07/26/2011 14:08

Image# 11932077043

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

TONII 3X	For (	Other Than A	n Authorized Com	mittee		Office Use Only	
NAME OF     COMMITTEE (in full)		FEC MAILING LA YPE OR PRINT		typing, type es			
American College of	Rheumatology						
ADDRESS (number and st	treet) 22	200 Lake Boulevard	d NE				
Check if different than previously reported. (ACC)	ı At	lanta			GA	30319	-
2. FEC IDENTIFICATION	ON NUMBER	▼ _	CITY 🛋		STATE	ZIPCO	DE 🛕
C00432823		]	3. IS THIS REPORT	NEW (N) OR	A (A	MENDED A)	
4. TYPE OF REPOR (Choose One)  (a) Quarterly Report  April 15 Quarterly F  Quarterly F  Quarterly F  Anuary 31 Quarterly F  X July 31 Mic Report(Noor Year Only)  Terminatio (TER)	Report(Q1) Report(Q2) Report(Q3) Report(YE) d-Year n-election (MY)	(c) 12-Day PRE-Elec: Report for	the: Conver	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)  y (12P)  ntion (12C)	Sep	in the	Special (30S)
5. Covering Period	0 1	01 20	unc	ough 0 6	30	2011	
I certify that I have examir Type or Print Name of Tre	· _	and to the best of d Herzig	my knowledge and beli	ef it is true, correct	and complete.		
Signature of Treasurer  NOTE: Submission of fa	Electronically	-			Date 07	2 6 e penalties of 2 U.	2 0 1 1 S.C 437a.
Office Use	1, 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,					FEC FOR	RM 3X

FE6AN026

FEC Form 3X (Rev. 02/2003)

## SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS Page 2

	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1 2011		105004.65
	(b) Cash on Hand at Begining of Reporting Period	105004.65	
	(c) Total Receipts (from Line 19)	58396.18	58396.18
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	163400.83	163400.83
7.	Total Disbursements (from Line 31)	33160.95	33160.95
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	130239.88	130239.88
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	

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

### For further information contact:

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

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

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

м м 0 1 01 м°м 06 30 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 48499.00 48499.00 (i) Itemized (use Schedule A) ...... 6861.00 6861.00 (ii) Unitemized ..... (iii) TOTAL (add 55360.00 55360.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 55360.00 55360.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 3036.18 3036.18 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) .....

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(b) Levin Funds (from Schedule H5) ......

(c) Total Transfer (add 18(a) and 18(b)).

12, 13, 14, 15, 16, 17, and 18(c)) ......

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

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

0.00

0.00

58396.18

58396.18

0.00

0.00

58396.18

58396.18

### DETAILED SUMMARY PAGE

of Disbursements

FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)		Page 4		
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures:      Shared Enders (Non Enders)		24.52 104. 10 24.0		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00		
(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		
Transfers to Affiliated/Other Party     Committees	0.00	0.00		
3. Contributions to				
Federal Candidates/Committeesand Other Political Committees	31000.00	31000.00		
1. Independent Expenditure	0.00	0.00		
(use Schedule E)5. Coordinated Expenditures Made by Party	0.00	0.00		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00		
C. Lean Denoumente Made	0.00	0.00		
5. Loan Repayments Made	0.00	0.00		
7. Loans Made	0.00	0.00		
Refunds of Contributions To:     (a) Individuals/Persons Other	0.00	0.00		
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))	0.00	0.00		
O. Other Birkers and	2160.05	2160 OF		
O. Other Disbursements	2160.95	2160.95		
D. Federal Election Activity (2 U.S.C 431(20))				
(a) Shared Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
Ü .	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	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
1. Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	33160.95	33160.95		
2. Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	33160.95	33160.95		

### **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)	55360.00	55360.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	55360.00	55360.00
86.	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

