

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2011"/> | | 105004.65 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 130239.88 | |
| (c) Total Receipts (from Line 19) | 55444.86 | 113841.04 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 185684.74 | 218845.69 |
| 7. Total Disbursements (from Line 31)..... | 57562.79 | 90723.74 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 128121.95 | 128121.95 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 46427.00 | 94926.00 |
| (ii) Unitemized | 6954.00 | 13815.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 53381.00 | 108741.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 53381.00 | 108741.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 2063.86 | 5100.04 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 55444.86 | 113841.04 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 55444.86 | 113841.04 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 55000.00 | 86000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 2562.79 | 4723.74 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 57562.79 | 90723.74 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 57562.79 | 90723.74 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 53381.00 | 108741.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 53381.00 | 108741.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

Change designations for several campaign contributions

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 7 OF 56 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Robert Rosenberg
Full Name (Last, First, Middle Initial)

Mailing Address 6425 Goldleaf Dr.

City Bethesda State MD Zip Code 20817

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

Name of Employer Arthritis & Rheumatism Association Occupation Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 13 / 2011
Transaction ID : 10150212

Amount of Each Receipt this Period 500.00

B. Rita Egan
Full Name (Last, First, Middle Initial)

Mailing Address Arthritis Center of Lexington
330 Waller Ave Ste 100

City Lexington State KY Zip Code 40504

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

Name of Employer ACL Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 21 / 2011
Transaction ID : 10168525

Amount of Each Receipt this Period 250.00

C. David Greenblatt
Full Name (Last, First, Middle Initial)

Mailing Address 6755 W. Beechlands Dr.

City Cincinnati State OH Zip Code 45237

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2011
Transaction ID : 10169002

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

Full Name (Last, First, Middle Initial)
A. James Engelbrecht

Mailing Address 4281 Rosemary Lane

City State Zip Code
 Rapid City SD 57702

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

Name of Employer Occupation
 Black Hills Orth and Spine Cen Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 07 / 22 / 2011
Transaction ID : 10171372

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Franc A Barada Jr.

Mailing Address 15 Beverly Dr.

City State Zip Code
 Durham NC 27707

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

Name of Employer Occupation
 self-employed Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 08 / 05 / 2011
Transaction ID : 10192391

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
c. Charles King

Mailing Address 179 Edgewater Cv

City State Zip Code
 Belden MS 38826-9145

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

Name of Employer Occupation
 NMMCI Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 09 / 04 / 2011
Transaction ID : 10260306

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 9 OF 56 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Mary Moran
Full Name (Last, First, Middle Initial)

Mailing Address 1152 Scott

City Winnetka State IL Zip Code 60093

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

Name of Employer Illinois Bone & Joint Inst Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : 10266600

Amount of Each Receipt this Period
 500.00

B. Gerald Eisenberg
Full Name (Last, First, Middle Initial)

Mailing Address 2003 Old Briar Road

City Highland Park State IL Zip Code 60035

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

Name of Employer Illinois Bone and Joint Instit Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : 10266601

Amount of Each Receipt this Period
 1000.00

C. William Arnold
Full Name (Last, First, Middle Initial)

Mailing Address 751 Michigan Ave

City Wilmette State IL Zip Code 60091

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

Name of Employer Illinois Bone and Joint Inst Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : 10266602

Amount of Each Receipt this Period
 250.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1750.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Ami Kurani Kothari MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 E. 8th St.
 Apt. 1003
 City Chicago State IL Zip Code 60605-2369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Illinois Bone and Joint Institute Occupation Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : 10266648
 Amount of Each Receipt this Period
250.00

B. Steven Kimmel
 Full Name (Last, First, Middle Initial)
 Mailing Address 7431 N. University Dr.
 City Tamarac State FL Zip Code 33321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Medical Arts South Occupation Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2011
Transaction ID : 10276968
 Amount of Each Receipt this Period
2000.00

C. William St. Clair
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 West Haven Place
 City Durham State NC Zip Code 27705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duke Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2011
Transaction ID : 10292197
 Amount of Each Receipt this Period
250.00

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 2500.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. David Daikh
Full Name (Last, First, Middle Initial)

Mailing Address 3633 Clement

City San Francisco State CA Zip Code 94121

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

Name of Employer UCSF/VA Medical Center Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : 10292198

Amount of Each Receipt this Period
250.00

B. daksha mehta
Full Name (Last, First, Middle Initial)

Mailing Address 584 Westport Rd, Ste 101

City Elizabethtown State KY Zip Code 42701

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

Name of Employer Center for Arthritis and Osteoporosis Occupation rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : 10292200

Amount of Each Receipt this Period
250.00

C. Elizabeth Tindall
Full Name (Last, First, Middle Initial)

Mailing Address 1255 SW Schaeffer Rd

City West Linn State OR Zip Code 97068

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : 10292201

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 12 OF 56 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Sean Fahey MD
Full Name (Last, First, Middle Initial)

Mailing Address 157 - A Professional Park Dr.

