	/	09	/ Y	2019	Y	
	City Birmingham	State AL	Zip Code 35294					1705269 eceipt th		d	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	, ,	250	0.00	
	Name of Employer (for Individual) University of Alabama at Birmingham (U		upation (for Individual) sician		M	emo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]							
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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Rheur	natology (Rhe	umPAC)	
Full Name of Individual (Last, First, Mic A. Flint, Kathleen, Patricia, , M.D. Mailing Address 1711 St Julian Pl		- 	Date of Receipt
City Columbia FEC ID number of contributing	State SC	Zip Code 29204	Transaction ID : 17052697         Amount of Each Receipt this Period         500.00
federal political committee. Name of Employer (for Individual) Articularis Healthcare Group Receipt For: Primary General	Phys	/ear-to-Date ▼	Memo Item
Other (specify) ▼ Full Name of Individual (Last, First, Mic B. Bergman, Martin, , Dr, Mailing Address 23 W. Chester Pike Suite 201		500.00 ganization Name	Date of Receipt
City Ridley Park FEC ID number of contributing federal political committee. Name of Employer (for Individual) Drexel University College of Medicine Receipt For:	Rheu	Zip Code 19078 pation (for Individual) umatologist /ear-to-Date ▼	Transaction ID : 17052702         Amount of Each Receipt this Period         500.00         Memo Item
Full Name of Individual (Last, First, Mic	dle Initial) or Full Or	500.00 ganization Name	Data of Receipt
C. Ritchlin, Christopher, , , Mailing Address 601 Elmwood Avenue Box 695 City Rochester FEC ID number of contributing federal political committee. Name of Employer (for Individual) University of Rochester Medical Center Receipt For: Primary General Other (specify)	Profe	Zip Code 14642 pation (for Individual) ssor of Medicine /ear-to-Date ▼ 500.00	Date of Receipt  O9 O9 2019 Transaction ID : 17052706 Amount of Each Receipt this Period Memo Item
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Avy information copied from such Reports and Statemests may not be add or used by any person for the purpose, diverting unprocess, divert manualing the name and address of any political committee to solicit contributions from such committee.         Number OF COMMITTEE (in Full)         American College of Rheumatology (RheumPAC)         Full Name of Individual (Last, Freit, Middle Initial) or Full Organization Name         Schuster, Michael,         Mailing Address 615 3 200 St         City         Philadelphia         PA         Profile American Collegie (Initial) or Full Organization Name         City         Name of Exployer (for Individual)         Receipt for         Philadelphia         Pail Name of Individual (Last, Freit, Middle Initial) or Full Organization Name         Receipt for         Primary         Gliny         State       Zip Code         Primary       General         Other (specify)       State         State       Zip Code         Receipt for       State         Primary       General         Other (specify)       State         Primary       General         Other (specify)       State         Primary       General         Other (specify)       St		EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17
American College of Rheumatology (RheumPAC)         American College of Rheumatology (RheumPAC)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Schuster, Michael, . ,         Maiing Address 615 S 20h St         City         Phil addiphia         FEC ID number of contributing federal political committee.         Receipt For:         Primary         City         State         City         State         City         B. Carrasco, Ruy, . , .         Maiing Address 8100 Wyoming Bivd NE Size M4, 4728         Size M4, 4728         Abuquerque         Name of Individual (Last, First, Middle Initial) or Full Organization Name         C. Transcolo ID 1/10000000         Bitta Size X = Zopode         Name of Individual (Last, First, Middle Initial) or Full Organization Name         C. Pick, Michael, Arthur, ,         Maiing Address 800 N. 1st Street         City         Spingfield         Pell Name of Individual (Last, First, Middle Initial) or Full Organization Name         C. Pick, Michael, Arthur, ,         Maiing Address 800 N. 1st Street         City         Spingfield         Pull Name of Individual (Last, First, Midd		for commercial purposes, other than using the na			
A. Schuster, Michael,       Date of Receipt         Mailing Address 615 S 20th St       0         City       Philadelphia         Philadelphia       PA         1946       1944         FEC 10 number of contributing federal political committee.       C         Primary       Cecupation (for Individual) Arbring, Rheumatic and Bac       Rheumatologist         Receipt For:       Aggregate Year-to-Date ▼       0         Primary       Ceneral       0         Other (specify) ▼       State       Zip Code         Mailing Address 3100 Wyoming Bivd NE State       Zip Code       0         Mailing Address 3100 Wyoming Bivd NE State       Zip Code       0         Name of Employer (for Individual) Receipt For:       NM       87113         FEC 10 number of contributing federal political committee.       C       0         Name of Employer (for Individual) Receipt For:       Aggregate Year-to-Date ▼       0         Primary       General       0       300.00         Name of Employer (for Individual) Receipt For:       Aggregate Year-to-Date ▼       0         Primary       General       0       300.00         Other (specify) ▼       State       2/p Code       300.00         Receipt For:		· · · ·	gy (Rhe	eumPAC)	
City Philadolphia       State PA       2/p Code PA       Transaction ID: 17057837         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt the Period         Name of Employer (for Individual) Arthwits, Rheumatic and Bac       C       500.00         Name of Employer (for Individual) Arthwits, Rheumatic and Bac       Aggregate Year-to-Date ▼	Α.	Schuster, Michael, , ,	) or Full O	rganization Name	M = M / D = D / Y = Y = Y = Y
rederal political committee.       0       00.00         Name of Employer (for Individual)       Arthritis, Rhaumatic and Bac       Rhaumatologist         Receipt FOr:       Aggregate Year-to-Date ▼       0         B. Carrasco, Ruy,       State       Zip Code         B. Carrasco, Ruy,       State       Zip Code         Mailing Address 8100 Wyoming Btvd NE       State       Zip Code         B. Carrasco, Ruy,       Nm       87113         FEC ID number of contributing (rederal political committee.       C       300.00         Name of Employer (for Individual) (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Receipt FOr:       Aggregate Year-to-Date ▼       09 / 15 / 2019         Transaction DL :17082783       Amount of Each Receipt this Period         FEC ID number of contributing (rederal political committee.       C       300.00         Name of Individual (Last, First, Middle Initial) or Full Organization Name       C       09 / 16 / 2019         C Pick, Michael, Arthur, .       Mailing Address 800 N. 1st Street       09 / 16 / 2019       7masaction ID :17089313         Amount of Each Receipt Middle Initial)       Recupate Year-to-Date ▼       250.00       Memo Item         Other (specify)       General       C       250.00       Memo Item					Transaction ID : 17057837
Arthritis, Rheumatic and Bac       Rheumatologist         Receipt For:		\$	С		500.00
B. Carrasco, Ruy, , , Mailing Address 8100 Wyoming Blvd NE Ste M4, #788 City Albuquerque NM 87113 FEC ID number of contributing federal political committee. Name of Employer (for individual) UT Dell Medical School Receipt For: Prinary General Other (specify) City Springfield Clinic Receipt for: Primary General Other (specify) SuBTOTAL of Receipts This Page (optional)		Arthritis, Rheumatic and Bac Receipt For:	Rhe	umatologist Year-to-Date ▼	Memo Item
City       State       Zip Code         Albuquerque       NM       87113         FEC ID number of contributing federal political committee.       C       300.00         Name of Employer (for Individual) UT Dell Medical School       Occupation (for Individual) Rheumatologist       Memo Item         Feclipt For:       Aggregate Year-to-Date ▼       Memo Item         Cliv       State       Zip Code         Springfield       IL       2202         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual) (Liv)       Occupation (for Individual) Receipt For:       Date of Receipt         Mailing Address goo N. 1st Street       C       16 ′ ′ 2019         City       State       Zip Code         Springfield       IL       62702         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual) Springfield Clinic       Aggregate Year-to-Date ▼         Receipt For:       Aggregate Year-to-Date ▼       250.00         SubbrotaL of Receipts This Page (optional)	В.	Carrasco, Ruy, , , Mailing Address 8100 Wyoming Blvd NE	) or Full O	rganization Name	M = M / D = D / Y = Y = Y = Y
UT Del Medical Strict       Commendation       Rheumatologist         Receipt For:       Aggregate Year-to-Date ▼       300,00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C. Pick, Michael, Arthur, ,       Mailing Address 800 N. 1st Street       Date of Receipt         City       State       Zip Code       Transaction ID : 17089313         Amount of Exclored political committee.       C       250,00       Memo Item         Name of Employer (for Individual)       Rheumatologist       Aggregate Year-to-Date ▼       Memo Item         Springfield Clinic       Rheumatologist       Aggregate Year-to-Date ▼       Memo Item         Springfield Clinic       Aggregate Year-to-Date ▼       1050,00       Memo Item         Springfield Clinic       Aggregate Year-to-Date ▼       1050,00       1050,00		Albuquerque FEC ID number of contributing	NM		Amount of Each Receipt this Period
Primary       General         Other (specify)       300,00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C. Pick, Michael, Arthur, ,       Date of Receipt         Mailing Address 800 N. 1st Street       09 / 09 / 16 / 2019         City       State       Zip Code         Springfield       IL       62702         FEC ID number of contributing       C       250,00         FEC ID number of contributing       C       250,00         Mame of Employer (for Individual)       Occupation (for Individual)       Memo Item         Springfield Clinic       Aggregate Year-to-Date ▼       Memo Item         Primary       General       Aggregate Year-to-Date ▼       1050,00         SUBTOTAL of Receipts This Page (optional)					Memo Item
C. Pick, Michael, Arthur, ,       Date of Receipt         Mailing Address 800 N. 1st Street       09       16       2019         City       State       Zip Code       Transaction ID : 17089313         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual)       Occupation (for Individual)       Rheumatologist         Springfield Clinic       Aggregate Year-to-Date ▼       Memo Item         Primary       General       250.00       1050.00         SUBTOTAL of Receipts This Page (optional).       1050.00       1050.00		Primary General	Aggregate		
City       State       Zip Code       Transaction ID : 17089313         Springfield       IL       62702       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       250.00         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Springfield Clinic       Aggregate Year-to-Date ▼       Memo Item         Primary       General       250.00       1050.00         SUBTOTAL of Receipts This Page (optional).       1050.00       1050.00	с.		) or Full O	rganization Name	Date of Receipt
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federal political committee.       C       250.00         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Springfield Clinic       Aggregate Year-to-Date ▼       Memo Item         Primary       General       250.00       1050.00         SUBTOTAL of Receipts This Page (optional)		-			
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Α.	Full Name of Individual (Last, First, Middle Initia White, Douglas, W, , Mailing Address 3111 Gundersen Dr	l) or Full C	rgani	zation Name		Date		Red	ceip	t D	/		Y	Y	
	City Onalaska	State WI		Zip Code 54650-8447			nsad	-	on I		<b>70905</b>	93	019 Period		
	FEC ID number of contributing federal political committee.	С							,	_		_	300.	00	
	Name of Employer (for Individual)         Gundersen Health System         Receipt For:         Primary       General         Other (specify) ▼		eumat	on (for Individual) ologist -to-Date ▼ 400.00			Men	no	Iter	n					
В.	Full Name of Individual (Last, First, Middle Initial Borenstein, David, , , Mailing Address 2021 K St NW Ste 300					Date	М	Red /	ceip	t 13	/		)19	Ŷ	
	City Washington FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State DC C		Zip Code 20006-1012 on (for Individual)	_	Amou		of I	Eacl	h Re	70905 eceipt	this F	<sup>2</sup> eriod		]
	Back In Control, Ínc/ Àrthritis and Řh         Receipt For:         Primary       General         Other (specify) ▼	Aggregate		Professor of Medicine -to-Date ▼ 2000.00											
C.	Full Name of Individual (Last, First, Middle Initia Hamburger, Max, , , Mailing Address 6 Micole Ct	l) or Full C	rgani	zation Name	_	Date	М	Rec		t 18	/		)19	Y	
	City Dix Hills FEC ID number of contributing federal political committee.	State NY		Zip Code 11746							70914	this F	Period 2000.	-	]
	Name of Employer (for Individual)         Rheum Assoc of Long Island         Receipt For:         Primary       General         Other (specify)		siciar				Mer	no	Iter	n					
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	y information copied from such Reports and Sta for commercial purposes, other than using the r									f soliciting		
	NAME OF COMMITTEE (In Full) American College of Rheumatolo	ogy (Rhe	eum	PAC)								
A.	Full Name of Individual (Last, First, Middle Initia Epstein, Alan, , , Mailing Address 822 Pine St	al) or Full O	)rgani:	zation Name	_	D	ate of	Re	D	D / Y	YY	Y
	City Philadelphia	State PA	2	Zip Code 19107	_					: 1709147		
	FEC ID number of contributing federal political committee.	С					nount	OT	Each I	Receipt tr	nis Period 300.	00
	Name of Employer (for Individual)         Pennsylvania Hospital         Receipt For:         Primary       General         Other (specify) ▼		ical P	on (for Individual) rofessor of Medicine to-Date ▼ 300.00			Me	emo	Item			
в.	Full Name of Individual (Last, First, Middle Initia Snow, Marcus, Hilton, Dr, Mailing Address 986270 Nebraska Medical Cent	-	)rgani:	zation Name		Di	ate of	Re	ceipt	D / Y	2019	Y
	City Omaha FEC ID number of contributing federal political committee.	State NE		Zip Code 68198-6270			Trans		on ID :	: 1709161	_	00
	Name of Employer (for Individual) University of Nebraska Medical Center		upatio /siciar	on (for Individual)		l	Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 450.00								
С.	Full Name of Individual (Last, First, Middle Initia Higgins, Gloria, C., Dr.,	al) or Full O	Organiz	zation Name		D	ate of	Re	ceipt			
	Mailing Address 2202 Bryden Road	State		Zip Code		Ľ	09 Trans	/ acti	22		2019 71	Y
	Columbus	ОН		43209					-		nis Period	
	FEC ID number of contributing federal political committee.	С				Ę	_		,	,	23.	00
	Name of Employer (for Individual) Nationwide Childrens Hospital/ The Ohi		•	n (for Individual) Emeritus		ľ	Me	emo	Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-	to-Date ▼ 207.00								
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	D RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17
or for comme	ercial purposes, other than using the			rson for the purpose of soliciting contributions to solicit contributions from such committee.
	COMMITTEE (In Full) an College of Rheumatol	ogy (Rhe	eumPAC)	
A. Smith, E	of Individual (Last, First, Middle Init Brett, , Dr., Idress 232 Associates Blvd	ial) or Full O	rganization Name	Date of Receipt
City Alcoa		State TN	Zip Code 37701	Transaction ID : 17092311           Amount of Each Receipt this Period
	umber of contributing litical committee.	С		300.00
Blount Mer Receipt Fo		Atte	upation (for Individual) ending Year-to-Date ▼ 300.00	Memo Item
B. Raman Mailing Ad	of Individual (Last, First, Middle Init ujam, Thaila, , , MD Idress 1505 Soquel Drive Suite 9	-		Date of Receipt
	z umber of contributing litical committee.	CA	Zip Code 95065	Transaction ID : 17094981         Amount of Each Receipt this Period         2001.00
Thaila Ran Receipt Fo		Phy	upation (for Individual) /sician Year-to-Date ▼ 2001.00	Memo Item
<b>c</b> . Gewar	of Individual (Last, First, Middle Init hter, Harry, L, , ldress 2600 E Cary St. Apt 3102	ial) or Full O	rganization Name	Date of Receipt
	t umber of contributing litical committee.	State VA	Zip Code 23223-7888	09     28     2019       Transaction ID : 17095497       Amount of Each Receipt this Period       25.00
Name of E Retired Receipt Fo	Employer (for Individual)	Rhe	upation (for Individual) umatologist Year-to-Date ▼ 250.00	Memo Item
	of Receipts This Page (optional)			2326.00