FE6AN026

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 45 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American College of Rheumatology	d Statements may not be sold or used by any perso the name and address of any political committee to (RheumPAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bobo Tanner  Mailing Address 2105 Hampton Ave  City Nashville  FEC ID number of contributing federal political committee.  Name of Employer Vanderbilt University  Receipt For:  Primary General Other (specify)	State Zip Code TN 37215  C  Occupation Assistant Professor Aggregate Year-to-Date  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 10006959  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial) Linda Warnowicz  Mailing Address 1375 Owahgena R  City Cazenovia  FEC ID number of contributing federal political committee.  Name of Employer Arthritis Health Associates Receipt For: Primary General		Date of Receipt  M M M / D D / Y Y Y Y Y  0 5 0 8 2 0 1 1  Transaction ID: 10006960  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Everett Allen Mailing Address 19272 Stone Oak P  City San Antonio  FEC ID number of contributing federal political committee.  Name of Employer	kwy, Ste. 101  State Zip Code TX 78258  C	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Rahe of Employer Rheumatology Assoc. South Texas Receipt For: Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional	Rheumatologist  Aggregate Year-to-Date ▼  250.00	1750.00

## SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 45 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American College of Rheumatology (I	RheumPAC)		
	Full Name (Last, First, Middle Initial) Michael D Kohen, MD			Date of Receipt
	Mailing Address 568 Riverside Dr			05 09 2011
	City Ormond Beach	State FL	Zip Code 32176	Transaction ID: 10007144
	FEC ID number of contributing federal political committee.	C	32170	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Muhammad Khan			Date of Receipt
	Mailing Address 1722 Coe's Post Run			05 09 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10007228
	Westlake	OH	44145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer MetroHealth	Occupatio Rheuma		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	]
	Full Name (Last, First, Middle Initial) Constantine Saadeh			Date of Receipt
	Mailing Address 6842 Plum Creek			05 10 YYYY 2011
	City	State	Zip Code	Transaction ID: 10008106
	Amarillo	TX	79124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Plum Creek Health Care	Occupatio Physicia	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional) .	•		2750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 45 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American College of Rheumatology	(RheumPAC)		
Full Name (Last, First, Middle Initial) Mitchell Feinman			Date of Receipt
Mailing Address 477 Creek Landing S	St.		05 10 / Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 10008108
Daniel Island	SC	29492	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer Arthritis & Osteoporosis	Occupation Rheumat		
Center Receipt For:		e Year-to-Date	$\dashv$
Primary General	Aggregate	: rear-lo-Dale ▼	7
Other (specify) ▼		2000.00	
Full Name (Last, First, Middle Initial) Lawrence Schainker	•		Date of Receipt
Mailing Address 7510 Wyndale Road	j		05 11 2011
City	State	Zip Code	Transaction ID: 10012997
Chevy Chase	MD	20815	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Rockville Internal Medici- ne Group	Occupation Rheumat		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Steven Eyanson			Date of Receipt
Mailing Address 3805 Tama St. SE			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 10048477
Cedar Rapids	IA	52403-4557	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Physicians Clinic of Iowa	Occupation Rheumat		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)	 )		2600.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 45 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  American College of Rheumatology (R	name and ad	dress of any political committee to	solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Abby Abelson Mailing Address 19000 South Woodland	1 D 1		Date of Receipt
	Mailing Address 19000 South Woodland	и на		06 02 4 2011
	City	State	Zip Code	Transaction ID: 10055329
	Shaker Hills  FEC ID number of contributing federal political committee.	ОН	44122	Amount of Each Receipt this Period 250.00
	Name of Employer Cleveland Clinic	Occupation physicial		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Michael Thakor			Date of Receipt
	Mailing Address 1175 Picard Lane			M M / D D / Y Y Y Y Y O D D / 2011
	City	State	Zip Code	Transaction ID: 10073635
	Fort Collins	CO	80526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Arthritis/Rheumatology Cl- inic of CO	Occupation Rheuma		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) Adrian Jaffer			Date of Receipt
	Mailing Address 9850 Genesee Ave. Sto	e 810		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10091814
	La Jolla	CA	92037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Allergy & Rheumatology Me- dical Center	Occupation Rheuma		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>	<b>\</b>	750.00
H	1 -3- (-1			-