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

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

| | |
|---------------------|------------|
| Name of Employer | Occupation |
| Piedmont Healthcare | Physician |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 19 | / | 2011 |

Transaction ID : 10292202

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

B. Delfin Santos M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1983 Chalmers Drive

| | | |
|----------------------|-------|----------|
| City | State | Zip Code |
| West Rochester Hills | MI | 48309 |

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

| | |
|------------------------|------------|
| Name of Employer | Occupation |
| Rochester Rheumatology | Physician |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 19 | / | 2011 |

Transaction ID : 10292203

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

C. Robert Levin
Full Name (Last, First, Middle Initial)

Mailing Address 1050 Roundstone Pl

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Palm Harbor | FL | 34698 |

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

| | |
|-----------------------|------------|
| Name of Employer | Occupation |
| Robert W. Levin MD PA | Physician |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 19 | / | 2011 |

Transaction ID : 10292204

Amount of Each Receipt this Period

| |
|--------|
| 500.00 |
|--------|

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Joseph Flood
Full Name (Last, First, Middle Initial)

Mailing Address 751 Jaeger Street

City Columbus State OH Zip Code 43206-2272

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

Name of Employer Musculoskeletal Med Specialist Occupation Physician Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 19 / 2011
Transaction ID : 10292205

Amount of Each Receipt this Period 1000.00

B. Alex Limanni
Full Name (Last, First, Middle Initial)

Mailing Address 9201 Westeind Ct

City Dallas State TX Zip Code 75231

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

Name of Employer Arthritis Centers of Texas Occupation Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 19 / 2011
Transaction ID : 10292209

Amount of Each Receipt this Period 200.00

C. Matthew Mundwiler
Full Name (Last, First, Middle Initial)

Mailing Address 324 Crestwood

City Mount Prospect State IL Zip Code 60056

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

Name of Employer Rockford Orthopedic Associates Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2011
Transaction ID : 10292210

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1450.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 14 OF 56 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Yvonne Sherrer
Full Name (Last, First, Middle Initial)

Mailing Address 21645 Fall River Drive

City State Zip Code
Boca Raton FL 33428

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

Name of Employer Occupation
Arthritis Center Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : 10292211

Amount of Each Receipt this Period
250.00

B. Deborah D. Desir MD
Full Name (Last, First, Middle Initial)

Mailing Address 3018 Dixwell Ave.

City State Zip Code
Hamden CT 06518

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

Name of Employer Occupation
Arthritis and Osteoporosis PC Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : 10292214

Amount of Each Receipt this Period
250.00

C. Richard Roseff
Full Name (Last, First, Middle Initial)

Mailing Address 7 Hussars Camp place

City State Zip Code
Ridgefield CT 06877

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

Name of Employer Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : 10292215

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Dorothy Mary Nicholson | | Date of Receipt |
| Mailing Address 5513 32nd St. N. | | <input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2011"/> |
| City | State | Transaction ID : 10293484 |
| Arlington | VA | Amount of Each Receipt this Period |
| Zip Code | | <input type="text" value="500.00"/> |
| 22207 | | |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | |
| Name of Employer | Occupation | |
| Self | Physician | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="500.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Michael P Stevens | | Date of Receipt |
| Mailing Address 101 S. San Mateo Dr. | | <input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2011"/> |
| City | State | Transaction ID : 10297087 |
| San Mateo | CA | Amount of Each Receipt this Period |
| Zip Code | | <input type="text" value="500.00"/> |
| 94401 | | |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | |
| Name of Employer | Occupation | |
| Self | Rheumatologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="500.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Robert Jenkins | | Date of Receipt |
| Mailing Address 9624 Windy Terrace Dr. | | <input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2011"/> |
| City | State | Transaction ID : 10297088 |
| Dallas | TX | Amount of Each Receipt this Period |
| Zip Code | | <input type="text" value="500.00"/> |
| 75231 | | |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | |
| Name of Employer | Occupation | |
| Rheumatology Associates | Rheumatologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="500.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1500.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 16 OF 56 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Jose Antonio Pando
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 37

City Lewes State DE Zip Code 19958-0037

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

Name of Employer Physician Occupation Rheumatology Consultants

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2011

Transaction ID : 10297135

Amount of Each Receipt this Period
600.00

B. Paul Demarco
Full Name (Last, First, Middle Initial)

Mailing Address 2730 University Blvd W

City Wheaton State MD Zip Code 20902

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

Name of Employer Arthritis and Rheumatism Associates Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2011

Transaction ID : 10297136

Amount of Each Receipt this Period
1000.00

C. Alan W Friedman
Full Name (Last, First, Middle Initial)

Mailing Address 22007 Crossbrook Dr.

City Katy State TX Zip Code 77450

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

Name of Employer Medical Clinic of Houston LLP Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2011

Transaction ID : 10297442

Amount of Each Receipt this Period
1000.00

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2600.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 17 OF 56 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Patrick Schuette | | Date of Receipt MM / DD / YYYY 09 / 27 / 2011 Transaction ID : 10301851 |
| Mailing Address 1334 West Arthur | | Amount of Each Receipt this Period 500.00 |
| City Chicago | State IL | Zip Code 60626 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Ullinois Bone and Joint Inst | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Himmat Gill | | Date of Receipt MM / DD / YYYY 09 / 28 / 2011 Transaction ID : 10302880 |
| Mailing Address 1313 E. Herndon Ste. 101 | | Amount of Each Receipt this Period 250.00 |
| City Fresno | State CA | Zip Code 93720 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Himmat S Gill MD Inc | Occupation Rheumatologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Martina Ziegenbein | | Date of Receipt MM / DD / YYYY 09 / 28 / 2011 Transaction ID : 10302882 |
| Mailing Address 9601 Townline Rd. | | Amount of Each Receipt this Period 250.00 |
| City Minocqua | State WI | Zip Code 54548 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Marshfield Clinic | Occupation Rheumatologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 18 OF 56 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Stuart Green
Full Name (Last, First, Middle Initial)