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				Detailed Summary Page	×	11a 13		11b	>	11c 15		12 16	17
	y information copied from such Reports and State for commercial purposes, other than using the na									bliciting	con	tributi	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Rheumatolog	jy (Rhe	eur	nPAC)									
A.	Full Name of Individual (Last, First, Middle Initial) Breland, Hazel, L, , PhD, OTR/L	or Full Or	rgai	nization Name		Date o	f Re	eceip	ot				
	Mailing Address MUSC College of Health Profession 151B Rutledge Avenue, MSC 962 City			Zip Code		10 Trans		L	03 ID : 17	/ Y	20	19	Y
	Charleston	SC		29425-9620	A			-		eipt thi		eriod	
	FEC ID number of contributing federal political committee.	С						-		-17		91.0	0
	Name of Employer (for Individual) Medical University of South Carolina		•	ion (for Individual) te Professor		M	emo	o Ite	m				
	Receipt For:       A         Primary       General         Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 910.00	1								
B.	Full Name of Individual (Last, First, Middle Initial) Wallace, Zachary, , Dr,	or Full Or	rgai	nization Name		Date o	f Re	eceip	ot				
	Mailing Address 291 Woodland Rd					м м 10	/	D	06	/ Y	y 201	19 <sup>°</sup>	Y
	City Newton	State MA		Zip Code 02466	4					2 <b>106906</b> eipt thi	-	ariod	
	FEC ID number of contributing federal political committee.	С						-		, oipt un	-	150.0	0
	Name of Employer (for Individual) Massachusetts General Hospital	Occu Phys	•	tion (for Individual) an		M	emo	o Ite	m				
	Receipt For:       A         Primary       General         Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 600,00	]								
с.	Full Name of Individual (Last, First, Middle Initial) Fahey, Sean, , ,	or Full Or	rgai	nization Name	[	Date o	f Re	eceip	ot				
	Mailing Address 128 Medical Park Rd Suite 101					<sup>M</sup> 10	J.		07		201	19 <sup>°</sup>	Y
	City Mooresville	State NC		Zip Code 28117				-		7 <b>10925</b> eipt thi		ariod	
	FEC ID number of contributing federal political committee.	С						,		, sope an		45.0	0
	Name of Employer (for Individual) Piedmont HealthCare	Occu Phys	•	ion (for Individual) n		M	lemo	o Ite	em				
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	y information copied from such Reports and Staten for commercial purposes, other than using the nan					n for	the		pose		solicitir		ntribu	tions
	NAME OF COMMITTEE (In Full) American College of Rheumatology	y (Rhe	eur	mPAC)										
Α.	Full Name of Individual (Last, First, Middle Initial) Beall, Ashley, D, , Mailing Address 4601 Cheltenham Drive	or Full O	rga	nization Name			e of	Re		ot D	/	v	Y	V
		State		Zip Code		ŀ	10	acti	L	15	171488	2	019	
	Bethesda	MD		20814	_	Amo	ount	of	Eac	h R	eceipt	this F	Period	
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	Name of Employer (for Individual) Arthritis and Rheumatism Associates	Occi Phy	•	tion (for Individual) an			Me	emo	b Ite	m				
	Receipt For:     Ag       Primary     General       Other (specify) ▼	ggregate	Yea	ar-to-Date ▼ 1000.00										
В.	Full Name of Individual (Last, First, Middle Initial) o Kazmers, Irene, , ,	or Full O	rga	nization Name		Dat	e of	Re	eceir					
	Mailing Address Northern Michigan Rheumatology 3280 Woods Way Ste 1						10 <sup>™</sup>	/	D	15	1		) 19	Y
	,	State MI		Zip Code 49770-8105	_						171545 eceipt		Period	
	FEC ID number of contributing federal political committee.	0					_		,	_			150.	00
	Name of Employer (for Individual) Northern Michigan Rheumatology		•	tion (for Individual) atologist		Ш	Me	emo	) Ite	m				
	Receipt For:     Ag       Primary     General       Other (specify) ▼	ggregate	Yea	ar-to-Date ▼ 250,00										
С.	Full Name of Individual (Last, First, Middle Initial) o Snow, Marcus, Hilton, Dr,	or Full O	rga	nization Name		Dat	e of	Re	ceip	ot				
	Mailing Address 986270 Nebraska Medical Center			1			10 <sup>™</sup>	/	L	20	JL	20	019 <sup>°</sup>	Y
	5	State NE		Zip Code 68198-6270	╞						171577 eceipt		Period	
	FEC ID number of contributing federal political committee.						_	_	<u>y</u>		. ,	_	50.	00
	Name of Employer (for Individual) University of Nebraska Medical Center	Occi Phys	•	tion (for Individual) an			Me	emo	o Ite	m				
	Receipt For: Ag	ggregate	Yea	ar-to-Date <b>V</b>										
	Other (specify)		-	500.00										
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Stat for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) American College of Rheumatolog	gy (Rhe	eumPAC)	
Α.	Full Name of Individual (Last, First, Middle Initial Higgins, Gloria, C., Dr., Mailing Address 2202 Bryden Road	) or Full O	Organization Name	Date of Receipt
	City	State	Zip Code	10 22 2019 Transaction ID : 17157819
	Columbus	ОН	43209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		23.00
	Name of Employer (for Individual) Nationwide Childrens Hospital/ The Ohi		upation (for Individual) fessor Emeritus	Memo Item
		Aggregate	Year-to-Date <b>V</b>	_
	Other (specify)		230.00	
В.	Full Name of Individual (Last, First, Middle Initial Shepherd, Rebecca, M, , MD	) or Full O	Organization Name	Date of Receipt
	Mailing Address 20 Herr Rd.	1		10 27 2019
	City	State PA	Zip Code	Transaction ID : 17163423
	New Providence		17560	_ Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) LGH		upation (for Individual) ysician	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1000.00	
С.	Full Name of Individual (Last, First, Middle Initial Gewanter, Harry, L, ,	) or Full O	Organization Name	Date of Receipt
	Mailing Address 2600 E Cary St. Apt 3102	1		10 / D D / Y Y Y Y 28 2019
	City Richmond	State VA	Zip Code 23223-7888	Transaction ID : 17163431 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) Retired		upation (for Individual) eumatologist	Memo Item
	Receipt For:         Primary       General         Other (specify)	Aggregate	Year-to-Date ▼ 275.00	
s	UBTOTAL of Receipts This Page (optional)		•	298.00
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Α.	Full Name of Individual (Last, First, Middle Initia White, Douglas, W, ,	al) or Full O	rganization Name	[	Date of	f Re	ceipt							
	Mailing Address 3111 Gundersen Dr				м м 10	/	21	D / Y	ү 20	ү 19	Y			
	City	State	Zip Code	Transaction ID : 17163883										
	Onalaska	WI	54650-8447	/	Amount	t of	Each F	Receipt t	his Pe	eriod				
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	Name of Employer (for Individual) Gundersen Health System		M	emo	Item									
	Receipt For:	Rhe Aggregate												
	Primary General			11.										
	Other (specify)	L	500.00											
B.	Full Name of Individual (Last, First, Middle Initia Kazmers, Irene, , ,	al) or Full O	rganization Name	[	Date of	f Re	ceipt							
	Mailing Address Northern Michigan Rheumatology 3280 Woods Way Ste 1						31		201	19 <sup>°</sup>	Y			
	City	State	Zip Code		Trans	acti	on ID :	1716438	38					
	Petoskey	MI	49770-8105	A	Amount	t of	Each F	Receipt t	his Pe	eriod				
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	Primary General Other (specify) ▼		300.00	]										
с.	Full Name of Individual (Last, First, Middle Initia Breland, Hazel, L, , PhD, OTR/L	al) or Full O	rganization Name		Date of	f Re	ceipt							
	Mailing Address MUSC College of Health Profes 151B Rutledge Avenue, MSC 9				<sup>M</sup> 11	/	03		20 <sup>-</sup>	19 <sup>Y</sup>	Y			
	City	State	Zip Code		Trans	acti	on ID :	171649	42					
	Charleston	SC	29425-9620	A	Amount	t of	Each F	Receipt t	his Pe	eriod				
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	Name of Employer (for Individual) Medical University of South Carolina													
	Receipt For: Primary General Other (specify)	hary General												
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	EMIZED RECEIPTS			for each category of the Detailed Summary Page		_	11a 13		11   14	H	_	11c 15	12 16	17				
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Α.	Peng, Justin, , ,	-									Date of Receipt							
	Mailing Address 955 North Madison St.	Ctoto		Zin Code	11 / 04 / 2019 Transaction ID : 17167186													
	City Arlington	State VA		Zip Code 22205	_	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	C										250	).00					
	Name of Employer (for Individual) ARAPC			tion (for Individual) atologist	Memo Item													
	Receipt For: Primary General Other (specify) ▼																	
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name White, Douglas, W, ,						ate of	Re	cei	ipt								
	Mailing Address 3111 Gundersen Dr							11 06 / Y Y Y Y 2019										
	City Onalaska	State WI		Zip Code 54650-8447		Transaction ID : 17167771 Amount of Each Receipt this Period						d						
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1000.00	]													
с.	Full Name of Individual (Last, First, Middle Initia Fahey, Sean, , ,	al) or Full O	rga	nization Name		Da	ate of	Re	cei	ipt								
	Mailing Address 128 Medical Park Rd Suite 101						11 <sup>M</sup>	1	Ľ	D D D 07		/ Y	y y 2019	Y				
	City Mooresville	State NC		Zip Code 28117								216872 eipt thi	<b>0</b> is Perio	d				
	FEC ID number of contributing federal political committee.	С				Ę			9		-	,	45	5.00				
	Name of Employer (for Individual) Piedmont HealthCare	Occi Phys	tion (for Individual) an			Me	emo	o Ite	em									
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	EMIZED RECEIPTS			for each category of the Detailed Summary Page		¥ 11a 13		11 14		11c 15		12 16	17	
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	NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (Rhe	эur	mPAC)										
Α.	Full Name of Individual (Last, First, Middle Initia Kenney, Howard, M, , Mailing Address 105 W 8th Ave Suite 6080	Date of Receipt												
	City St Spokane W			Zip Code 99204		Transaction ID : 17175829 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C				Amou	nt of	r Ea	ch Re	eceipt t	his P	'eriod 500.	_	
	Name of Employer (for Individual)         Arthritis Northwest         Receipt For:         Primary       General         Other (specify) ▼	MD		tion (for Individual) ar-to-Date ▼ 500.00		<b>.</b>	Vlemo	o Ite	em					
B.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Geppert, Thomas, David, Dr, Mailing Address 8144 Walnut Hill Lane #800 City State Zip Code							Date of Receipt						
	Dallas FEC ID number of contributing federal political committee. Name of Employer (for Individual) Rheumatology Associates Dallas	TX C Occu Phy	ysicia	tion (for Individual)		Transaction ID : 17183003         Amount of Each Receipt this Period         1000.00         Memo Item							00	
	Primary General Other (specify) ▼		<u>,</u>	ar-to-Date ▼ 1000.00										
C.	Full Name of Individual (Last, First, Middle Initia Shepherd, Rebecca, M, , MD Mailing Address 20 Herr Rd.	l) or Full O	)rgar	nization Name		Date	M /	_	ipt D D 11	/		)19	Ŷ	
	City New Providence	State PA		Zip Code						171830				
	FEC ID number of contributing federal political committee.	C	_	17560		Amou	nt of	f Ea	ch Re	eceipt t	his P	eriod 500.	_	
	Name of Employer (for Individual) LGH	Occi Phys	•	tion (for Individual) an			Mem	o Ite	em					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 1500.00										
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		¥ 11a 13		11b 14	11c 15		12 16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the NAME OF COMMITTEE (In Full)												
$\rangle$	American College of Rheumatol	ogy (Rhe	eumPAC)										
Α.	Full Name of Individual (Last, First, Middle Initi Ott, Stephanie, J, , MD	al) or Full O	rganization Name		Date of	f Re	ceipt						
	Mailing Address 618 Pleasantville Rd Suite 201				11 / D D / Y Y Y Y 2019								
	City Lancaster	State OH	Zip Code 43130					<b>1718345</b> Receipt th		riod			
	FEC ID number of contributing federal political committee.	С					7	т тр.	20	000.00	)		
	Name of Employer (for Individual) Fairfield Medical Center		М	emo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00										
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pick, Michael, Arthur, ,						ceipt						
	Mailing Address 800 N. 1st Street		M M	/	D D D 11	) / Y	201	9					
	City Springfield	State IL	Zip Code 62702		Transaction ID : 17193683 Amount of Each Receipt this Per					riod			
	FEC ID number of contributing federal political committee.	С					7	-		100.00	)		
	Name of Employer (for Individual) Springfield Clinic		upation (for Individual) eumatologist		М	emo	ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	)									
C.	Full Name of Individual (Last, First, Middle Initi Evangelisto, Amy, M, Dr.,	al) or Full O	rganization Name		Date of	f Re	ceipt						
	Mailing Address 528 Bartram Road				M M	/	D D D 11		201				
	City Moorestown	State NJ	Zip Code 08057					1719788 Receipt th		riod			
	FEC ID number of contributing federal political committee.	С					,	. ,	Ę	500.00	)		
	Name of Employer (for Individual) Arthritis Rheumatic and Back Disease A	Rhei	upation (for Individual) umatologist		М	emo	Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00										
s	UBTOTAL of Receipts This Page (optional)			►			,	. ,	26	600.00	)		
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full) American College of Rheumatolo	ogy (Rhe	eumPAC)								
Α.	Full Name of Individual (Last, First, Middle Initia Vargo, Jill, , ,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 288 Macon Ave Apt 307	State	Zip Code	M - M         /         D - D         /         Y - Y - Y         Y           11         11         2019         11							
	Asheville	NC	28804-3833	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С									
	Name of Employer (for Individual) Asheville Arthritis and Osteoporosis C		upation (for Individual) eumatologist	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 1000.00								
в.	Full Name of Individual (Last, First, Middle Initia Flint, Kathleen, Patricia, , M.D.	Date of Receipt									
	Mailing Address 1711 St Julian Pl	11 / D D / Y Y Y Y 11 2019									
	City Columbia	State SC	Zip Code 29204	Transaction ID : 17199759 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С									
	Name of Employer (for Individual) Articularis Healthcare Group		upation (for Individual) /sician	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00								
С.	Full Name of Individual (Last, First, Middle Initia Kassan, Stuart, , ,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 198 Union Blvd Ste 150			11 / D D / Y Y Y Y 11 11 2019							
	City Lakewood	State CO	Zip Code 80228-2259	Transaction ID : 17199772							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
	Name of Employer (for Individual) Colorado Arthritis Associates		upation (for Individual) sician	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2500.00								
s	UBTOTAL of Receipts This Page (optional)		•	3600.00							
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	for each category Detailed Summary								
or for commercial purposes, other than using t		d by any person for the purpose of soliciting contributions I committee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) American College of Rheumat	ology (RheumPAC)								
A. Full Name of Individual (Last, First, Middle Humphrey, Mary Beth, , Dr., Mailing Address 975 NE 10th St BRC256 City Oklahoma City FEC ID number of contributing federal political committee.	Mailing Address     975 NE 10th St       BRC256     State     Zip Code       Oklahoma City     OK     73104								
Name of Employer (for Individual)         University of Oklahoma Health Sciences         Receipt For:         Primary       General         Other (specify) ▼	Occupation (for Individual) Professor Aggregate Year-to-Date ▼	) Memo Item							
Full Name of Individual (Last, First, Middle         B. Gonter, Neil, , ,         Mailing Address 1415 Queen Anne Rd         City         Teaneck         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Rheumatology Associates of North Jerse         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       NJ     07666       C     Occupation (for Individual)       MD     Aggregate Year-to-Date ▼	Date of Receipt  Date of Receipt  11 2019 Transaction ID : 17199805 Amount of Each Receipt this Period  Memo Item  500.00							
Full Name of Individual (Last, First, Middle         Tran, Trinh, , ,         Mailing Address 13214 Griffin Run         City         Carmel         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         AllCare Rheumatology LLC         Receipt For:         Primary       General         Other (specify)	State     Zip Code       IN     46033-8231       C     Occupation (for Individual)       Physician       Aggregate Year-to-Date ▼	Date of Receipt  T11 2019  Transaction ID : 17199807  Amount of Each Receipt this Period  Memo Item							
SUBTOTAL of Receipts This Page (optional).									