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 45 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American College of Rheumatology	y (RheumPAC)	
Full Name (Last, First, Middle Initial)  Elizabeth Tindall		Date of Receipt
Mailing Address 1255 SW Schaeffer	r Rd	0 6 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 10098004
West Linn	OR 97068	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Samuel Pegram		Date of Receipt
Mailing Address 44825 Almeda Rd		0 6 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 10107721
Houston	TX 77004-5655	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Jonathan Kay		Date of Receipt
Mailing Address 62 Olde Field Road	I	0 1 2 2 2 2 0 1 1
City	State Zip Code	Transaction ID: 9784851
Newton Centre	MA 02459	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mass General Physicians Org	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUPTOTAL of Possista This Page (artises		750.00
SUBTOTAL of Receipts This Page (optional	al)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 45 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American College of Rheumatology	he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Karen Kolba Mailing Address 110 Erna Way City	State	Zip Code	Date of Receipt  0 1 2 2 2 2 1 1  Transaction ID: 9784852
Pismo Beach FEC ID number of contributing federal political committee.	CA	93449	Amount of Each Receipt this Period
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupatio Physicial Aggregate		
Full Name (Last, First, Middle Initial) James O'Dell  Mailing Address 3534 Pine St	<b>1</b>		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Omaha  FEC ID number of contributing federal political committee.	State NE	Zip Code 68105	Transaction ID: 9784854  Amount of Each Receipt this Period  500.00
Name of Employer Univ. of Nebraska Med Center Receipt For:  Primary  Other (specify) ▼	Occupatio Physicial		
Full Name (Last, First, Middle Initial) Cynthia Weaver, MD Mailing Address 2820 Mt Rushmore F	Rd		Date of Receipt
City Rapid City FEC ID number of contributing federal political committee.	State SD	Zip Code 57701	Transaction ID: 9784858  Amount of Each Receipt this Period  250.00
Name of Employer Rapid City Medical Center  Receipt For:  Primary  General  Other (specify) ▼	Occupation Rheumain Aggregate		
SUBTOTAL of Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 45 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American College of Rheumatology	d Statements may not be sold or used by any personant the name and address of any political committee to (RheumPAC)	
Full Name (Last, First, Middle Initial) Christopher Antolini, MD Mailing Address 830 Fillmore Street  City Denver  FEC ID number of contributing	State Zip Code CO 80206-3850	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify)	Occupation physician  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Rebecca M Shepherd, MD Mailing Address 311 Bowyer Lane		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Lititz</u> FEC ID number of contributing federal political committee.	State Zip Code PA 17543  C	Transaction ID: 9788717  Amount of Each Receipt this Period  249.00
Name of Employer LGA  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date   249.00	
Full Name (Last, First, Middle Initial) Eileen Moynihan Mailing Address 1304 Maple Ave		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Haddon Heights  FEC ID number of contributing federal political committee.	State Zip Code NJ 08035	Transaction ID: 9842695  Amount of Each Receipt this Period  1000.00
Name of Employer Information Requested  Receipt For:  Primary General  Other (specify) ▼	Occupation Information Requested  Aggregate Year-to-Date   1000.00	
SUBTOTAL of Receipts This Page (optional	)	1499.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 13/45   (check only one)     X   11a     11b     11c     12     13     14     15     16
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Rheumatology	y (RheumPAC)		
Full Name (Last, First, Middle Initial) Steven Cohen			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State TX	Zip Code	Transaction ID: 9845413  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Trinity Clinic	Occupation physician		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Gary Bryant	1		Date of Receipt
Mailing Address 5429 Vining Point F	Road		02 25 2011
City	State	Zip Code	Transaction ID: 9850995
Minnetonka  FEC ID number of contributing federal political committee.	C	55345	Amount of Each Receipt this Period  1000.00
Name of Employer University of Minnesota	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Eric Matteson			Date of Receipt
Mailing Address 1752 Walden LN S	W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rochester	State MN	Zip Code 55902	Transaction ID: 9850997
FEC ID number of contributing federal political committee.	C	33902	Amount of Each Receipt this Period 250.00
Name of Employer Mayo Clinic	Occupation MD	n	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			1500.00