Mailing Address 17 Summit Avenue

City Larchmont State NY Zip Code 10538

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

Name of Employer Brooklyn Hospital Center RHU Occupation Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2011
Transaction ID : 10302883

Amount of Each Receipt this Period 250.00

B. Ronald E Krauser
Full Name (Last, First, Middle Initial)

Mailing Address 35 Broad Leaf Trail

City Malvern State PA Zip Code 19355

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

Name of Employer Ronald E Krauser, MD, PC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2011
Transaction ID : 10302884

Amount of Each Receipt this Period 250.00

C. Ellison Smith
Full Name (Last, First, Middle Initial)

Mailing Address 445 Biltmore Center, Suite 306

City Asheville State NC Zip Code 28801

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

Name of Employer Asheville Arthritis Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2011
Transaction ID : 10302919

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. James Barry Lesser
Full Name (Last, First, Middle Initial)

Mailing Address 7107 Daventry Woods Drive

City State Zip Code
West Bloomfield MI 48322

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

Name of Employer self Occupation rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 28 / 2011
Transaction ID : 10302920

Amount of Each Receipt this Period
300.00

B. Bobo Tanner
Full Name (Last, First, Middle Initial)

Mailing Address 2105 Hampton Ave

City State Zip Code
Nashville TN 37215

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

Name of Employer Vanderbilt University Occupation Assistant Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
09 / 29 / 2011
Transaction ID : 10303506

Amount of Each Receipt this Period
100.00

C. Samuel Pegram
Full Name (Last, First, Middle Initial)

Mailing Address 44825 Almeda Rd

City State Zip Code
Houston TX 77004-5655

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
09 / 30 / 2011
Transaction ID : 10303511

Amount of Each Receipt this Period
250.00

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Rita Egan
Full Name (Last, First, Middle Initial)

Mailing Address Arthritis Center of Lexington
330 Waller Ave Ste 100

City Lexington State KY Zip Code 40504

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

Name of Employer Occupation
ACL Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 30 / 2011
Transaction ID : 10303512

Amount of Each Receipt this Period
250.00

B. Cathy Chapman
Full Name (Last, First, Middle Initial)

Mailing Address 5210 Poplar Ave, Ste. 150

City Memphis State TN Zip Code 38119

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

Name of Employer Occupation
Rheumatology & Derm Assoc. rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
10 / 04 / 2011
Transaction ID : 10312475

Amount of Each Receipt this Period
500.00

C. James Engelbrecht
Full Name (Last, First, Middle Initial)

Mailing Address 4281 Rosemary Lane

City Rapid City State SD Zip Code 57702

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

Name of Employer Occupation
Black Hills Orth and Spine Cen Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 06 / 2011
Transaction ID : 10319624

Amount of Each Receipt this Period
250.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Michael Sugarman
Full Name (Last, First, Middle Initial)

Mailing Address 433 W. Bastanchury Road

City Fullerton State CA Zip Code 92835

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

Name of Employer St Jude Heritage Medical Group Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2011

Transaction ID : 10320660

Amount of Each Receipt this Period
100.00

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

Mailing Address 3277 Rose Glen CT

City Falls Church State VA Zip Code 22042

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

Name of Employer Arthritis & Rheumatism Assoc. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 12 / 2011

Transaction ID : 10326634

Amount of Each Receipt this Period
300.00

C. Evan L Siegel
Full Name (Last, First, Middle Initial)

Mailing Address 10821 Willow Run Court

City Potomac State MD Zip Code 20854

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

Name of Employer Arthritis & Rheumatism Associates, pc Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 12 / 2011

Transaction ID : 10326636

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 22 OF 56 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Neal Birnbaum
Full Name (Last, First, Middle Initial)

Mailing Address 97 Carte Alejo

City Greenbrag State CA Zip Code 94904

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

Name of Employer Pacific Rheumatology Associate Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011

Transaction ID : 10348315

Amount of Each Receipt this Period
 500.00

B. Francis Lichon
Full Name (Last, First, Middle Initial)

Mailing Address 1220 Kimball CT

City Naperville State IL Zip Code 60540

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

Name of Employer Self-Employed Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2011

Transaction ID : 10348317

Amount of Each Receipt this Period
 250.00

C. Gary Bryant
Full Name (Last, First, Middle Initial)

Mailing Address 5429 Vining Point Road

City Minnetonka State MN Zip Code 55345

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

Name of Employer University of Minnesota Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2011

Transaction ID : 10351197

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Raymond Scalettar
Full Name (Last, First, Middle Initial)

Mailing Address 12433 Ansin Circle Drive

City Potmac State MD Zip Code 20854

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

Name of Employer George Washington University Occupation Clinical Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 27 / 2011
Transaction ID : 10352697

Amount of Each Receipt this Period
250.00

B. Howard M Kenney MD
Full Name (Last, First, Middle Initial)

Mailing Address 105 W 8th Ave

City Spokane State WA Zip Code 99204

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

Name of Employer Arthritis Northwest Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
10 / 28 / 2011
Transaction ID : 10353336

Amount of Each Receipt this Period
1000.00

C. Arthur Huppert
Full Name (Last, First, Middle Initial)

Mailing Address 245 N Broad St Ste 403

City Philadelphia State PA Zip Code 19107-1518

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

Name of Employer Self-Employed Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
11 / 09 / 2011
Transaction ID : 10377747