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page		¥ 11a 13		11b 14	11c 15		12 16	17				
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	NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (Rhe	eum	nPAC)												
A.		ailing Address 200 1st St SW 158 1E						Date of Receipt								
City States Stat				Zip Code 55905-0001	_	Transaction ID : 17199854 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				Ľ.		7	-9-		50.0	0				
	Name of Employer (for Individual)         Mayo Clinic         Receipt For:         Primary       General         Other (specify) ▼		sicia	on (for Individual) n assistant r-to-Date ▼ 225.00		N	1emo	Item								
В.	Full Name of Individual (Last, First, Middle Initial Dilorio, Emma, , Dr, Mailing Address 14995 Shady Grove Road	) or Full O	rgan	ization Name	_	Date o	of Re	D D	/ Y		Y	Y				
	Ste. 250         City         Rockville         FEC ID number of contributing federal political committee.	State MD		Zip Code 20850	_	11     12     2019       Transaction ID : 17199862       Amount of Each Receipt this Period       250.00						0				
	Name of Employer (for Individual)         Arthritis & Rheumatism Associates         Receipt For:         Primary       General         Other (specify) ▼		vsicia			N	1emo	Item								
C.	Full Name of Individual (Last, First, Middle Initial Holtz, Lindsay, , , Mailing Address 1907 moonwind place	) or Full O	rgan	ization Name	_	Date of Receipt										
	City Henrico	State VA		Zip Code 23238				12 i <b>on ID : 1</b> Each Re				_				
	FEC ID number of contributing federal political committee.	Осси	upati	on (for Individual)			/lemc	Item	9		10.0	0				
	Arthritis Specialists           Receipt For:           Primary         General           Other (specify)	1		tologist r-to-Date ▼ 210.00												
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17						
	y information copied from such Reports and S for commercial purposes, other than using the									
$\rangle$	NAME OF COMMITTEE (In Full) American College of Rheumatol	ogy (Rhe	eumPAC)							
Α.	Tindall, Elizabeth, , , MD	III Name of Individual (Last, First, Middle Initial) or Full Organization Name Tindall, Elizabeth, , , MD ailing Address 1255 SW Schaeffer Road								
	City	State	Zip Code	11 12 2019 Transaction ID : 17200536						
	West Linn	OR	97068	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		500.00						
	Name of Employer (for Individual) Rheumatology Consultants of Oregon, LL		upation (for Individual) sident, Rheumatology Consultants	s c						
	Receipt For: Primary General Other (specify) ▼									
В.	Full Name of Individual (Last, First, Middle Init Wright, Grace, C, Dr.,	ial) or Full C	Organization Name	Date of Receipt						
	Mailing Address 345 E 37th St # 303			11 13 / Y Y Y Y 2019						
	City New York	State NY	Zip Code 10016-3256	Transaction ID : 17200776 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer (for Individual) Grace C Wright MD PC		cupation (for Individual) vsician	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 2100.00							
с.	Full Name of Individual (Last, First, Middle Init Laukaitis, Joseph, , , M.D.	ial) or Full C	Organization Name	Date of Receipt						
	Mailing Address 3 Washington Circle, NW Suite 303			11 / D D / Y Y Y Y 11 13 2019						
	City Washington	State DC	Zip Code 20037	Transaction ID : 17200946 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer (for Individual) Self-Employed		upation (for Individual) sician	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00							
s	UBTOTAL of Receipts This Page (optional)			850.00						
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
	for commercial purposes, other than using the			to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) American College of Rheumato	logy (Rhe	eumPAC)							
Α.	Full Name of Individual (Last, First, Middle Init Lakhanpal, Sharad, , Dr.,	tial) or Full C	Date of Receipt							
	Mailing Address 5320 ROYAL LANE			11 / D D / Y Y Y Y 11 13 2019						
	City DALLAS	State TX	Zip Code 75229	Transaction ID : 17200959         Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С	1000.00							
	Name of Employer (for Individual) Rheumatology Associates		upation (for Individual) eumatologist	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary     General       Other (specify) ▼		1000.00	]						
В.	Full Name of Individual (Last, First, Middle Ini KIMEL, ALEXANDRU, , Dr,	tial) or Full C	Organization Name	Date of Receipt						
	Mailing Address 1415 Queen Anne Road	11 13 2019								
	City	State	Zip Code	Transaction ID : 17200961						
	Teaneck	NJ	07666	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С	500.00							
	Name of Employer (for Individual) RHeumatology Associates Of North Jerse	Occ MD	upation (for Individual)	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
С.	Full Name of Individual (Last, First, Middle Ini Walker, Sara, Ellen, , MD	tial) or Full C	Organization Name	Date of Receipt						
	Mailing Address 2120 Southern Star Loop			11 13 / Y Y Y Y Y 11 13 2019						
	City Las Cruces	State NM	Zip Code 88011	Transaction ID : 17200964						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
	Name of Employer (for Individual) n/a	upation (for Individual) essor Emeritus	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00							
s	UBTOTAL of Receipts This Page (optional)			1750.00						
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full	)										
American College of R		eumPAC)									
Full Name of Individual (Last, Fi Gewanter, Harry, L, ,	rst, Middle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2600 E Cary St.	Apt 3102		M M / D D / Y Y Y Y Y 11 14 2019								
City Richmond	State VA	Zip Code 23223-7888	Transaction ID : 17200977 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		100.00								
Name of Employer (for Individua Retired	,	upation (for Individual) umatologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	]									
Full Name of Individual (Last, Fi B. Feldman, Madelaine, , ,	Date of Receipt										
Mailing Address 2633 Napoleon Suite 530	111 / D D / Y Y Y Y Y 111 14 2019										
City	State	Zip Code	Transaction ID : 17200982								
NEW ORLEANS	LA	70115	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		250.00								
Name of Employer (for Individua THE RHEUMATOLOGY GROUP	,	upation (for Individual) eumatologist	Memo Item								
Receipt For:	Aggregate	Year-to-Date V									
Primary       General         Other (specify) ▼		250.00	]								
Full Name of Individual (Last, Fi Owen, Marcus, A, Dr.,	rst, Middle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 5 Angel Trace			11 / D D / Y Y Y Y 11 14 2019								
City Brentwood	State TN	Zip Code 37027	Transaction ID : 17200990 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		250.00								
Name of Employer (for Individua Murfreesboro Medical Clinic		upation (for Individual) umatologist	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]								
SUBTOTAL of Receipts This Page	e (optional)		600.00								
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	NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (Rhe	eumPAC)									
A	Full Name of Individual (Last, First, Middle Initial Upchurch, Katherine, S, Dr, Mailing Address 207 Musketaquid Road	) or Full O	rganization Na	ame		Date o	f Re	ceipt	/ Y		Y	Y
	City	State MA	Zip Code 01742	•				14 on ID : 1 Each Re		88	919 eriod	
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F	Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) V	Phy	upation (for In sician Year-to-Date `			Μ	emo	Item				
B	Full Name of Individual (Last, First, Middle Initial Singer, Nora, G, , MD Mailing Address 2500 Metrohealth Dr					Date of	f Re	ceipt 15	/ Y	ү 20 <sup>-</sup>	ý 19	Ŷ
  F	City Cleveland FEC ID number of contributing ederal political committee.	State OH	Zip Code 44109-1			Amoun	t of	on ID : 1 Each Re			eriod 100.0	00
Т	Name of Employer (for Individual) The MetroHealth System Receipt For: Primary General Other (specify) ▼	Divi	upation (for In sion Director Year-to-Date			M	emo	Item				
С	ull Name of Individual (Last, First, Middle Initial Nishio, Jane, , , Mailing Address 500 Hunsaker Canyon Road	) or Full O	rganization Na	ame		Date of	_	ceipt	/ Y	20	19	Ŷ
– F	City Lafayette EC ID number of contributing ederal political committee.	State CA	Zip Code 94549					i <b>on ID</b> : 1 Each Re			eriod 500.0	00
۱	Name of Employer (for Individual) Nalnut Creek Medical Center Receipt For: Primary General Other (specify)	Phys	upation (for In sician Year-to-Date `			M	emo	tem				
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		Detailed Summary Page	×	11a		11b		11c	12	
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American College of Rheur	natology (Rhe	eumPAC)								
Full Name of Individual (Last, First, Mic A. Respicio Duque, Guada, , ,	dle Initial) or Full C	rganization Name	[	Date of	Re	eceip	pt			
Mailing Address 14995 Shady Grove Ro Suite 250	bad			м м 11	1	D	D D D 17	/ Y	2019	Y
City Rockville	State MD	Zip Code 20850	-			-		<b>720244</b> ceipt th	9 is Period	
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Name of Employer (for Individual) Arthritis and Rheumatism Assoc		upation (for Individual) umatologist		M	emo	o Itei	em			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
Full Name of Individual (Last, First, Mic Potter, Jeffrey, , ,		rganization Name		Date of	Re	eceip	pt			
Mailing Address 2730 University Blvd W				м м 11	/	D	17	/ Y	2019	Y
City Wheaton	State MD	Zip Code 20902	<i>F</i>					7 <b>20245</b> ceipt th	1 is Period	
FEC ID number of contributing federal political committee.	С					-		-7	250.0	0
Name of Employer (for Individual) Arthritis & Rheumatism Associates		upation (for Individual) rsician		M	emo	b Ite	em			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1							
Full Name of Individual (Last, First, Mic C. Klein-Gitelman, Marisa, , ,		rganization Name		Date of	Re	eceip	pt			
Mailing Address 225 E. Chicago Ave, #	50			<sup>M</sup> 11	1	D	19	/ Y	2019 <sup>°</sup>	Y
City Chicago	State IL	Zip Code 60611	#			-		720272 ceipt th	6 is Period	
FEC ID number of contributing federal political committee.	C			_		9		<i>y</i>	160.0	0
Name of Employer (for Individual) Ann & Robert H. Lurie Children's Hospi Receipt For:	Prof	upation (for Individual) essor of Pediatrics		M	emc	o Ite	em			
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 640.00	]							
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NAME OF COMMITTEE (In Full) American College of Rheum	atology (RheumPAC)	
Full Name of Individual (Last, First, Midd Crawford, Donah, Zack, Mrs, Mailing Address 1417 Gentlemens Way	le Initial) or Full Organization Name	Date of Receipt
City Dresher	StateZip CodePA19025	Transaction ID : 17202837       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual)         The Arthritis Group         Receipt For:         Primary       General         Other (specify) ▼	Occupation (for Individual) Research Director Aggregate Year-to-Date ▼ 370.00	Memo Item
Full Name of Individual (Last, First, Midd <b>B.</b> Menzies, Victoria, , Dr., PhD, RN Mailing Address 8668 SW 77th Ave	√< C	Date of Receipt
City Gainesville FEC ID number of contributing federal political committee.	State     Zip Code       FL     32608-8484	Transaction ID : 17202984         Amount of Each Receipt this Period         20.00
Name of Employer (for Individual)         University of Florida         Receipt For:         Primary       General         Other (specify) ▼	Occupation (for Individual) Associate Professor Aggregate Year-to-Date ▼ 220.00	Memo Item
Full Name of Individual (Last, First, Midd Snow, Marcus, Hilton, Dr, Mailing Address 986270 Nebraska Medic	, .	Date of Receipt
City Omaha FEC ID number of contributing federal political committee.	State     Zip Code       NE     68198-6270	Transaction ID : 17202985         Amount of Each Receipt this Period         50.00
Name of Employer (for Individual) University of Nebraska Medical Center Receipt For: Primary General Other (specify)	Occupation (for Individual) Physician Aggregate Year-to-Date ▼ 550.00	Memo Item
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>′</b> 11a 13		11b		11c 15	12 16	17	
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	NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (Rhe	eur	mPAC)								
Α.	Full Name of Individual (Last, First, Middle Initia Higgins, Gloria, C., Dr., Mailing Address 2202 Bryden Road	l) or Full C	Orga	nization Name		Date	of R	eceipt	D		YYY	Y
	City	State OH		Zip Code 43209	_			tion ID		720447	2019 <b>8</b>	
	FEC ID number of contributing federal political committee.	С	i					Each	Rec		is Perioc 23	.00
	Name of Employer (for Individual)         Nationwide Childrens Hospital/ The Ohi         Receipt For:         Primary       General         Other (specify) ▼	Prof	fess	tion (for Individual) or Emeritus ar-to-Date ▼ 253.00			Mem	o Item	I			
В.	Full Name of Individual (Last, First, Middle Initia Holers, V, Michael, , Mailing Address 1775 Aurora Ct. Room 3102	l) or Full C	Drga	nization Name		Date	M	eceipt	23	/ Y	y y 2019	Ŷ
	City Aurora FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State CO C		Zip Code 80045 tion (for Individual)	_	Amou	nt of		Rec	7205012 ceipt thi	is Perioc	00
	University of Colorado Receipt For: Primary General Other (specify) ▼	Divi	isior	n Chief ar-to-Date ▼ 550.00								
C.	Full Name of Individual (Last, First, Middle Initia McLain, David, Andrew, , Mailing Address 2229 Cahaba Valley Drive	I) or Full C	Drga	Zip Code	_	м 11	М	2	24	/ Y 720501	2019	Y
	Birmingham FEC ID number of contributing federal political committee. Name of Employer (for Individual) McLain Medical Associates, P.C.	AL C Occi Sym	npos	tion (for Individual) ium Director, Congress of Clini ar-to-Date ▼ 250.00		Amou	nt of		Rec		s Perioc 250	_
s	UBTOTAL of Receipts This Page (optional)			•	<u>.</u>	<u> </u>	-	,		5	348.	00
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# SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Stat for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (Rhe	eumPAC)	
Α.	Full Name of Individual (Last, First, Middle Initial Keenan, Robert, Thomas, ,	) or Full C	Organization Name	Date of Receipt
	Mailing Address 200 Trent Dr # 2978			11 / D D / Y Y Y Y 26 2019
	City Durham	State NC	Zip Code 27710-3037	Transaction ID : 17207903 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Duke University School of Medicine		cupation (for Individual) sociate Professor	Memo Item
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
в.	Full Name of Individual (Last, First, Middle Initial Yonker, Richard, A, Dr,	) or Full C	Organization Name	Date of Receipt
	Mailing Address 1424 Cedar Bay Ln			11 26 2019
	City Sarasota	State FL	Zip Code 34231	Transaction ID : 17208115 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual) Sarasota Arthritis Center		cupation (for Individual)	Memo Item
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
С.	Full Name of Individual (Last, First, Middle Initial Jones, Richard, Edwin, Dr., III	) or Full C	Organization Name	Date of Receipt
	Mailing Address 100 Towncenter Blvd Suite 112			11 / 27 / Y Y Y Y 11 27 2019
	City Tuscaloosa	State AL	Zip Code 35406	Transaction ID : 17208182 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual) Self		cupation (for Individual) sistant Professor of Med	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
Т	OTAL This Period (last page this line number on	ly)	••••••	