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 45 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)  American College of Rheumatology	s and Statements may not be sold or used by any persoing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	ogy (nileumpac)	
Full Name (Last, First, Middle Initial) Carlos J. Lozada		Date of Receipt
Mailing Address 2500 Monterey C	ct.	0 2 2 5 2 0 1 1
City	State Zip Code	Transaction ID: 9850999
Weston	FL 33327-1504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer University of Miami	Occupation Professor of Clinical Medicine	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Joan Marie Von Feldt		Date of Receipt
Mailing Address 716 Taunton Roa	ad	03 03 2011
City	State Zip Code	Transaction ID: 9862891
Wilmington	DE 19803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer University of Pennsylvani- a/Philadelphi	Occupation Professor of Medicine	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Yvonne Sherrer	I	Date of Receipt
Mailing Address 21645 Fall River	Drive	03 03 2011
City	State Zip Code	Transaction ID: 9862892
Boca Raton  FEC ID number of contributing	FL 33428	Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer Arthritis Center	Occupation Rheumatologist	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	onal)	800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 45 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American College of Rheumatolog	nd Statements may not be sold or used by any persong the name and address of any political committee to y (RheumPAC)	
Full Name (Last, First, Middle Initial) C. Ronald Mackenzie Mailing Address		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  FEC ID number of contributing	State Zip Code NY	Transaction ID: 9862894  Amount of Each Receipt this Period
federal political committee.	Occupation	250.00
Hospital for Special Surg- ery Receipt For:  Primary  General  Other (specify) ▼	Physician  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Sharad Lakhanpal Mailing Address 5320 Royal Lane		Date of Receipt    M
City	State Zip Code	Transaction ID: 9862982
Dallas	TX 75229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Rheumatology Associates	Occupation Rheumatologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Joseph Flood		Date of Receipt
Mailing Address 751 Jaeger Street		02 25 2011
Calumbus	State Zip Code	Transaction ID: 9862983
Columbus  FEC ID number of contributing federal political committee.	OH 43206-2272	Amount of Each Receipt this Period
Name of Employer Musculoskeletal Med Speci- alist	Occupation Physician Rheumatologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		2250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	6 <b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 16 / 45   (check only one)
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American College of Rheumatolog			
Full Name (Last, First, Middle Initial) Richard Furie			Date of Receipt
Richard Furie  Mailing Address Division of Rheum 2800 Marcus Ave	natology		0 2 2 5 7 2 0 1 1
City Lake Success	State NY	Zip Code 11042	Transaction ID: 9862984  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer North Shore LIJ Health Sy- stem Receipt For:	Occupation physician Aggregate		
Primary General Other (specify) ▼	33 33	250.00	
Full Name (Last, First, Middle Initial) David Borenstein			Date of Receipt
Mailing Address 10505 Scarboro L	ane		M M / D D / Y Y Y Y Y Y Y Y Y Z D 1 1
City State Zip Code Potomac MD 20850			Transaction ID: 9862985  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20030	1000.00
Name of Employer Arthritis and Rheumatism	Occupation Physician		
Assoc Receipt For:	<del></del>	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) Stanley Cohen	1		Date of Receipt
Mailing Address 5447 Castlewood	Dr		02 26 2011
City Dallas	State TX	Zip Code 75229	Transaction ID: 9862986
FEC ID number of contributing federal political committee.	C	13229	Amount of Each Receipt this Period 250.00
Name of Employer Rheumatology Associates	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	<del> </del>	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	าลl)		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 45 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (I.E. II)	Statements may ne name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Rheumatology (	(RheumPAC)		
Full Name (Last, First, Middle Initial) Richard Olson			Date of Receipt
Mailing Address 3324 Westminster Di	r.		02 / 27 / 2011
City	State	Zip Code	Transaction ID: 9862990
Rockford	IL	61107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Rockford Orthopedic Assoc-	Occupation physician		
<u>iates</u> Receipt For:	<del>-   ' ' ' </del>	Year-to-Date <b>V</b>	_
Primary General Other (specify) ▼	35.594.0	500.00	
Full Name (Last, First, Middle Initial) Edward Fudman			Date of Receipt
Mailing Address 1301 W 38th Street Suite 702			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 9862991
Austin	TX	78705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer self	Occupation physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Alfred Denio			Date of Receipt
Mailing Address Center for Arthritis 300 Medical Parkway	Ste 112		03 02 7 2011
City	State	Zip Code	Transaction ID: 9862992