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Edward Herzig | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 09 / 2011 Transaction ID : 10378288 |
| Mailing Address 419 Reilly Road | | Amount of Each Receipt this Period 100.00 |
| City Cincinnati | State OH | Zip Code 45215 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Herzig Krall Medical Group | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1100.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Howard Hauptman MD | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 09 / 2011 Transaction ID : 10378539 |
| Mailing Address 1504 Pinnacle Road | | Amount of Each Receipt this Period 250.00 |
| City Baltimore | State MD | Zip Code 21286 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Rheumatology Associates of Baltimore | Occupation Rheumatologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Elizabeth Tindall | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 08 / 2011 Transaction ID : 10378646 |
| Mailing Address 1255 SW Schaeffer Rd | | Amount of Each Receipt this Period 1500.00 |
| City West Linn | State OR | Zip Code 97068 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1850.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 56 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Charles King | | Date of Receipt MM / DD / YYYY 11 / 08 / 2011 Transaction ID : 10378647 |
| Mailing Address 179 Edgewater Cv | | Amount of Each Receipt this Period 880.00 |
| City Belden | State MS | Zip Code 38826-9145 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer NMMCI | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Max Hamburger | | Date of Receipt MM / DD / YYYY 11 / 08 / 2011 Transaction ID : 10378648 |
| Mailing Address 315 Middle Co Rd | | Amount of Each Receipt this Period 2100.00 |
| City Smithtown | State NY | Zip Code 11787 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Rheum Assoc of Long Island | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2100.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Amye L Leong MBA | | Date of Receipt MM / DD / YYYY 11 / 08 / 2011 Transaction ID : 10378649 |
| Mailing Address 561 North La Cumbre Rd | | Amount of Each Receipt this Period 300.00 |
| City Santa Barbara | State CA | Zip Code 93110 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Strategic Relations - Bone & Joint Dec | Occupation Pres & CEO,HEALTHY MOTIVATION | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3280.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 56 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Herbert Baraf
Full Name (Last, First, Middle Initial)

Mailing Address 2730 University Blvd W Ste 310

City Wheaton State MD Zip Code 20902

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

Name of Employer Arthritis & Rheumatism Associates, P.C Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
11 / 08 / 2011
Transaction ID : 10378652

Amount of Each Receipt this Period
1000.00

B. Kathleen A Black
Full Name (Last, First, Middle Initial)

Mailing Address 633 E 11th Avenue

City Eugene State OR Zip Code 97401

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

Name of Employer William P Maier, MD PC Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 08 / 2011
Transaction ID : 10378917

Amount of Each Receipt this Period
250.00

C. Wendy R Eider MD
Full Name (Last, First, Middle Initial)

Mailing Address 3902 Creekside Loop Suite 120

City Yakima State WA Zip Code 98902

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

Name of Employer Self Employed Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 08 / 2011
Transaction ID : 10378928

Amount of Each Receipt this Period
250.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Gary M Kammer
Full Name (Last, First, Middle Initial)

Mailing Address 382 Blossom LN.

City Chagrin Falls State OH Zip Code 44022-5111

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

Name of Employer Arthritis Associates, INC Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2011

Transaction ID : 10378930

Amount of Each Receipt this Period
 300.00

B. David Fox
Full Name (Last, First, Middle Initial)

Mailing Address 200 Barton N. Dr

City Ann Arbor State MI Zip Code 48105

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

Name of Employer University of Michigan Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2011

Transaction ID : 10378931

Amount of Each Receipt this Period
 250.00

C. Joseph Aaron Markenson
Full Name (Last, First, Middle Initial)

Mailing Address 35 Suffolk Lane

City Tenafly State NJ Zip Code 07670

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

Name of Employer Hospital for Special Surgery Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2011

Transaction ID : 10378935

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. William Palmer
Full Name (Last, First, Middle Initial)

Mailing Address 9016 Harney

City Omaha State NE Zip Code 68114

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

Name of Employer Westroads Medical Group Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2011
Transaction ID : 10378944

Amount of Each Receipt this Period
 2000.00

B. Karen Kolba
Full Name (Last, First, Middle Initial)

Mailing Address 110 Erna Way

City Pismo Beach State CA Zip Code 93449

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

Name of Employer Self-Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2011
Transaction ID : 10378945

Amount of Each Receipt this Period
 100.00

C. Karla B. Jones
Full Name (Last, First, Middle Initial)

Mailing Address 700 Childrens Dr

City Columbus State OH Zip Code 43205-2692

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

Name of Employer Nationwide Children's Hospital Occupation Pediatric Nurse Practitioner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2011
Transaction ID : 10378946

Amount of Each Receipt this Period
 100.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2200.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. James Jenkins
Full Name (Last, First, Middle Initial)

Mailing Address 5800 Sea Walk Drive No. 8

City State Zip Code
Playa Vista CA 90094

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

Name of Employer Occupation
Pacific Arthritis Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2011
Transaction ID : 10378951

Amount of Each Receipt this Period
500.00

B. Charles King
Full Name (Last, First, Middle Initial)

Mailing Address 179 Edgewater Cv

City State Zip Code
Belden MS 38826-9145

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

Name of Employer Occupation
NMMCI Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1120.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2011
Transaction ID : 10378952