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Stat for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) American College of Rheumatolog	gy (Rhe	eumPAC)	
Α.	Full Name of Individual (Last, First, Middle Initial Gewanter, Harry, L, , Mailing Address 2600 E Cary St. Apt 3102	) or Full C	rganization Name	Date of Receipt
	City	State	Zip Code	11 28 2019 Transaction ID : 17208192
	Richmond	VA	23223-7888	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) Retired		upation (for Individual) eumatologist	Memo Item
		Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼		400.00	
В.	Full Name of Individual (Last, First, Middle Initial Bourg, Angele, , Dr.,	) or Full C	rganization Name	Date of Receipt
	Mailing Address 1218 Elmcrest Dr.			12 01 / Y Y Y Y 12 01 2019
	City	State	Zip Code	Transaction ID : 17208202
	Baton Rouge	LA	70808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual) Baton Rouge Clinic		upation (for Individual) eumatologist	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼ 500.00	
С.	Full Name of Individual (Last, First, Middle Initial Breland, Hazel, L, , PhD, OTR/L	) or Full C	organization Name	Date of Receipt
	Mailing Address MUSC College of Health Profess 151B Rutledge Avenue, MSC 96	2		12 / D D / Y Y Y Y 12 03 2019
	City Charleston	State SC	Zip Code 29425-9620	Transaction ID : 17208791
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Medical University of South Carolina		upation (for Individual) ociate Professor	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1092.00	
s	UBTOTAL of Receipts This Page (optional)		•	616.00
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			D	etailed Summary Page	×	-		-	11b	11c		12 16	<b>1</b> 47			
	y information copied from such Reports and State for commercial purposes, other than using the na							Irpo			g con					
\	NAME OF COMMITTEE (In Full) American College of Rheumatolog	gy (Rhei	um	PAC)				_								
A	Full Name of Individual (Last, First, Middle Initial) Thomas, Nicole, S, , Mailing Address 2730 University Blvd W Ste 310	) or Full Or	rgan	ization Name		Date of Receipt										
_	-	Qtot:		Zin Codo		12			04	L	20					
	City Wheaton	State MD		Zip Code 20902	Transaction ID : 17211590           Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.									500.0	0					
/	Name of Employer (for Individual) Arthritis & Rheumatism Associate	Memo Item														
Ì	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year	r-to-Date ▼ 500.00	]											
B	Full Name of Individual (Last, First, Middle Initial) Masi, Alfonse, T., Dr.,	) or Full Or	rgan	ization Name		Date	of R	ec	ceipt							
-	Mailing Address 6710 N. Skyline Drive				09 / D D / Y Y Y Y Y 2019											
	City Peoria	State IL		Zip Code 61614		Transaction ID : 17211876 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С										250.0	0			
	Name of Employer (for Individual) None	Occu Phys		ion (for Individual) n			Mem	10	Item							
Ì	Receipt For: Primary General Other (specify) ▼	Aggregate Y			]											
С.	Full Name of Individual (Last, First, Middle Initial) Fahey, Sean, , ,	) or Full Or	rgan	ization Name		Date	of R	ec	ceipt							
_	Mailing Address 128 Medical Park Rd Suite 101					<sup>м</sup> 12		/	D D D D 07	/ Y	201		Y			
	City Mooresville	State NC	Ī	Zip Code 28117						1721290 eceipt th		eriod				
	FEC ID number of contributing federal political committee.	С	-									45.0	0			
I	Name of Employer (for Individual) Piedmont HealthCare	Occup Physi	•	on (for Individual) า			Mem	10	ltem							
I	Receipt For: Primary General Other (specify)	Aggregate Y	Year	-to-Date ▼ 540.00	]											
su	JBTOTAL of Receipts This Page (optional)				<u> </u>		-	_	,	,		795.0	0			
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	y information copied from such Reports and St				the pu				ibutio	
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to solicit	contr	ributions	from suc	h comr	nittee	).
$\backslash$	NAME OF COMMITTEE (In Full)	(D)								
	American College of Rheumatol	ogy (Rhe	eumPAC)							
Α.	Full Name of Individual (Last, First, Middle Initi Robinson, William, , Dr., MD, PhD	al) or Full O	rganization Name	Dat	e of F	Receipt				
	Mailing Address CCSR 4135 269 Campus Dr				<sup>™</sup> 12	/ D 09	D / Y	2019		1
	City	State	Zip Code	Tr	ansad	ction ID	: 1721588	37		
	Stanford	CA	94305	Am	ount c	of Each	Receipt th	nis Peri	iod	
	FEC ID number of contributing federal political committee.	С			_	-19-		30	00.00	
	Name of Employer (for Individual)	Осси	upation (for Individual)		Men	no Item				
	Stanford University	Prof	essor of Medicine							
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General		800.00							
	Other (specify) <b>v</b>									
_	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name	Det		Deceint				
в.	Flood, Joseph, , ,					Receipt				_
	Mailing Address 751 Jaeger St			M	12	09	D / Y	2019		
	City	State	Zip Code	Tr	ansac	tion ID	: 1721588	39		
	Columbus	OH	43206-2272	Am	ount c	of Each	Receipt th	nis Peri	iod	
	FEC ID number of contributing federal political committee.	С			00.00					
	Name of Employer (for Individual) Columbus Arthritis Center		upation (for Individual) eumatologist		Men	no Item				
	Receipt For:	Aggregate	Year-to-Date ▼	-						
	Primary General	7.99.09u.0								
	Other (specify)	L	, 1300.00							
c	Full Name of Individual (Last, First, Middle Initi Worthing, Angus, , Dr., MD	al) or Full O	rganization Name	Dat	e of F	Receipt				
	Mailing Address 5025 Sherier Place NW				M	/ D	D / Y	Y	Y Y	
					12	09	Ð	2019	)	
	City Washington	State DC	Zip Code 20016				: 1721589			_
			20010	Am	Sunt c	of Each I	Receipt th	iis Peri	loa	_
	FEC ID number of contributing federal political committee.	С				y i		28	86.00	
	Name of Employer (for Individual)	Оссі	upation (for Individual)		Men	no Item				
	Arthritis & Rheumatism Associates, PC	Phys	sician							
	Receipt For:	Aggregate	Year-to-Date <b>V</b>							
	Primary General Other (specify)		2618.00							
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s	UBTOTAL of Receipts This Page (optional)					,	,	88	36.00	
Т	OTAL This Period (last page this line number o	only)	•			-	1.40		-	