Chesapeake	VA	23320	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Center for Arthritis	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 45 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full)  American College of Rheumatology (RI	heumPAC)		
Full Name (Last, First, Middle Initial) Blake Roessler			Date of Receipt
Mailing Address Internal Medicine 1150 W Medical Center	r Dr		03 02 YYYY 2011
City	State	Zip Code	Transaction ID: 9862993
Ann Arbor	MI	48109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer University of Michigan	Occupation professor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Peter Kent			Date of Receipt
Mailing Address 18430 Ridgewood Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 9866689
Wayzata	MN	55391	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Park Nicollet Clinic	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Paul J. Borgmeier, Jr., MD			Date of Receipt
Mailing Address 1801 Senate Blvd. Suite 315			03 04 7 2011
City	State	Zip Code	Transaction ID: 9866690
Indianapolis	IN	46202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Indiana Clinic	Occupation Rheumat		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 45 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may name and add	not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full)  American College of Rheumatology (F	RheumPAC)		
Full Name (Last, First, Middle Initial) Meera Oza			Date of Receipt
Mailing Address 2574 Admirals Walk D	r S		03 03 2011
City	State	Zip Code	Transaction ID: 9866856
Orange Park	FL	32073-6102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self-Employed	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Alex Limanni			Date of Receipt
Mailing Address 9201 Westeind Ct			03 / 07 / 4 9 9
City	State	Zip Code	Transaction ID: 9866868
Dallas  FEC ID number of contributing federal political committee.	C	75231	Amount of Each Receipt this Period  300.00
Name of Employer Arthritis Centers of Texas	Occupation Rheumat		
Receipt For:  Primary General  Other (specify) ▼	1 '	Year-to-Date ▼ 300.00	]
Full Name (Last, First, Middle Initial) Fehmida Zahabi	1		Date of Receipt
Mailing Address 630 Stonewood Dr. #4	12		03 / 07 / 2011
City Plano	State TX	Zip Code 75024	Transaction ID: 9866872  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Texas Rheumatology Care	Occupation Rheumat		7
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1		1800.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 45 (check only one)    X
Any Information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American College of Rheumatology	d Statements may not be sold or used by any persong the name and address of any political committee to (RheumPAC)	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Prashanth Sunkureddi		Date of Receipt
Mailing Address 605 Ivory Stone Ln.		03 07 2011
City	State Zip Code	Transaction ID: 9866878
League City	TX 77573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer The University of Texas Medical Branch	Occupation Rheumatologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) John Willis		Date of Receipt
Mailing Address 712 N. Washington	#300	M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 9866879
Dallas	TX 75246	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Arthritis Center of Texas	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Gloria Higgins		Date of Receipt
Mailing Address 2202 Bryden Rd.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 9872612
Columbus	OH 43209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ohio State University and Pediatric Ac	Occupation physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 45 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American College of Rheumatolog	and Statements may not be sold or used by any persong the name and address of any political committee to gy (RheumPAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Cathy Chapman  Mailing Address 5210 Poplar Ave,	Sto. 150	Date of Receipt
City Memphis	State Zip Code TN 38119	Transaction ID: 9873232  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Rheumatology & Derm Assoc.  Receipt For: Primary General Other (specify)	Occupation rheumatologist  Aggregate Year-to-Date   1000.00	
Full Name (Last, First, Middle Initial) Ana Ballester-Fiallo Mailing Address P.O.Box 781089		Date of Receipt  0 3 0 8 2 0 1 1
City	State Zip Code	Transaction ID: 9873233
San Antonio	TX 78278-1089	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self employed	Occupation Rheumatologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) James Engelbrecht	•	Date of Receipt
Mailing Address 4281 Rosemary L	ane	03 10 2011
City	State Zip Code	Transaction ID: 9879618
Rapid City  FEC ID number of contributing federal political committee.	SD 57702	Amount of Each Receipt this Period 500.00
Name of Employer Black Hills Orth and Spine Cen	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 45 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full)  American College of Rheumatology (F	RheumPAC)		
Full Name (Last, First, Middle Initial) Joseph J Weiss			Date of Receipt
Mailing Address 4485 Chippewa CT			03 10 2011
City	State	Zip Code	Transaction ID: 9879620
Bloomfield Hills	MI	48301-1551	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employeed	Occupatio Physicia	n n-Rheumatologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Gwenesta B Melton			Date of Receipt