Amount of Each Receipt this Period
20.00

C. Richard Roseff
Full Name (Last, First, Middle Initial)

Mailing Address 7 Hussars Camp place

City State Zip Code
Ridgefield CT 06877

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

Name of Employer Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2011
Transaction ID : 10379278

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 540.00

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

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 56 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Charles King | | Date of Receipt MM / DD / YYYY 11 / 06 / 2011 Transaction ID : 10379351 |
| Mailing Address 179 Edgewater Cv | | Amount of Each Receipt this Period 100.00 |
| City Belden | State MS | Zip Code 38826-9145 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer NMMCI | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1100.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Terence Starz | | Date of Receipt MM / DD / YYYY 11 / 06 / 2011 Transaction ID : 10379352 |
| Mailing Address 179 Woodshire Dr | | Amount of Each Receipt this Period 500.00 |
| City Pittsburgh | State PA | Zip Code 15215 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer UPMC | Occupation physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) c. Marius C Teodorescu | | Date of Receipt MM / DD / YYYY 11 / 06 / 2011 Transaction ID : 10379356 |
| Mailing Address 6776 Fieldstone Drive | | Amount of Each Receipt this Period 250.00 |
| City Burr Ridge | State IL | Zip Code 60527 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Thera Test Labs Inc | Occupation physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 850.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Jennifer May MD
Full Name (Last, First, Middle Initial)

Mailing Address 3809 Ponderosa Court

City Rapid City State SD Zip Code 57702

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

Name of Employer Black Hills Orthopedic & Spine Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2011
Transaction ID : 10379359

Amount of Each Receipt this Period
 250.00

B. Kathleen Price
Full Name (Last, First, Middle Initial)

Mailing Address 6410 Waterway Drive

City Falls Church State VA Zip Code 22044

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

Name of Employer Falls Church Medical Center Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2011
Transaction ID : 10379360

Amount of Each Receipt this Period
 40.00

C. Arnaldo Torres MD
Full Name (Last, First, Middle Initial)

Mailing Address 6711 38th Ave N.

City St. Petersburg State FL Zip Code 33710-1536

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

Name of Employer St. Petersburg Arthritis Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2011
Transaction ID : 10379361

Amount of Each Receipt this Period
 250.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 540.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Arthur Huppert
Full Name (Last, First, Middle Initial)

Mailing Address 245 N Broad St Ste 403

City Philadelphia State PA Zip Code 19107-1518

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

Name of Employer Self-Employed Occupation Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2011
Transaction ID : 10379364

Amount of Each Receipt this Period 250.00

B. Salahuddin Kazi
Full Name (Last, First, Middle Initial)

Mailing Address 9301 N Central Expressway Ste 675

City Dallas State TX Zip Code 75231-0823

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

Name of Employer Arthritis Consulation Ctr Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2011
Transaction ID : 10379417

Amount of Each Receipt this Period 250.00

C. William Harvey
Full Name (Last, First, Middle Initial)

Mailing Address 33 Worcester Square #4

City Boston State MA Zip Code 02118

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

Name of Employer Tufts Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2011
Transaction ID : 10379914

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Meera Oza
Full Name (Last, First, Middle Initial)

Mailing Address 2574 Admirals Walk Dr S

City Orange Park State FL Zip Code 32073-6102

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

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 06 / 2011
Transaction ID : 10379915

Amount of Each Receipt this Period 100.00

B. Kent Kwoh
Full Name (Last, First, Middle Initial)

Mailing Address 316 Wildberry Road

City Pittsburgh State PA Zip Code 15238

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

Name of Employer University of Pittsburgh Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 05 / 2011
Transaction ID : 10390567

Amount of Each Receipt this Period 500.00

C. Purnell Kirkland
Full Name (Last, First, Middle Initial)

Mailing Address 575 E hardy St. Ste. 320

City Inglewood State CA Zip Code 90301

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

Name of Employer Rheumatology Associates Occupation Assoc Dir Arthritis Rehab

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 05 / 2011
Transaction ID : 10390666

Amount of Each Receipt this Period 300.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 900.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 56 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Donald S Miller
Full Name (Last, First, Middle Initial)

Mailing Address 637 Overhill Rd

City Ardmore State PA Zip Code 19003

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

Name of Employer Bryn Mawr Medical Specialties Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2011

Transaction ID : 10390667

Amount of Each Receipt this Period
250.00

B. Stacy Kennedy
Full Name (Last, First, Middle Initial)

Mailing Address 327 Mocksville

City Salisbury State NC Zip Code 28144

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

Name of Employer Novant Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2011

Transaction ID : 10390671

Amount of Each Receipt this Period
250.00

C. Haddon Christopher Alexander MD
Full Name (Last, First, Middle Initial)

Mailing Address 1206 Partridge Ln

City Charlottesville State VA Zip Code 22901-1787

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2011

Transaction ID : 10390672

Amount of Each Receipt this Period
250.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. John A Goldman
Full Name (Last, First, Middle Initial)

Mailing Address 5800 Timberlane Terrace

City Atlanta State GA Zip Code 30328

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

Name of Employer John A Gold MAN MD PC Occupation Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2011
Transaction ID : 10390676

Amount of Each Receipt this Period 250.00

B. Rex M McCallum
Full Name (Last, First, Middle Initial)

Mailing Address Rheumatology Division Box 2954

City Durham State NC Zip Code 27710

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

Name of Employer Duke University Medical Ctr Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 02 / 2011
Transaction ID : 10390680