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			Detailed Summary Page	×			11		11c	12	Г		
An	ny information copied from such Reports and State	ments may	y not be sold or used by any p	erson f	13 or the	pur	14 rpos	se of :	15 soliciting	g contrib	outio	17 Ins	
or	for commercial purposes, other than using the na	me and ac	ddress of any political committee	e to sol	icit cor	ntrib	outio	ons fr	om suc	h comm	ittee	Э.	
$\rangle$	NAME OF COMMITTEE (In Full) American College of Rheumatolog	ју (Rhe	umPAC)										
Α.	Full Name of Individual (Last, First, Middle Initial) Allen, Everett, , ,	or Full Or	ganization Name		Date of	i Re	∋cei	ipt					
	Mailing Address 19272 Stone Oak Pkwy, #101			12 10 / Y Y Y Y 2019									
	City San Antonio	State TX	Zip Code 78258	A					<b>172159</b> 1 eceipt th	<b>11</b> nis Perio	od	_	
	FEC ID number of contributing federal political committee.	С				_	- <b>7</b> -	_		50	0.00		
	Name of Employer (for Individual) Rheumatology Assoc. South Texas		ipation (for Individual) umatologist		Me	emo	o Ite	em					
	Receipt For:     A       Primary     General       Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]									
	Full Name of Individual (Last, First, Middle Initial) Phillips, Christopher, R, , MD	or Full Or	ganization Name		Date of	Re	ecei	ipt					
	Mailing Address 100 Kiana Ct. Suite B		7		м м 12	1	C	D D D	/ Y	2019	Y		
	City Paducah	State KY	Zip Code 42001						1 <b>721662</b> eceipt th	22 nis Perio	bd		
	EEC ID number of contributing	C				. 01	_d				0.00	)	
	Name of Employer (for Individual) Paducah Rheumatology		upation (for Individual) sician		Me	emo	o Ite	em					
	Receipt For:     A       Primary     General       Other (specify) ▼		Year-to-Date ▼ 1110.00	]									
с.	Full Name of Individual (Last, First, Middle Initial) Desir, Deborah, D., , MD	or Full Or	ganization Name		Date of	Re	ecei	ipt					
	Mailing Address 11 Zak Hill Dr.				<sup>M</sup> 12		L	D D 10	/ Y	2019	Y		
	City Woodbridge	State CT	Zip Code 06525						<b>172333</b> 4 eceipt th	<b>13</b> nis Perio	bd	-	
	FEC ID number of contributing federal political committee.	С				_	9				5.00		
	Name of Employer (for Individual) Yale-New Haven Medical Center	Phys	ipation (for Individual) iician, Medical Director		M	emc	o It	tem					
	Receipt For:     A       Primary     General       Other (specify)	Aggregate	Year-to-Date ▼ 1125.00	]									
s	UBTOTAL of Receipts This Page (optional)		••••••	•		Ξ	,	_	9	123	5.00		
т	OTAL This Period (last page this line number only	/)		,			Ŧ	_	- 41-		-		

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				Detailed Summary Page	×			-	1b	11	- F	12				
	y information copied from such Reports and Sta for commercial purposes, other than using the						se of		ting							
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Rheumatolo															
A.	Full Name of Individual (Last, First, Middle Initia Sivaraman, Padmapriya, , , Mailing Address 8144 Walnut Hill Lane, Suite 80		rgar	nization Name		Date of		_	D D	/	Y	Y Y Y	Y			
	City Dallas	Zip Code 75231	12     10     2019       Transaction ID : 17233329       Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С						-			-	122.0	00			
	Name of Employer (for Individual) Rheumatology Associates Receipt For:	Phys	sicia	ion (for Individual) an r-to-Date ▼		M	emc	o Ite	em							
	Primary General Other (specify) ▼	yy cyald	, od	372.00												
	Full Name of Individual (Last, First, Middle Initia Huston, Kent, Kwas, , MD	al) or Full O	rgar	nization Name		Date of	Re	ecei	ipt							
	Mailing Address 4330 Wornall Rd Suite 40			Zip Oct		м м 12	1	Ľ	D D 10	/	Y	y y 2019	Y			
	City Kansas City	State MO		Zip Code 64111	Transaction ID : 17233338 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			300.00											
	Name of Employer (for Individual) Kansas City Physician Partners	Occi Phy	•	tion (for Individual) an		M	emc	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1300.00												
	Full Name of Individual (Last, First, Middle Initia Crofford, Leslie, , Dr,	al) or Full O	rgar	nization Name		Date of	_	_	•							
	Mailing Address 1161 21st Ave S, T3113 MCN			7. 6.		<sup>M</sup> 12		L	D D D 10	/		y 2019	Y			
	City Nashville	State TN		Zip Code 37232-2681		Trans						Period				
	FEC ID number of contributing federal political committee.	С						y			,	286.	00			
	Name of Employer (for Individual) Vanderbilt University Medical Center Receipt For:	Profe	esso			M	emo	o It	em							
	Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 386.00												
s	UBTOTAL of Receipts This Page (optional)			••••••	.			y			,	708.0	00			
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An or	y information copied from such Reports and Sta for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and a	ddress of any politic	ed by any pe al committee	erson to so	for the policit con	ourp	ose of itions f	soliciting rom suc	g contribi h commi	utions ttee.		
	American College of Rheumatolo	gy (Rhe	eumpac)										
A.	Full Name of Individual (Last, First, Middle Initia Sampson, Roy, , ,	l) or Full O	rganization Name			Date of	Rec	ceipt					
	Mailing Address 2784 N. Brookbury Crossing					<sup>M</sup> 12	/	D 10	) / Y	ү ү 2019	Y		
	City Fayetteville	State AR	Zip Code 72703						1723335 leceipt th	57 his Period	ł		
	FEC ID number of contributing federal political committee.	С						y		220	.00		
	Name of Employer (for Individual) Washington Regional Medical Center		upation (for Individua umatologist	1)		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	320.00									
в.	Full Name of Individual (Last, First, Middle Initia Oza, Meera, R, , MD	l) or Full O	rganization Name			Date of	Rec	ceipt					
	Mailing Address 2100 Kingsley Ave					M M 12	/	D D 11	/ Y	y y 2019	Y		
	City Orange Park	State FL	Zip Code 32073-5130						1723338 leceipt th	<b>8</b> nis Period	d		
	FEC ID number of contributing federal political committee.	С						<u> </u>		286	_		
	Name of Employer (for Individual) Arthritis & Osteoporosis Treatment Cen		upation (for Individua rsician	l)		Me	emo	Item					
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify) ▼		<b>A A A A</b>	2286.00									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Kolba, Karen, , , MD	l) or Full O	rganization Name			Date of	Rec	ceipt					
	Mailing Address 110 Erna Way					12 <sup>M</sup>	/	12		y y 2019	Y		
	City Pismo Beach	State CA	Zip Code 93449					-	172364	56 his Period	ł		
	FEC ID number of contributing federal political committee.	С						9		300	.00		
	Name of Employer (for Individual) Retired		upation (for Individua sician	1)		Me	emo	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	300.00									
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
or for commercial purposes, other than using the			person for the purpose of soliciting contributions be to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) American College of Rheumat	ology (Rhe	eumPAC)									
Full Name of Individual (Last, First, Middle I A. Sayers, Brian, , Dr., Mailing Address 1106 Gaston Ave City Austin FEC ID number of contributing federal political committee. Name of Employer (for Individual) Brian S. Sayers, M.D. Receipt For:	State TX C Occ phy	Drganization Name Zip Code 78703 upation (for Individual) sician Year-to-Date ▼	Date of Receipt  Table of Receipt  Table of Receipt  Table of Receipt  Transaction ID : 17236515  Amount of Each Receipt this Period  250.00  Memo Item								
Primary General Other (specify) ▼		250.00									
Full Name of Individual (Last, First, Middle I         B. Saag, Kenneth, G, Dr,         Mailing Address 4213 Kennesaw Drive         City         Birmingham         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         UAB         Receipt For:         Primary       General         Other (specify) ▼	State AL C Occ Phy	Zip Code 35213 Upation (for Individual) visician Year-to-Date V 536.00	Date of Receipt  Date of Receipt  12 2019 Transaction ID : 17236828 Amount of Each Receipt this Period  286.00 Memo Item								
Full Name of Individual (Last, First, Middle I         C. Blumstein, Howard, , ,         Mailing Address 315 Middle Country Rd         City         Smithtown         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Rheumatology Associates of Long Island         Receipt For:         Primary       General         Other (specify)	State NY C Occu Phys	Drganization Name Zip Code 11787 upation (for Individual) sician Year-to-Date ▼ 811.00	Date of Receipt  12 13 2019 Transaction ID : 17237605 Amount of Each Receipt this Period 286.00 Memo Item								
SUBTOTAL of Receipts This Page (optional)											

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			Detailed Summary Page	×	11a		] 11	lb [	11c	12					
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	American College of Rheumato	ology (Rhe	eumPAC)												
A.	Full Name of Individual (Last, First, Middle In Yang, Howard, , ,	itial) or Full O	rganization Name		Date of Receipt										
	Mailing Address 2020 Santa Monica Blvd. Sui	te 540			12 13 2019										
	City Santa Monica	State CA	Zip Code 90404	Transaction ID : 17247612           Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		250.00											
	Name of Employer (for Individual) UCLA Medical Center		upation (for Individual) umatology Fellow		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
в.	Full Name of Individual (Last, First, Middle In Baraf, Herbert, , ,	itial) or Full O	rganization Name		ate of	Re	ecei	ipt							
	Mailing Address 2730 University Blvd W Suite 310				12 / D D / Y Y Y Y Y 12 13 2019										
	City Wheaton	State MD	Zip Code 20902				-		1 <b>724761</b> eceipt th	<b>4</b> nis Period					
	FEC ID number of contributing federal political committee.	С			1678.00										
	Name of Employer (for Individual) Arthritis and Rheumatism Associates		upation (for Individual) rsician		Me	emo	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate													
с.	Full Name of Individual (Last, First, Middle In	itial) or Full O	rganization Name		ate of	Re	ecei	ipt							
	Mailing Address 5323 Harry Hines Blvd				<sup>M</sup> 12	/	Г	D D 14	/ Y	2019	Y				
	City Dallas	State TX	Zip Code 75390-8884	A					1724762 eceipt th	22 nis Period					
	FEC ID number of contributing federal political committee.	С		ļ			,			250.	00				
	Name of Employer (for Individual) UT Southwestern Medical Center	Occi Prof		M	ema	o Ite	em								
	Receipt For: Primary General Other (specify)	Aggregate													
s	UBTOTAL of Receipts This Page (optional)		•	. [			7		9	2178.0	00				
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
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American College of Rheu	matology (RheumPAC)										
Full Name of Individual (Last, First, Mic Weselman, Kelly, , , Mailing Address 6035 Riverwood Dr. N		Date of Receipt									
City	State Zip Code	12 14 2019									
Sandy Springs	GA 30328	Transaction ID : 17247624           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	286.00									
Name of Employer (for Individual) Wellstar Health System	Occupation (for Individual) Physician	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 786.00										
Full Name of Individual (Last, First, Mid B. Melton, Gwenesta, B, ,	ddle Initial) or Full Organization Name	Date of Receipt									
Mailing Address 2125 Valleygate Dr Suite 201		12 16 / Y Y Y Y Y 2019									
City Fayetteville	StateZip CodeNC28304	Transaction ID : 17248650           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	1220.00									
Name of Employer (for Individual) LaFayette Clinic	Occupation (for Individual) Rheumatologist	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3220.00										
Full Name of Individual (Last, First, Mic C. Jones, Karla, , ,	ddle Initial) or Full Organization Name	Date of Receipt									
Mailing Address Rheumatology ED3A 700 Childrens Dr		12 / D D / Y Y Y Y 12 17 2019									
Columbus	StateZip CodeOH43205-2664	Transaction ID : 17248800           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	350.00									
Name of Employer (for Individual) Nationwide Children's Hospital	Occupation (for Individual) Pediatric Nurse Practitioner	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00										
SUBTOTAL of Receipts This Page (optio	nal)	▶ 1856.00									
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		ch category of the ed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Rheuma	tology (RheumPA	(C)	
Full Name of Individual (Last, First, Middle A. Hargrove, Jody, , , Mailing Address 7600 France Ave S Suite 5100 City Edina FEC ID number of contributing federal political committee.	State Zip 0 MN 55	Code 435	Date of Receipt  12 17 2019  Transaction ID : 17248804  Amount of Each Receipt this Period  286.00
Name of Employer (for Individual)         Arthritis & Rheumatology Consultants,         Receipt For:         Primary       General         Other (specify) ▼	Occupation (f Physician Aggregate Year-to-D	,	Memo Item
Full Name of Individual (Last, First, Middle         B. Bridges, S. Louis, , ,         Mailing Address 2920 Balmoral Rd         City         Mountain Brk         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) University of Alabama at Birmingham         Receipt For:         Primary       General         Other (specify) ▼	State Zip 0 AL 352	Code 223-1238 for Individual) d Division Director	Date of Receipt          12       17       2019         Transaction ID : 17248811         Amount of Each Receipt this Period         286.00         Memo Item
Full Name of Individual (Last, First, Middle         Gravallese, Ellen, M, , MD         Mailing Address         Hale Building for Transfor         60 Fenwood Road         City         Boston         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         University of Massachusetts Medical Sc         Receipt For:         Primary       General         Other (specify)	native M State Zip 0 021 C Occupation (f	Code 15 or Individual) n of Rheumatology, Infla	Date of Receipt          12       17       2019         Transaction ID : 17248963       Amount of Each Receipt this Period         122.00       122.00         Memo Item       Memo Item
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num		-	694.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
	y information copied from such Reports and State for commercial purposes, other than using the na												
	NAME OF COMMITTEE (In Full) American College of Rheumatolog	gy (Rhe	eumPAC)										
Α.	Full Name of Individual (Last, First, Middle Initial) Wallace, Zachary, , Dr, Mailing Address 291 Woodland Rd	) or Full O	Organization Name	Date of Receipt									
	City Newton	State MA	Zip Code 02466	12     17     2019       Transaction ID : 17248984       Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		300.00									
	Name of Employer (for Individual) Massachusetts General Hospital Receipt For:	Phys	rupation (for Individual) vsician	Memo Item									
	Primary General Other (specify) ▼	Aggregale	Year-to-Date ▼ 900.00										
в.	Full Name of Individual (Last, First, Middle Initial) Edgerton, Colin, , Dr.,	) or Full O	Organization Name	Date of Receipt									
	Mailing Address 2008 Central Avenue	State	Zip Code	12       17       2019         Transaction ID : 17249166       17         Amount of Each Receipt this Period									
	Summerville	SC	29486										
	FEC ID number of contributing federal political committee.	С		286.00									
	Name of Employer (for Individual) Articularis Healthcare		cupation (for Individual) eumatologist	Memo Item									
	Receipt For:       7         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 2286.00										
с.	Full Name of Individual (Last, First, Middle Initial Holers, V, Michael, ,	) or Full O	Organization Name	Date of Receipt									
	Mailing Address 1775 Aurora Ct. Room 3102			12 / 18 / 2019									
	City Aurora	State CO	Zip Code 80045	Transaction ID : 17249168 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		286.00									
	Name of Employer (for Individual) University of Colorado		upation (for Individual) sion Chief	Memo Item									
	Receipt For:     //       Primary     General       Other (specify)	Aggregate	Year-to-Date ▼ 836.00										
s	UBTOTAL of Receipts This Page (optional)			872.00									
т	OTAL This Period (last page this line number onl	y)											