Mailing Address 443 Harlow Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 9898700
LaFayetteville	NC	28314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer LaFayetteville Clinic	Occupatio Rheumat		
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) William Harvey	l		Date of Receipt
Mailing Address 33 Worcester Square	#4		03 / 13 / 2011
City	State	Zip Code	Transaction ID: 9898701
Boston	MA	02118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Tufts Medical Center	Occupatio Physicia		
Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		)	2750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 45 (check only one)    X
0	ny information copied from such Reports and r for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	Statements may note that the name and address	not be sold or used by any pers ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American College of Rheumatology	(RheumPAC)		
۸.	Full Name (Last, First, Middle Initial) David Goddard			Date of Receipt
	Mailing Address 186 Joralemon Stree	et  State	Zip Code	03 13 2011
	City <u>Brooklyn</u>	NY	11201	Transaction ID: 9898703  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	11201	500.00
	Name of Employer YU Medical Williamsburg	Occupation Rheumato	logist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Joseph Huffstutter	To a control of the c		Date of Receipt
	Mailing Address 4229 Leedy Moutain	Lane	03 14 2011	
	City	State	Zip Code	Transaction ID: 9898708
	Signal Moutain	TN	37377	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Arthritis Associates	Occupation Physician		
	Receipt For:  Primary General  Other (specify)	Aggregate \	/ear-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Herbert Baraf			Date of Receipt
	Mailing Address 2730 University Blvd	W Ste 310		03 / 14 / 2011
	City Wheaton	State MD	Zip Code 20902	Transaction ID: 9898709
	FEC ID number of contributing federal political committee.	C	20302	Amount of Each Receipt this Period  1000.00
	Name of Employer Arthritis & Rheumatism As- sociates, P.C	Occupation physician		
	Receipt For:  Primary General  Other (specify)	Aggregate \	/ear-to-Date ▼ 1000.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			2500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	, , , , , , , , , , , , , , , , , , ,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 24 / 45   (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	und Statements may ind the name and addr	not be sold or used by any person	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American College of Rheumatolog	<u> </u>	ess of any political committee to	y solicit continuations from such committee.
Full Name (Last, First, Middle Initial) Gary Feldman			Date of Receipt
Mailing Address 609 23rd Street			0 3 1 4 2 0 1 1
City Santa Monica	State CA	Zip Code 90402	Transaction ID: 9898710  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Pacific Arthritis	Occupation rheumatol	ogist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	/ear-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Jeffrey Lawson			Date of Receipt
Mailing Address 20 Crescent Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	City State Zip Code Greenville SC 29605		Transaction ID: 9898711
FEC ID number of contributing federal political committee.	C	29003	Amount of Each Receipt this Period  2000.00
Name of Employer Piedmont Arthritis Center	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate \	Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Kathleen Price			Date of Receipt
Mailing Address 6410 Waterway Di	rive		03 14 2011
City Falls Church	State VA	Zip Code 22044	Transaction ID: 9898713
FEC ID number of contributing federal political committee.	C	22044	Amount of Each Receipt this Period  250.00
Name of Employer Falls Church Medical Cent- er	Occupation physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 250.00	]
SUBTOTAL of Receipts This Page (option	al)		2750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 45 (check only one)  X 11a 11b 11c 12  13 14 15 16 11	
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements man ne name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	American College of Rheumatology (	(RheumPAC)			
۸.	Full Name (Last, First, Middle Initial) Timothy Laing			Date of Receipt	
	Mailing Address 5522 Warren Road  City	State	Zip Code	0 3 1 4 2 0 1 1 Transaction ID: 9898714	
	Ann Arbor	MI	48105	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	2000.00	
	Name of Employer University of Michigan	Occupatio MD	n		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00		
- s.	Full Name (Last, First, Middle Initial) William St. Clair			Date of Receipt	
	Mailing Address 11 West Haven Place	03 / 14 / 2011			
	City State		Zip Code	Transaction ID: 9898716	
	Durham	NC	27705	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Duke Medical Center	Occupatio Physicia			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		250.00		
. –	Full Name (Last, First, Middle Initial) Deborah D. Desir, MD			Date of Receipt	
	Mailing Address 3018 Dixwell Ave.			0 3	
	City	State	Zip Code	Transaction ID: 9898718	
	<u>Hamden</u>	CT	06518	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Arthritis and Osteoporosis PC	Occupatio Physicia	n		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
	SUBTOTAL of Receipts This Page (optional)	1		2500.00	

## SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 45 (check only one)    X   11a
\	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American College of Rheumatology (F	name and ad	Idress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial)  Mary Radia  Mailing Address 4800 Stonebridge Circ	,		Date of Receipt
	City W. Des Moines	State IA	Zip Code 50265	Transaction ID: 9898731  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	250.00
	Name of Employer Mercy Arthritis andOsteop- orosis Center Receipt For:  Primary General  Other (specify) ▼	Occupation Rheuma Aggregate		
3.	Full Name (Last, First, Middle Initial) Rodolfo Molina Mailing Address 125 E. King's Highway	1		Date of Receipt  0 3 1 5 2 0 1 1
	City	State	Zip Code	Transaction ID: 9898734
	San Antonio FEC ID number of contributing federal political committee.	C	78212	Amount of Each Receipt this Period 2000.00
	Name of Employer Arthritis Associates PA	Occupation Rheuma		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
	Full Name (Last, First, Middle Initial) Gerald T Rosenberg, MD	1		Date of Receipt
	Mailing Address 45 Donore Square			03 15 2011
	City San Antonio	State TX	Zip Code 78229	Transaction ID: 9898737  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10229	300.00
	Name of Employer Arthritis Associates, PA	Occupation Rheuma		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			2550.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 45 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
4	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American College of Rheumatology (I	RheumPAC)		
Α.	Full Name (Last, First, Middle Initial) Jose Roldan Mailing Address 230 Blackiack Oak	Date of Receipt		
		State	Zip Code	03 / 16 / 2011
	City San Antonoio	TX	78230	Transaction ID: 9899815  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Arthritis Asscociates PA	Occupation Rheuma		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Taraneh Mehrani	Date of Receipt		
	Mailing Address 147 Republic St Ste 2	03 / 17 / 2011		
	City		Zip Code	Transaction ID: 9900898
	Madison  FEC ID number of contributing federal political committee.	MS C	39110	Amount of Each Receipt this Period 250.00
	Name of Employer self employed	Occupation Rheuma		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ ).	Full Name (Last, First, Middle Initial) Edward Herzig			Date of Receipt
	Mailing Address 419 Reilly Road			03 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Cincinnati	State OH	Zip Code 45215	Transaction ID: 9900899  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	43213	1000.00
	Name of Employer Herzig Krall Medical Group	Occupation Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .			1500.00
上	TOTAL This Period (last page this line number		<u> </u>	