Amount of Each Receipt this Period 100.00

C. Douglas Mund
Full Name (Last, First, Middle Initial)

Mailing Address 1575 Hillside Ave, Suite 102

City New Hyde Park State NY Zip Code 11040

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

Name of Employer Self Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2011
Transaction ID : 10390684

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶ 600.00

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 36 OF 56 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Rajat Dhar
Full Name (Last, First, Middle Initial)

Mailing Address 442 Bldg D Commons Way

City Toms River State NJ Zip Code 08755

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

Name of Employer self employed Occupation rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2011
Transaction ID : 10390685

Amount of Each Receipt this Period 500.00

B. Deborah J Power DO
Full Name (Last, First, Middle Initial)

Mailing Address 7520 N Oracle Rd

City Tucson State AZ Zip Code 85704-4448

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

Name of Employer Catalina Pointe Arthritis & Rheumatolo Occupation Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 09 / 2011
Transaction ID : 10390686

Amount of Each Receipt this Period 1000.00

C. Stuart Kassin
Full Name (Last, First, Middle Initial)

Mailing Address 9940 E Progress Cir

City Greenwood Village State CO Zip Code 80111

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

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 09 / 2011
Transaction ID : 10390687

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Jody K Hargrove MD
Full Name (Last, First, Middle Initial)

Mailing Address 7250 France Ave So
Suite 215

City Edina State MN Zip Code 55435

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

Name of Employer Arthritis & Rheumatology Consultants Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 09 / 2011
Transaction ID : 10390688

Amount of Each Receipt this Period
500.00

B. Rita Egan
Full Name (Last, First, Middle Initial)

Mailing Address Arthritis Center of Lexington
330 Waller Ave Ste 100

City Lexington State KY Zip Code 40504

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

Name of Employer ACL Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
11 / 15 / 2011
Transaction ID : 10420557

Amount of Each Receipt this Period
250.00

C. Jonathan Kay
Full Name (Last, First, Middle Initial)

Mailing Address 62 Olde Field Road

City Newton Centre State MA Zip Code 02459

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

Name of Employer Mass General Physicians Org Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
339.00

Date of Receipt
11 / 15 / 2011
Transaction ID : 10420601

Amount of Each Receipt this Period
89.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 839.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 56 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Steven J Klein MD
Full Name (Last, First, Middle Initial)

Mailing Address 346 Mill St.

City Hagerstown State MD Zip Code 21740

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

Name of Employer Rheumatology Consultants Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
11 / 15 / 2011
Transaction ID : 10424492

Amount of Each Receipt this Period
2000.00

B. Joseph Flood
Full Name (Last, First, Middle Initial)

Mailing Address 751 Jaeger Street

City Columbus State OH Zip Code 43206-2272

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

Name of Employer Musculoskeletal Med Specialist Occupation Physician Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2173.00

Date of Receipt
11 / 15 / 2011
Transaction ID : 10424835

Amount of Each Receipt this Period
173.00

C. James O'Dell
Full Name (Last, First, Middle Initial)

Mailing Address 3534 Pine St

City Omaha State NE Zip Code 68105

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

Name of Employer Univ. of Nebraska Med Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
673.00

Date of Receipt
11 / 15 / 2011
Transaction ID : 10424836

Amount of Each Receipt this Period
173.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2346.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Anupama Sharma
Full Name (Last, First, Middle Initial)
Mailing Address 10215 Fernwood Rd.
City Bethesda State MD Zip Code 20817
FEC ID number of contributing federal political committee. **C**
Name of Employer Center for Rheumatic Diseases Occupation Rheumatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 15 / 2011**
Transaction ID : 10424908
Amount of Each Receipt this Period **250.00**

B. Joseph Huffstutter
Full Name (Last, First, Middle Initial)
Mailing Address 4229 Leedy Moutain Lane
City Signal Moutain State TN Zip Code 37377
FEC ID number of contributing federal political committee. **C**
Name of Employer Arthritis Associates Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1089.00**

Date of Receipt **11 / 16 / 2011**
Transaction ID : 10424909
Amount of Each Receipt this Period **89.00**

C. James Engelbrecht
Full Name (Last, First, Middle Initial)
Mailing Address 4281 Rosemary Lane
City Rapid City State SD Zip Code 57702
FEC ID number of contributing federal political committee. **C**
Name of Employer Black Hills Orth and Spine Cen Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1100.00**

Date of Receipt **11 / 17 / 2011**
Transaction ID : 10428581
Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **439.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Chad Deal
Full Name (Last, First, Middle Initial)

Mailing Address 21099 Colby Rd

City Shaker Heights State OH Zip Code 44122

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

Name of Employer Cleveland Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2011

Transaction ID : 10432710

Amount of Each Receipt this Period
250.00

B. Erin Arnold
Full Name (Last, First, Middle Initial)

Mailing Address 1331 Greenwood

City Wilmette State IL Zip Code 60091

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

Name of Employer Illinois Bone and Joint Inst. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1089.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2011

Transaction ID : 10437687

Amount of Each Receipt this Period
89.00

C. M. Eric Gershwin
Full Name (Last, First, Middle Initial)

Mailing Address 25191 County Road 96

City Davis State CA Zip Code 95616

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

Name of Employer Division of Rheumatology/Allergy/Unive Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2011