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 53 OF

	,	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American College of Rheu	umatology (Rhe	eumPAC)	
Full Name of Individual (Last, First, M A. Harvey, William, F, ,	liddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 800 Washington St Box 406			12 18 / Y Y Y Y 12 18 2019
City Boston	State MA	Zip Code 02111	Transaction ID : 17249176 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		610.00
Name of Employer (for Individual) Tufts Medical Center		upation (for Individual) oc. Professor of Medicine	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2610.00	]
Full Name of Individual (Last, First, M B. Mehta, Jay, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3501 Civic Center Blv CTRB 10109	'd		12 18 / Y Y Y Y 12 18 2019
City Philadelphia	State PA	Zip Code 19104	Transaction ID : 17249217 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		610.00
Name of Employer (for Individual) Children's Hospital of Philadelphia		upation (for Individual) rsician	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary     General       Other (specify) ▼		1110.00	]
Full Name of Individual (Last, First, M C. Menzies, Victoria, , Dr., PhI		rganization Name	Date of Receipt
Mailing Address 8668 SW 77th Ave			M M / D D / Y Y Y Y 12 20 2019
City Gainesville	State FL	Zip Code 32608-8484	Transaction ID : 17253661 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual) University of Florida		upation (for Individual) ociate Professor	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	]
SUBTOTAL of Receipts This Page (opt	ional)		1240.00
TOTAL This Period (last page this line	number only)		

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

(check only one)

PAGE 54 OF

			Detailed Summary Page	×	_		11b	11c	12					
An	y information copied from such Reports and SI	tatements m	Av not be sold or used by any n	erson	13 for the	nur	14 pose of	15 soliciting	16	tions				
	for commercial purposes, other than using the													
$\setminus$	NAME OF COMMITTEE (In Full)	/												
	American College of Rheumatol		•											
•	Full Name of Individual (Last, First, Middle Init Snow, Marcus, Hilton, Dr,	ial) or Full C	Organization Name		Date of Beceint									
Α.	Mailing Address 986270 Nebraska Medical Cer	nter		-	Date of Receipt									
					12 20 2019									
	City	State	Zip Code		Transaction ID : 17253662									
	Omaha	NE	68198-6270	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		50.00										
	Name of Employer (for Individual) University of Nebraska Medical Center		upation (for Individual) rsician		М	emo	o Item							
	Receipt For:		Year-to-Date ▼											
	Primary General			11.										
	Other (specify) <b>v</b>		600.00	4										
	Full Name of Individual (Last, First, Middle Init	ial) or Full C	Organization Name		Det									
	Higgins, Gloria, C., Dr., Mailing Address 2202 Bryden Road	Date of Receipt												
	Intaining Address 2202 Bryden Road				12		22	/ Y	2019	Y				
	City	State	Zip Code		Trans	acti	ion ID:'	1725453	8					
	Columbus	OH	43209	_	Amoun	t of	Each R	eceipt th	nis Perioc					
	FEC ID number of contributing federal political committee.	С			23.00									
	Name of Employer (for Individual) Nationwide Childrens Hospital/ The Ohi		upation (for Individual) fessor Emeritus		М	emo	o Item							
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General			11										
	Other (specify) ▼		276.00	1										
	Full Name of Individual (Last, First, Middle Init Silver, Arielle, , ,	ial) or Full C	Organization Name		Date o	f Re	eceipt							
	Mailing Address The Pavillions 2301 E Evesham Rd Bldg 800	, Ste 11			м м 12	/	D D D 26	/ Y	2019	Y				
	City	State NJ	Zip Code 08043					1725490						
	Voorhees	INJ	08043	- 1	Amoun	t of	Each R	eceipt th	nis Perioc					
	FEC ID number of contributing federal political committee.	С			Ľ		y		250	.00				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item										
	Arthritis, Rheumatic and Back Disease	Phy	sician											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		250.00											
SI	UBTOTAL of Receipts This Page (optional)			-			, .	5	323.	00				
т	OTAL This Period (last page this line number of	only)	••••••	•			-	-						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 55 OF

	,	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American College of Rheum	atology (Rhe	eumPAC)	
Full Name of Individual (Last, First, Midd Gewanter, Harry, L, ,	le Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2600 E Cary St. Apt 310.	2		12 26 2019
City	State	Zip Code	Transaction ID : 17255018
Richmond	VA	23223-7888	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer (for Individual) Retired		upation (for Individual) sumatologist	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify) ▼		525.00	1
			<u> </u>
Full Name of Individual (Last, First, Midd <b>B.</b> Kassan, Stuart, , ,	le Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 198 Union Blvd Ste 150			12 26 2019
City	State	Zip Code	Transaction ID : 17255020
Lakewood	СО	80228-2259	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1220.00
Name of Employer (for Individual) Colorado Arthritis Associates		upation (for Individual) <i>r</i> sician	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		3720.00	]
Full Name of Individual (Last, First, Midd C. Gewanter, Harry, L, ,	le Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2600 E Cary St. Apt 310	2		12 28 2019
City Richmond	State VA	Zip Code 23223-7888	Transaction ID : 17261525
	_	20220 1000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) Retired		upation (for Individual) umatologist	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00	]
SUBTOTAL of Receipts This Page (optional	al)		1370.00
TOTAL This Period (last page this line nur	nber only)		

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

(check only one)

PAGE 56 OF

			Detailed Summary Page	×	-		11b	11c	12					
	y information copied from such Reports and Statem													
<u> </u>	for commercial purposes, other than using the nam	e and add	ress of any political committee	e to sol	icit coi	ntrib	outions	from such	n commit	tee.				
$\rangle$	NAME OF COMMITTEE (In Full) American College of Rheumatology	(Rheu	mPAC)											
A.	Full Name of Individual (Last, First, Middle Initial) o Rosenberg, Robert, Lawrence, ,	r Full Orga	anization Name	[	Date of Receipt									
	Mailing Address 2730 University Blvd W #310				12 29 2019									
	5	tate	Zip Code		Trans	acti	ion ID :	1726155	0					
-	Wheaton N	ЛD	20902	/	Mount	t of	Each F	Receipt th	is Period					
	FEC ID number of contributing federal political committee.	;		1500.00										
	Name of Employer (for Individual) Arthritis and Rheumatism Associates	· · ·	ation (for Individual) natologist		M	emc	ltem							
	Receipt For: Age	gregate Ye	ar-to-Date 🔻											
	Primary     General       Other (specify) ▼		1500.00											
	Full Name of Individual (Last, First, Middle Initial) o Hauptman, Howard, Warren, Dr,	r Full Orga	anization Name	[	Date of	Re	eceipt							
	Mailing Address 1504 Pinnacle Rd				12 / D D / Y Y Y Y 12 30 2019									
	· · · · · · · · · · · · · · · · · · ·	tate	Zip Code		Trans	acti	on ID :	1726155	2	_				
	Baltimore	MD	21286	A	Mount	t of	Each F	Receipt th	is Period					
	FEC ID number of contributing federal political committee.	;					-	-	300.	00				
	Name of Employer (for Individual) Rheumatology Associates of Baltimore	Occupa Physic	ation (for Individual) ian	Memo Item										
	Receipt For:     Age       Primary     General       Other (specify) ▼	gregate Ye	ar-to-Date ▼ 300.00											
	Full Name of Individual (Last, First, Middle Initial) o Macalester, Shawn, , ,	r Full Orga	anization Name		Date of	Re	eceipt							
	Mailing Address 545 SE Oak St Ste F				<sup>M</sup> 12	1	D 31		2019	Y				
	5	itate OR	Zip Code					: 1726486						
		JR	97123-4147	/	Mount	t of	Each F	Receipt th	is Period					
	FEC ID number of contributing federal political committee.	;		500.00										
	Name of Employer (for Individual) Oregon Rheumatology		ation (for Individual) natologist	Memo Item										
	Receipt For:     Age       Primary     General       Other (specify)	gregate Ye	ar-to-Date ▼ 500.00											
	JBTOTAL of Receipts This Page (optional)			-   -	-		y .	5	2300. 60073.					

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

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PAGE 57 OF

				Detailed Summary Page		11a		-	1b 4	11c		12		
	nation copied from such Reports and Sta imercial purposes, other than using the r								se of	soliciti				
	OF COMMITTEE (In Full) rican College of Rheumatolo													
	me of Individual (Last, First, Middle Initia ican College of Rheumatology	al) or Full Or	rgan	ization Name		Date of Receipt								
Mailing	Address 2200 Lake Boulevard NE					07 01 2019								
City Atlanta		State GA		Zip Code 30319						16917		De vite el	_	
FEC ID	o number of contributing political committee.	С				Amour	nt of	. Es	ach F	Receipt	this f	162.8	35	
Name of	of Employer (for Individual)	Occu	upati	ion (for Individual)		N	lemo	o It	em					
	t For: Irimary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1351.03	N	1ay 20	19 C	Crea	dit Ca	ard Fee	s Rein	nburse	ment	
	me of Individual (Last, First, Middle Initia rican College of Rheumatology	al) or Full Or	rgan	ization Name		Date o	of Re	ece	ipt					
	Address 2200 Lake Boulevard NE					07 / D D / Y Y Y Y Y 26 2019								
City Atlanta		State GA		Zip Code 30319		Transaction ID : 17003603 Amount of Each Receipt this Period								
	number of contributing political committee.	С				297.30								
Name of	of Employer (for Individual)	Occu		Memo Item										
	t For: Irimary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1648.33	June 2019 Credit Card Fees Reimbursement						ement			
Full Na	me of Individual (Last, First, Middle Initia rican College of Rheumatology	al) or Full Or /	rgan	ization Name		Date c	of Re	ece	ipt					
	Address 2200 Lake Boulevard NE	1-				<sup>M</sup> 08		′	30	ЛL	20	019 <sup>°</sup>	Y	
City Atlanta	I	State GA		Zip Code 30319						17048 Receipt	-	Period		
	number of contributing political committee.	С										405.2	25	
Name o	of Employer (for Individual)	Occu	upati	ion (for Individual)		Memo Item								
	t For: rimary General Other (specify)	Aggregate Y	Yea	r-to-Date ▼ 2053.58	J	uly 20	19 C	Crec	lit Ca	rd Fee	s Rein	nburse	ment	
SUBTOT	AL of Receipts This Page (optional)			••••••				,		. ,		865.4	0	
TOTAL T	his Period (last page this line number or	nly)			-			-		1.4		1		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 58 OF

		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page									
Any information copied from such Reports and S or for commercial purposes, other than using the											
NAME OF COMMITTEE (In Full)		duress of any pointear commute									
American College of Rheumato	logy (Rhe	eumPAC)									
Full Name of Individual (Last, First, Middle In American College of Rheumatology	itial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2200 Lake Boulevard NE			09 25 / Y Y Y Y 2019								
City Atlanta	State GA	Zip Code 30319	Transaction ID : 17094983 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		117.24								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2170.82	August 2019 Credit Card Fees Reimbursement								
Full Name of Individual (Last, First, Middle In B. American College of Rheumatology		rganization Name	Date of Receipt								
Mailing Address 2200 Lake Boulevard NE			10 30 2019								
City Atlanta	State GA	Zip Code 30319	Transaction ID : 17167769 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		132.51								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2303.33	September 2019 Credit Card Fees Reimburseme								
Full Name of Individual (Last, First, Middle In C. American College of Rheumatolo		rganization Name	Date of Receipt								
Mailing Address 2200 Lake Boulevard NE	••		12 19 2019								
City Atlanta	State GA	Zip Code 30319	Transaction ID : 17274375 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		92.89								
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2396.22	November 2019 Credit Card Fees Reimburseme								
SUBTOTAL of Receipts This Page (optional)			342.64								
TOTAL This Period (last page this line number	only)		1208.04								