Transaction ID : 10444144

Amount of Each Receipt this Period
89.00

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 428.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 41 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. William St. Clair
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 West Haven Place
 City State Zip Code
 Durham NC 27705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Duke Medical Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 673.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : 10445658
 Amount of Each Receipt this Period
 173.00

B. Timothy Laing
 Full Name (Last, First, Middle Initial)
 Mailing Address 5522 Warren Road
 City State Zip Code
 Ann Arbor MI 48105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Michigan MD
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : 10445659
 Amount of Each Receipt this Period
 100.00

C. Deborah D. Desir MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3018 Dixwell Ave.
 City State Zip Code
 Hamden CT 06518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Arthritis and Osteoporosis PC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : 10445660
 Amount of Each Receipt this Period
 100.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. Audrey Uknis
Full Name (Last, First, Middle Initial)

Mailing Address 11 Jacqueline Circle

| | | |
|------------------|-------------|-------------------|
| City Richboro | State PA | Zip Code 18954 |
|------------------|-------------|-------------------|

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

| | |
|---------------------------------------|-------------------------|
| Name of Employer Temple University | Occupation Physician |
|---------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1173.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 01 | / | 2011 |

Transaction ID : 10445661

Amount of Each Receipt this Period
173.00

B. Thomas Geppert
Full Name (Last, First, Middle Initial)

Mailing Address 8144 Walnut Hill Lane

| | | |
|----------------|-------------|-------------------|
| City Dallas | State TX | Zip Code 75231 |
|----------------|-------------|-------------------|

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

| | |
|---|------------------------------|
| Name of Employer Rheumatology Associates | Occupation Rheumatologist |
|---|------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 02 | / | 2011 |

Transaction ID : 10445876

Amount of Each Receipt this Period
500.00

C. Carol Wallace
Full Name (Last, First, Middle Initial)

Mailing Address Div Rheumatology-Pediatrics
4800 Sand Point Way NE R-5420

| | | |
|-----------------|-------------|-------------------|
| City Seattle | State WA | Zip Code 98105 |
|-----------------|-------------|-------------------|

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

| | |
|--|-------------------------|
| Name of Employer University of Washington | Occupation physician |
|--|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 04 | / | 2011 |

Transaction ID : 10448744

Amount of Each Receipt this Period
250.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 923.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. David Borenstein
Full Name (Last, First, Middle Initial)

Mailing Address 10505 Scarborough Lane

City Potomac State MD Zip Code 20850

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

Name of Employer Arthritis and Rheumatism Assoc Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2011

Transaction ID : 10468522

Amount of Each Receipt this Period
 200.00

B. Paul Goldfarb
Full Name (Last, First, Middle Initial)

Mailing Address 2113 Palmbrooke Ct

City Lexington State KY Zip Code 40513

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

Name of Employer Arthritis Center of Lexington Occupation rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2011

Transaction ID : 10520240

Amount of Each Receipt this Period
 500.00

C. Gale McCarty
Full Name (Last, First, Middle Initial)

Mailing Address 81 Point Rd

City Harborside State ME Zip Code 04642-3112

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

Name of Employer Self-Employed Occupation Rheumatology Research Care Medical Inf

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2011

Transaction ID : 10521058

Amount of Each Receipt this Period
 65.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 765.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 56 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

Full Name (Last, First, Middle Initial)
A. Stephen R White

Mailing Address 8 Stirrup Lane

City State Zip Code
Bell Canyon CA 91307

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

Name of Employer Occupation
Affiliates in Medical Specialties Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : 10524215

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Carmen Perez-Masuelli

Mailing Address 30 Villa Canyon Place

City State Zip Code
The Woodlands TX 77382

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

Name of Employer Occupation
Northwest Diagnostic Clinic, PA Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 10524217

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Samuel Pegram

Mailing Address 44825 Alameda Rd

City State Zip Code
Houston TX 77004-5655

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 10524218

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

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

FOR LINE NUMBER: PAGE 45 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

Full Name (Last, First, Middle Initial)
A. Rita Egan

Mailing Address **Arthritis Center of Lexington**
330 Waller Ave Ste 100

City Lexington State KY Zip Code 40504

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

Name of Employer **ACL** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt
12 / 30 / 2011

Transaction ID : 10524219

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Michael Rezaian

Mailing Address **176 Health Care Ln.**

City Martinsburg State WV Zip Code 25401

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

Name of Employer **Rural Outreach Arthritis Center** Occupation **Director**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
12 / 30 / 2011

Transaction ID : 10524221

Amount of Each Receipt this Period
65.00

Full Name (Last, First, Middle Initial)
c. David Goddard

Mailing Address **186 Joralemon Street**

City Brooklyn State NY Zip Code 11201

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

Name of Employer **YU Medical Williamsburg** Occupation **Rheumatologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **589.00**

Date of Receipt
12 / 31 / 2011

Transaction ID : 10598775

Amount of Each Receipt this Period
89.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **404.00**