SCHEDULE B (FEC Form 3X)			FC	R LINE	NUMBI	ER:			PA	GE 59	OF	69			
TEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			one)										
	Detailed Summary Page			× 21b 28a		2 Bb	23 28c				27 30b				
Any information copied from such Reports and Sta or for commercial purposes, other than using the r				any pers	on for t	he j	purpose		olicitin	g contrit	outions				
NAME OF COMMITTEE (In Full)															
American College of Rheumatolo	ogy (Rheu	mPAC)													
Full Name (Last, First, Middle Initial)					Date	e of	Disburse	eme	nt						
A. SunTrust Bank Charges								Date of Disbursement							
Mailing Address PO Box 622227			C												
City	State	Zip Code			FEC Identification Number										
Orlando Purpose of Disbursement	FL	32862-2227													
July 2019 Credit Card Processing Fees			00	01		Tra	nsaction		1704	9436					
Candidate Name			Cate Ty	gory/			of Each				s Perio	d			
Office Sought: House Disbur	sement For:		i y	pc							5.25				
Senate	Primary	General						July	2019	Credit C		ocess			
State: District:	Other (spe	cify) 🔻				Mer	mo Item	Fee	S						
Full Name (Last, First, Middle Initial)															
3. SunTrust Bank Charges							Disburse		nt						
Mailing Address PO Box 622227	M (	)8	/ D	B0	/ Y	2019	Y								
City	State	Zip Code			FEC	lde	entificatio	n N	umber						
Orlando Purpose of Disbursement	f Disbursement							C							
August 2019 Credit Card Processing Fees			00	01		Tra	nsaction	- חו	1700	1082					
Candidate Name				gory/			of Each				s Perio	d			
Office Sought: House Disbur	sement For:		Ту	pe						117	7.24	٦.			
Senate	Primary	General						Auc	just 20	)19 Cred	lit Card				
State: District:	Other (spec	cify)				Mer	mo Item			g Fees					
Full Name (Last, First, Middle Initial)															
SunTrust Bank Charges					Date	e of	Disburse	eme	nt						
Mailing Address PO Box 622227					<sup>™</sup> C	м 9		D 80	/ Y	2019	Y				
City	State	Zip Code					entificatio	n M	umbor						
Orlando	FL	32862-2227				iue	FilmCallO		unnbel		1				
Purpose of Disbursement September 2019 Credit Card Processing Fees			00	01	С	_									
Candidate Name		Cate	gory/	Amo		nsactior of Each				s Perio	d				
Office Sought: House Disbur	sement For:		Ту	he	132.5							٦.			
Senate	Primary						September 2019								
President	Other (spe	cify) 🔻			Memo Item Processing Fees										
State: District:															
SUBTOTAL of Disbursements This Page (optiona	D									65	5.00	٦.			
	,					-	-					=			
TOTAL This Period (last page this line number or	nly)			····· <b>Þ</b>		_			,						

	CHEDULE B (FEC Form 3X)	Use sep				E NUMBER: PAGE 60 OF 69											
	EMIZED DISBURSEMENTS	for each	category of the Summary Page		×	-	22 23 26 27										
	y information copied from such Reports and State for commercial purposes, other than using the na																
$\setminus$	NAME OF COMMITTEE (In Full)																
	American College of Rheumatolog	gy (Rheu	mPAC)														
Α.	Full Name (Last, First, Middle Initial) SunTrust Bank Charges						Date of Disbur		ent								
	Mailing Address PO Box 622227						10 / D D / Y Y Y Y 2019										
	City	State	Zip Code				FEC Identification Number										
	Orlando Purpose of Disbursement	FL	32862-2227														
	October 2019 Credit Card Processing Fees			0	01	٦.	С										
	Candidate Name						Transactio					oriod					
					egory ype	7	Amount of Each Disbursement this Period										
	Office Sought: House Disburse	ement For:	I			238.32											
	Senate	Primary	General				7	Oc	tobe	r 2019	Credit C	Card					
	State: District:	Other (spe	cify) 🔻				Memo Item	Pr	oces	sing F	ees						
	Full Name (Last, First, Middle Initial)																
В.	SunTrust Bank Charges						Date of Disbur	sem	ent								
	Mailing Address PO Box 622227				M M / D	/		2019									
	City	State Zip Code FL 32862-2227								ber							
	Orlando									FEC Identification Number							
	Purpose of Disbursement November 2019 Credit Card Processing Fees			C	001	٦.	C										
	Candidate Name			Cate	egory	/	Transaction ID : 17211875 Amount of Each Disbursement this F										
	Office Sought: House Disburse	ement For:			ypc		92.89										
	Senate	Primary	General				November 2019 Credit										
	State: District:	Other (spe	cify)			Memo Item Processing Fees											
_	Full Name (Last, First, Middle Initial)						Date of Disbur	com	ont								
0.	SunTrust Bank Charges							D			( Y Y						
	Mailing Address PO Box 622227							31	ĺ		019						
	City	State	Zip Code				FEC Identificati	on I	Num	er							
	Orlando	FL	32862-2227														
	Purpose of Disbursement December 2019 Credit Card Processing Fees			0	01	Т.	С	_									
	Candidate Name			Cate	egory	/		Transaction ID : 17293423 Amount of Each Disbursement this Period									
	Office Sought: House Disburse	ement For:									525.46						
	Senate	Primary	General					De	ecem	ber 20	19 Cred	it Card					
	President	Other (spe	cify) 🔻	Memo Item	Dr		sing F										
_	State: District:																
s	UBTOTAL of Disbursements This Page (optional)									, , , , , , , , , , , , , , , , , , ,	856.67	7					
т	OTAL This Period (last page this line number onl	y)					,				1511.67	7					

SC	CHEDULE B (FEC Form 3X)			FC	OR LINE	NUMBER:	PAG	àE 61 (	DF 69
ITI	EMIZED DISBURSEMENTS	D DISBURSEMENTS Use separate schedu for each category of Detailed Summary Pa				y one) 22 <b>X</b> 23 28b 28c	26 29	27 30b	
	y information copied from such Reports and State for commercial purposes, other than using the nar								
	NAME OF COMMITTEE (In Full) American College of Rheumatolog	jy (Rheu	mPAC)						
	Full Name (Last, First, Middle Initial) Doug Jones For Senate Committe	е				Date of Disburse	D / Y	YY	Y
	Mailing Address PO Box 131025			08 0	8	2019			
	Birmingham Purpose of Disbursement	State Zip Code AL 35213				FEC Identification			
	2020 Primary Election Contribution Candidate Name			11 gory/	Transaction Amount of Each	ID : 17090		Period	
	Jones, Doug, , Sen., Office Sought: House Disburse x Senate x		pe			5000.0			
	State: AL District:	Other (spec	cify) ▼			Memo Item	2020 Prima	ary Election	on Contributi
_	Full Name (Last, First, Middle Initial) Guthrie For Congress	Date of Disburse			_				
	Mailing Address PO Box 9639		07 1		2019	Y			
	City Bowling Green			FEC Identification Number					
	Purpose of Disbursement 2020 Primary Election Contribution Candidate Name			11 gory/	C C00445023 Transaction ID : 17090584 Amount of Each Disbursement this Period				
		ment For: 2 Primary Other (spec	General	Type 50					· · · · · · · · · · · · · · · · · · ·
-	Full Name (Last, First, Middle Initial) George Holding For Congress Inc.					Date of Disburse			
	Mailing Address PO Box 97187					07 / 1		2019	Y
	City Raleigh Purpose of Disbursement 2020 Primary Election Contribution Candidate Name	Zip Code 27624	FEC Identification Number       011       Transaction ID : 17090585					Poriod	
	Holding, George, , Rep., Office Sought: Senate President State: NC District: 02	2020 ☐ General cify) ▼		gory/ vpe	Amount of Each		2500.0		
$\vdash$	UBTOTAL of Disbursements This Page (optional)							12500.	00

CHEDULE B (FEC Form 3X)			FC	DR LIN	E NU	MBER:				PA	GE 62 OF 69	
EMIZED DISBURSEMENTS	I I I I I I I I I I I I I I I I I I I					y one) 22 🗶 23 🗌 26 🗌 27						
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NAME OF COMMITTEE (In Full)	<u> </u>	-										
American College of Rheumatolog	gy (Rheu	IMPAC)										
Full Name (Last, First, Middle Initial) George Holding For Congress Inc	).				1	Date of	Dis	sburse	emei	nt		
Mailing Address PO Box 97187				м м 07	/		D 9	/ Y	2019			
City Raleigh	State NC	Zip Code 27624			F	EC Ide	enti	icatio	n Nı	umber		
Purpose of Disbursement 2020 General Election Contribution		0	11		<b>U</b>	-	94992	-	4700			
Candidate Name				egory/						1709 burser	nent this Period	
Holding, George, , Rep., Office Sought: <b>x</b> House Disburse	ement For:	2020	Ту	/pe	- 1			-			2500.00	
Senate President	Primary Other (spe	<b>x</b> General			Ľ	Mer	mo	Item	202	) Gen	eral Election Contribut	
State: NC District: 02					1		mo	nem				
Full Name (Last, First, Middle Initial) Butterfield For Congress						Date of	Dis			nt		
Mailing Address PO Box 2571				м м 07	/		<sup>D</sup> 25	/ Y	2019			
City Wilson			F	EC Ide	enti	icatio	n Nı	umber				
Purpose of Disbursement 2020 Primary Election Contribution	0	11		<b>U</b>	-	4011 ction	-	1709	0587			
Candidate Name Butterfield, George, , Rep.,			egory/ /pe	Amount of Each Disbursement this Period						nent this Period		
Office Sought:     X     House     Disburse       Senate     President     X	General	.,					<u>y - 1</u>	202	0 Prim	5000.00 hary Election Contribu		
State: NC District: 01	Other (spe	echy)				Memo Item						
Full Name (Last, First, Middle Initial) Schneider For Congress						Date of	Dis	sburse	emei	nt		
Mailing Address PO Box 1318			07 / D D / Y Y Y Y 29 2019									
City	State	Zip Code			F	EC Ide	enti	icatio	n Ni	umber		
Deerfield Purpose of Disbursement	IL	60015		_	16	С	C00	)4959	52			
2020 Primary Election Contribution Candidate Name			11 gory/	11	Tra	insa	action	ID :	: <b>1709</b> ourser	0588 nent this Period		
Schneider, Bradley, , Rep.,				/pe	4 1		-			-	5000.00	
Senate President	President Other (specify)							Item	202	0 Prim	5000.00 hary Election Contribu	
						_	-	-	_			

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IT	EMIZED DISBURSEMENTS	D DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page					e) ] 22	Г	<b>X</b> 23		26	Γ	2	7		
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	ny information copied from such Reports and State														3	
$\setminus$	NAME OF COMMITTEE (In Full)															
	American College of Rheumatolog	ıy (Rheui	mPAC)													
Α.	Full Name (Last, First, Middle Initial) Walden For Congress						Date	of	Disburs	eme	nt					
						M M / D D / Y Y Y Y										
	Mailing Address PO Box 1091								07 05 2019							
	City Hood River	State OR	Zip Code 97031			F	=EC	lder	ntificatio	on N	umbe	er				-
	Purpose of Disbursement	ÖN	97031	_	_		С	C	003334	127		1		1		
	2020 Primary Election Contribution		0	11		-	-	sactio		• 170	905	89				
	Candidate Name				gory/	4			of Each					is Peri	bd	
	Walden, Greg, , Rep., Office Sought: x House Disburse		Ту	pe	ſ							500	0.00			
	Office Sought: X House Disburse Senate X	ment For: 2 Primary	General			1			- J-	_	7		_	-	_	
	President	Other (spec	cify) 🔻				٦.	Merr	no Item	202	0 Prir	mai	y Ele	ction C	ontrib	oution
_	State: OR District: 02							mon								-
D	Full Name (Last, First, Middle Initial)					,	Data	of	Diabura		<b>n</b> t					
р.	Lisa Murkowski For Us Senate						Date	-	Disburs	eme		V	Y			
	Mailing Address PO Box 100847								07 05 2019							
	City Anchorage	State AK		FEC Identification Number						_						
	Purpose of Disbursement	_	_		С	С	003845	529		1		1				
	2022 General Election Contribution	0	11	Transaction ID : 17090592												
	Candidate Name		gory/	/			of Each		-		-	is Peri	bc			
	Murkowski, Lisa, , Sen., Office Sought: House Disburse	Ty	pe	Γ							250	0.00				
	x Senate	Primary					-	-		202	2 Ge	ner		ection C	Contril	bution
	President	Other (spec					٦.	Merr	no Item	-	2 00				, or the second s	battor
	State: AK District:					-	1	WCII								_
c	Full Name (Last, First, Middle Initial)						Data	of	Disburs	omo	nt					
С.	Mckinley For Congress						Date	M	_			V	V	v		
	Mailing Address PO Box 642					10 / D D / Y Y Y Y Y 10 04 2019										
	City	State	Zip Code			F	=EC	Ider	ntificatio	on N	umbe	er				_
	Morgantown Purpose of Disbursement	WV	26507				$\sim$		00470		-	-		1		
	2020 Primary Election Contribution			0	11		C		200473 <sup>,</sup>		470					
	Candidate Name		Cate	gory/				nsaction of Each					is Peri	bc		
	McKinley, David, , Rep.,			pe	Г	-			_	-						
	Office Sought: X House Disburse Senate	2020 General				_		-9-		-9-		-	0.00			
	President			l r	н.			202	20 Pri	ma	ry Ele	ection C	Contril	oution		
	State: WV District: 01			Į.		Merr	no Item									
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IT	EMIZED DISBURSEMENTS	In each category of the						) 22	27							
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	ny information copied from such Reports and State for commercial purposes, other than using the name															
$\backslash$	NAME OF COMMITTEE (In Full)	(5)														
	American College of Rheumatolog	jy (Rheui	mPAC)													
Α.	Full Name (Last, First, Middle Initial) BIII Cassidy For Us Senate								Date of Disbursement							
	Mailing Address PO Box 80505						10 07 2019									
			2019													
	City Baton Rouge	State LA	Zip Code 70898				F	EC Ide	entificati	on N	Nu	mber				
	Purpose of Disbursement 2020 Primary Election Contribution		0	11	1	(		C00543	-							
	Candidate Name	I		egory/	1	A		nsactio					I this Period			
	Cassidy, William, , , Office Sought: House Disburse	2020	Ту	/pe		Г		_		1		:	2500.00			
	x Senate x	sbursement For: 2020							-	20	20	Prim	arv	Election Contribution		
	State: LA District:	Other (spec	cify) 🔻					Me	mo Item				,			
_	Full Name (Last, First, Middle Initial)															
в.	Bill Cassidy For Us Senate							ate of	Disbur	seme	ent	t / Y	Y	YY		
	Mailing Address PO Box 80505								10 07 2019							
	City Baton Rouge				FEC Identification Number											
	Purpose of Disbursement 2020 General Election Contribution	_	-		C C00543983						· · · · ·					
	Candidate Name		11	4	Transaction ID : 17236613 Amount of Each Disbursement this Period											
	Cassidy, William, , ,			egory/ /pe		A	mount		וט ו	SD	urser	nem	. this Penod			
			ent For: 2020						2500.00					- 485 F		
	X Senate President	Primary Other (spec	General				1			20	20	Gen	eral	Election Contribution		
	State: LA District:		, , , , , , , , , , , , , , , , , , ,				Memo Item									
C.	Full Name (Last, First, Middle Initial) Wenstrup For Congress						Date of Disbursement									
							M M / D D / Y Y Y Y Y									
	Mailing Address PO Box 9551						J.	11		06	1		20	019		
	City Cincinnati	State OH	Zip Code 45209				F	EC Ide	entificati	on N	Nui	mber				
	Purpose of Disbursement	011	43205	_	-		0	)	C00497	818	1			·		
	2020 Primary Election Contribution				11	4			insactio							
	Wenstrup, Brad, , Rep.,			egory/ /pe		A	mount	of Eac	וט ו	SD	urser	nen	this Period			
	Office Sought: 🗶 House Disburse	2020	-								-		5000.00			
	Senate <b>x</b>	General							20	20	Prim	ary	Election Contribution			
	State: OH District: 02 Other (specify) ▼								mo Item	l						
s	SUBTOTAL of Disbursements This Page (optional).					•	[				l	Ŧ		0000.00		
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SCHEDULE B (FEC Form 3X)	Lise sen	arate schedule(s)	FOR LINE						
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	22     X     23     26     27       28b     28c     29     30b					
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NAME OF COMMITTEE (In Full)									
American College of Rheumatol	ogy (Rheu	mPAC)							
Full Name (Last, First, Middle Initial) A. MICHAEL BURGESS FOR CON	Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS								
Mailing Address PO Box 2334		11 13 / YIYIYIY 12019							
City Denton	State TX	Zip Code 76202		FEC Identification Number					
Purpose of Disbursement 2020 Primary Election Contribution			011	C C00372532					
Candidate Name			Category/	Transaction ID : 17236615 Amount of Each Disbursement this Period					
Burgess, Michael C., , , Office Sought: x House Disbu	rsement For:	2020	Туре	1500.00					
Senate President	Senate Senate General								
State: TX District: 00				Memo Item					
Full Name (Last, First, Middle Initial) B. Debbie Dingell For Congress									
Mailing Address 19855 W. Outer Dr. Ste 103 Ae	Ste 103 Ae								
City Dearborn	State MI		FEC Identification Number						
Purpose of Disbursement 2020 Primary Election Contribution			011	C C00558213					
Candidate Name			Category/	Transaction ID: 17236616 Amount of Each Disbursement this Period					
Dingell, Debbie, , Rep.,			Туре	5000.00					
Office Sought: x House Disbu	rsement For:	2020 General		5000.00					
State: MI District: 12	Conter (spe			2020 Primary Election Contributio					
Full Name (Last, First, Middle Initial) C. Mike Braun For Indiana				Date of Disbursement					
Mailing Address PO Box 159				11 / D D / Y Y Y Y 11 2019					
City Zionsville	State	Zip Code 46077		FEC Identification Number					
Purpose of Disbursement 2024 Primary Election Contribution			011	C C00653147					
Candidate Name		Category/	Transaction ID : 17236620 Amount of Each Disbursement this Period						
Braun, Mike, , Sen., Office Sought: House Disbu	rsement For:	Туре	2500.00						
✗ Senate President	Primary     Other (spe		2024 Primary Election Contribution						
State: IN District:									
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	s) (check only	NUMBER:         PAGE         66         OF         69           / one)         22         X         23         26         27					
Any information copied from such Reports and Stat or for commercial purposes, other than using the n	tements may not be sold or u	used by any pers						
NAME OF COMMITTEE (In Full)								
angle American College of Rheumatolo	gy (RheumPAC)							
Full Name (Last, First, Middle Initial) People For Derek Kilmer			Date of Disbursement					
Mailing Address PO Box 1381	11 25 2019							
City Tacoma	State Zip Code WA 98402		FEC Identification Number					
Purpose of Disbursement 2020 Primary Election Contribution	90402	011	C C00514893					
Candidate Name		Category/	Transaction ID : 17236621 Amount of Each Disbursement this Period					
Kilmer, Derek, , Rep.,		Type						
Senate	ement For: 2020		5000.00 2020 Primary Election Contributi					
State: WA District: 06	Other (specify)		Memo Item					
Full Name (Last, First, Middle Initial)			Date of Disbursement					
Mailing Address P.O. Box 40280			12 18 2019					
Maining Address F.O. B0x 40200			12 10 2010					
City Providence	StateZip CodeRI02940		FEC Identification Number					
Purpose of Disbursement Primary 2024 Contribution		011	C C00410803					
Candidate Name		Category/	Transaction ID : 17285866 Amount of Each Disbursement this Period					
Whitehouse, Sheldon, , Sen.,		Туре						
	sement For: 2024		2500.00					
X Senate X President	Ceneral General Other (specify)		Primary 2024 Contribution					
State: RI District:	Cirici (Speerly)		Memo Item					
Full Name (Last, First, Middle Initial)			Date of Disbursement					
Mailing Address 1405 Ashley River Rd	Mailing Address 1405 Ashley River Rd							
City	State Zip Code		FEC Identification Number					
Charleston	SC 29407							
Purpose of Disbursement 2022 General Election Contribution		011	C C00540302 Transaction ID : 17285994					
Candidate Name	Category/	Amount of Each Disbursement this Period						
Scott, Tim, , Sen., Office Sought: House Disburs	sement For: 2022	Туре	2500.00					
Senate President	Primary Seneral Other (specify)		2022 General Election Contribut					
State: SC District:			<u> </u>					
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	ny information copied from such Reports and State for commercial purposes, other than using the na									
	NAME OF COMMITTEE (In Full) American College of Rheumatolog	gy (Rheui	mPAC)							
Α.	Full Name (Last, First, Middle Initial) Dr. Raul Ruiz For Congress					Date of Disbursem	) / Y Y	ŶŶŶ		
	Mailing Address PO Box 3433			12 18	20	19				
	City Palm Desert Purpose of Disbursement	State CA	Zip Code 92261			FEC Identification		-		
	2020 General Election Contribution Candidate Name			0°		Transaction II Amount of Each D	D : 17285996			
	Ruiz, Raul, , Rep., MDOffice Sought:xHouseDisburse	gory/ pe			000.00					
	State: CA District: 36	Primary Other (spec	General cify) ▼			20 Memo Item	)20 General E	Election Contribut		
в.	Full Name (Last, First, Middle Initial) Doggett For Us Congress		Date of Disbursem							
	Mailing Address PO Box 5843			12 / D D D D D D D D D D D D D D D D D D		19				
	City Austin	State TX		_						
	Purpose of Disbursement 2020 Primary Election Contribution Candidate Name				11 gory/	C C00286500 Transaction ID : 17286000 Amount of Each Disbursement this Period				
	Doggett, Lloyd, , Rep.,         Office Sought:       x       House       Disburse         Senate       President       x         State:       TX       District:       35	ement For: 2 Primary Other (spec	General	Ту		2020 Primary Election Contrib				
С.	Full Name (Last, First, Middle Initial) Collins For Senator					Date of Disbursem				
	Mailing Address PO Box 1096		12 / D D D D D D D D D D D D D D D D D D		19					
	City Bangor Purpose of Disbursement 2020 Primary Election Contribution Candidate Name Collins, Susan, , Sen.,	Cate	11 gory/ pe	FEC Identification Number C C00314575 Transaction ID : 17286001 Amount of Each Disbursement this Period						
	Office Sought: House Disburse X Senate President State: ME District:	ement For: 2 Primary Other (spec	General			20 Memo Item	- <b>y</b>	000.00 Election Contribut		
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	ny information copied from such Reports and State for commercial purposes, other than using the nar									
$\setminus$	NAME OF COMMITTEE (In Full)									
	American College of Rheumatolog	y (Rheur	mPAC)							
Α.	Full Name (Last, First, Middle Initial) Bob Casey For Senate Inc	Date of Disbursement								
	Mailing Address 30 South 15th Street Suite 400	12 / D D / Y Y Y Y 12 18 2019								
	Philadelphia	State PA	Zip Code 19102		FEC Identification Number					
	Purpose of Disbursement 2024 Primary Election Contribution	011	C C00431056							
	Candidate Name			Category/	Transaction ID : 17286002 Amount of Each Disbursement this Period					
	Casey, Robert, , Sen., Jr.			Type						
	Office Sought: House Disburse		2500.00							
	x     Senate     x       President	Primary Other (spec	ify) ▼		2024 Primary Election Contribution					
	State: PA District:									
B.	Full Name (Last, First, Middle Initial) Bera For Congress	Date of Disbursement								
	Mailing Address Post Office Box 582496	12 18 2019								
	City Elk Grove	State CA	Zip Code 95758		FEC Identification Number					
	Purpose of Disbursement		C C00461061							
	2020 Primary Election Contribution	011	Transaction ID : 17286003							
	Candidate Name Bera, Amerish, , ,	Amount of Each Disbursement this Period								
		ment For: 2 Primary	Туре	5000.00						
	State: CA District: 07	Other (spec	cify)		2020 Primary Election Contribu					
_	Full Name (Last, First, Middle Initial)									
C.					Date of Disbursement					
	Mailing Address									
	City	State	Zip Code		FEC Identification Number					
	Purpose of Disbursement	· · · · ·	C							
	Candidate Name		Category/ Type	Amount of Each Disbursement this Period						
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	State:	Primary Other (spec	General cify) ▼		Memo Item					
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						on for the purpose of soliciting contributions o solicit contributions from such committee.							
\	OMMITTEE (In Full)												
> America	n College of Rheumatolo	gy (Rheui	mPAC)										
Full Name (L Cash Co	ast, First, Middle Initial) prrection	Date of Disbursement											
Mailing Addre	ess 2200 Lake Boulevard NE	12 / <u>31</u> / <u>2019</u>											
City Atlanta		State GA	Zip Code 30319			FEC Identification Number							
Purpose of E	Disbursement conciliation, see memo text			0	04	C							
Candidate Na	,				01	Transaction ID : 17286076							
					egory/ /pe	Amount of Each Disbursement this Period							
Office Sough	t: House Disburs	sement For:		,		1086.59							
	Senate	Primary	General			One-time reconciliation, see							
State:	District:	Other (spec	cify) 🔻			Memo Item text							
	ast, First, Middle Initial)												
).			Date of Disbursement										
Mailing Addre	955												
City		State	Zip Code			FEC Identification Number							
Purpose of E		·				C							
Candidate Na	ame				egory/ /pe	Amount of Each Disbursement this Period							
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State:	District:	Other (spec	city)			Memo Item							
	ast, First, Middle Initial)												
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Mailing Addre	255												
City		State	Zip Code			FEC Identification Number							
Purpose of D	Disbursement					C							
Candidate Na	ame	Category/ Type											
Office Sough		sement For:											
	Senate	Primary	General										
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