TOTAL This Period (last page this line number only)..... ▶ **46427.00**

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

| | | | |
|---|------------------------------|-----------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 46 OF 56 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. American College of Rheumatology | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2011 Transaction ID : 10152490 |
| Mailing Address 2200 Lake Boulevard NE | | Amount of Each Receipt this Period 420.12 |
| City Atlanta | State GA | Zip Code 30319 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3456.30 | |
| | | June credit card fees |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. American College of Rheumatology | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 03 / 2011 Transaction ID : 10337271 |
| Mailing Address 2200 Lake Boulevard NE | | Amount of Each Receipt this Period 203.52 |
| City Atlanta | State GA | Zip Code 30319 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3659.82 | |
| | | July & August credit card fees |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. American College of Rheumatology | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2011 Transaction ID : 10526351 |
| Mailing Address 2200 Lake Boulevard NE | | Amount of Each Receipt this Period 1440.22 |
| City Atlanta | State GA | Zip Code 30319 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5100.04 | |
| | | Sept, Oct. Nov bank fees |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2063.86 |
| TOTAL This Period (last page this line number only).....▶ | 2063.86 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

Full Name (Last, First, Middle Initial)

A. Friends Of Sherrod Brown

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement
August 8 event in Cincinnati

Candidate Name

Sen. Sherrod Brown

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2011

Transaction ID : 10177499

Amount of Each Disbursement this Period

1500.00

August 8 event in Cincinnati

Full Name (Last, First, Middle Initial)

B. Tim Walz For Us Congress

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement

Candidate Name

Rep. Timothy Walz

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2011

Transaction ID : 10253120

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

Candidate Name

Rep. Henry Waxman

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2011

Transaction ID : 10265728

Amount of Each Disbursement this Period

5000.00

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

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

9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

Full Name (Last, First, Middle Initial)

A. Rogers For Congress

Mailing Address PO Box 581
Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Michael Rogers

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 03 | | 2011 |

Transaction ID : 10312470

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Volunteers For Shimkus

Mailing Address P.O. Box 661
PO Box 5458

City Collinsville State IL Zip Code 62234

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John Shimkus

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 19

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 03 | | 2011 |

Transaction ID : 10312471

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Jeb Hensarling

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 03 | | 2011 |

Transaction ID : 10312473

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

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

| |
|---------|
| 3000.00 |
|---------|

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

| |
|--|
| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

Full Name (Last, First, Middle Initial)

A. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement

011

Candidate Name

Michael C. Burgess

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 07 | | 2011 |

Transaction ID : 10337172

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

Purpose of Disbursement

011

Candidate Name

Rep. Anna Eshoo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 14

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 07 | | 2011 |

Transaction ID : 10337182

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Upton For All Of Us

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement

011

Candidate Name

Rep. Frederick Upton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 21 | | 2011 |

Transaction ID : 10352268

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

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

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

| |
|---------|
| 7500.00 |
|---------|

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|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Rheumatology (RheumPAC)

Full Name (Last, First, Middle Initial)

A. Stabenow For Us Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement

011

Candidate Name

Sen. Debbie Stabenow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2011

Transaction ID : 10432711

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Rosa DeLauro

Mailing Address 12 Trumbull Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement

011

Candidate Name

Rep. Rosa DeLauro

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2011

Transaction ID : 10437322

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Berkley For Senate

Mailing Address 3077 E Warm Springs Rd Suite 300

City Las Vegas State NV Zip Code 89120

Purpose of Disbursement

011

Candidate Name

Rep. Shelley Berkley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District: 01

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2011

Transaction ID : 10444490

Amount of Each Disbursement this Period

5000.00

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

11500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

Full Name (Last, First, Middle Initial)

A. Kirk For Senate

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement

011

Candidate Name

Sen. Mark Kirk

Category/Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2011

Transaction ID : 10444491

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

011

Candidate Name

Rep. Lois Capps

Category/Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2011

Transaction ID : 10469998

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Ed Towns

Mailing Address 438 Lewis Avenue

City Brooklyn State NY Zip Code 11233

Purpose of Disbursement

011

Candidate Name

Rep. Edolphus Towns

Category/Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General Other (specify) ▼

State: NY District: 10

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2011

Transaction ID : 10473446

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

Full Name (Last, First, Middle Initial)

A. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ron Kind

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : 10519826

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Sander Levin

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : 10519849

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Frank Pallone Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : 10519850

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

Full Name (Last, First, Middle Initial)

A. Snowe For Senate

Mailing Address PO Box 2012

City Portland State ME Zip Code 04104

Purpose of Disbursement

011

Candidate Name

Sen. Olympia Snowe

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 21 | / | 2011 |

Transaction ID : 10519851

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Van Hollen For Congress

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement

011

Candidate Name

Rep. Chris Van Hollen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 21 | / | 2011 |

Transaction ID : 10519852

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Dave Camp For Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

011

Candidate Name

Rep. David Camp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 21 | / | 2011 |

Transaction ID : 10519853

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

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

| |
|---------|
| 7000.00 |
|---------|

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

| |
|----------|
| 55000.00 |
|----------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

Full Name (Last, First, Middle Initial)

A. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
July credit card fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 10302658

Amount of Each Disbursement this Period

July credit card fees

Full Name (Last, First, Middle Initial)

B. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
August credit card fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 10302660

Amount of Each Disbursement this Period

August credit card fees

Full Name (Last, First, Middle Initial)

C. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
September credit card fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 10526348

Amount of Each Disbursement this Period

September credit card fees

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

Full Name (Last, First, Middle Initial)

A. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
October credit card fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 10526349

Amount of Each Disbursement this Period

October credit card fees

Full Name (Last, First, Middle Initial)

B. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
November credit card fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 10526350

Amount of Each Disbursement this Period

November credit card fees

Full Name (Last, First, Middle Initial)

C. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
December credit card fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 10596003

Amount of Each Disbursement this Period

December credit card fees

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

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