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 45 (check only one)  X 11a 11b 11c 12 13 14 15 16	
Any inform	nation copied from such Reports and S mercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
\	OF COMMITTEE (In Full) can College of Rheumatology (F	RheumPAC)			
Full Na Rita Eg	me (Last, First, Middle Initial)			Date of Receipt	
Mailing	Address Arthritis Center of Lexi 330 Waller Ave Ste 10	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City		State	Zip Code	Transaction ID: 9901101	
<u>Lexing</u>	gton	KY	40504	Amount of Each Receipt this Period	
	number of contributing political committee.	С		500.00	
Name of ACL	of Employer	Occupatio Physicia			
	t For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
Karla B				Date of Receipt	
Mailing ———	Address 700 Childrens Dr			03 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City		State	Zip Code	Transaction ID: 9906572	
<u>Colum</u>	nbus	OH	43205-2692	Amount of Each Receipt this Period	
	number of contributing political committee.	C		250.00	
Name o Nations pital	of Employer wide Children's Hos-	Occupatio Pediatric	n Nurse Practitioner		
	t For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
	me (Last, First, Middle Initial) I C Schweitz			Date of Receipt	
	Address 7721 Pine Tree LN			03 27 2011	
City		State	Zip Code	Transaction ID: 9918818	
West	Palm Beach	FL	33406-7833	Amount of Each Receipt this Period	
	number of contributing political committee.	C		1000.00	_
Name o Self-Er	of Employer mployed	Occupatio Rheumat		7	
Receipt	t For:	Aggregate	e Year-to-Date		
	Primary		1000.00		
SURTOT	AL of Receipts This Page (optional)	l		1750.00	
	This Period (last page this line number		<u> </u>		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 45 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American College of Rheumatolog	gy (RheumPAC)	
Full Name (Last, First, Middle Initial) Yusuf Yazici		Date of Receipt
Mailing Address 13 Riverpointe Rd		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 9918820
Hastings on Hudson	NY 10706	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Brooklyn Heights Arthritis Associates	Occupation Rheumatologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Guillermo Valenzuela		Date of Receipt
Mailing Address 140 SW 84th Ave	M M / D D / Y Y Y Y O D D / 25 2011	
City	State Zip Code	Transaction ID: 9918822
Plantation	FL 33324	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self employed	Occupation Rheumatologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Jeff Peterson		Date of Receipt
Mailing Address 1112 1st St.		M M / D D / Y Y Y Y Y O D D / Y 29 2011
City	State Zip Code	Transaction ID: 9930068
Kirkland	WA 98033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer The Seattle Arthritis Cli- nic	Occupation Rheumatologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 45 (check only one)    X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American College of Rheumatology (F	RheumPAC)		
٠.	Full Name (Last, First, Middle Initial) Stephanie Ott			Date of Receipt
	Mailing Address 4133 Fieldstone Stree			03 31 2011
	City Carroll	State OH	Zip Code 43112	Transaction ID: 9943491  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Fairfield Medical Ctr	Occupatio physiciar		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Samuel Pegram Mailing Address 44825 Almeda Rd	Date of Receipt		
		04 04 2011		
	City Houston	State TX	Zip Code 77004-5655	Transaction ID: 9943492  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	77004 3033	250.00
	Name of Employer Information Requested	Occupatio Informati	n ion Requested	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Chad Deal			Date of Receipt
	Mailing Address 21099 Colby Rd	0 4 0 5 2 0 1 1		
	City	State	Zip Code	Transaction ID: 9958661
	Shaker Heights FEC ID number of contributing federal political committee.	ОН	44122	Amount of Each Receipt this Period  250.00
	Name of Employer Cleveland Clinic	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
5	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 31 / 45   (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American College of Rheumatolog	gy (RheumPAC)		
Full Name (Last, First, Middle Initial) Erin Arnold			Date of Receipt
Mailing Address 1331 Greenwood			03 10 2011
City Wilmette	State IL	Zip Code 60091	Transaction ID: 9959121  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Illinois Bone and Joint Inst.	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	]
Full Name (Last, First, Middle Initial) Arielle Silver	<b> </b>		Date of Receipt
Mailing Address 1420 Locus Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State PA	Zip Code	Transaction ID: 9964838
Philadelphia  FEC ID number of contributing federal political committee.	C	19102	Amount of Each Receipt this Period  250.00
Name of Employer Arthritis, Rheumatic and Back	Occupation physiciar		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Cathy Chapman			Date of Receipt
Mailing Address 5210 Poplar Ave, S	Ste. 150		0 4 1 2 2 0 1 1
City Memphis	State TN	Zip Code 38119	Transaction ID: 9966422  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00110	500.00
Name of Employer Rheumatology & Derm Assoc.	Occupation rheumaton		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (option	ıal)		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate for each categ Detailed Sumi	ory of the	FOR LINE NUMBER: PAGE 32 / 45 (check only one)  X 11a 11b 11c 12 13 14 15 16 11		
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or us name and address of any politic	sed by any person cal committee to so	for the purpose of soliciting contributions		
American College of Rheumatology (F	RheumPAC)		_		
Full Name (Last, First, Middle Initial)  Evelyn Hess			Date of Receipt		
Mailing Address 2916 Grandin Road	Mailing Address 2916 Grandin Road				
City Cincinnati	State Zip Code OH 45208		Transaction ID: 9978584  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer Un Cincinnati Medical Sch- ool	Occupation Physician and Rheumat	ologist			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	500.00			
Full Name (Last, First, Middle Initial) Charles Arkin			Date of Receipt		
Mailing Address 3242 Piper Glen Cove	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City <u>Memphis</u>	State Zip Code TN 38125		Transaction ID: 9980779  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	u l	250.00		
Name of Employer Rheumatology and Osteopor- osis Center	Occupation Rheumatologist				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	250.00			
Full Name (Last, First, Middle Initial)  M. Eric Gershwin			Date of Receipt		
Mailing Address			04 20 YYYY 20 2011		
City	State Zip Code CA		Transaction ID: 9986508  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Division of Rheumatology/- Allergy/Unive Receipt For:	Occupation Physician				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00			
SUBTOTAL of Receipts This Page (optional)	1	·····	1000.00		
TOTAL This Period (last page this line number	only)				

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 45 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)  American College of Rheumatolog	and Statements may not be sold or used by any persong the name and address of any political committee to yy (RheumPAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Elizabeth Perkins  Mailing Address 757 Jasmine Way  City Birmingham  FEC ID number of contributing	State Zip Code AL 35226-4215 C	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify) ▼	Occupation Rheumatologist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Fredrick Dietz  Mailing Address 4003 Cushman Cl	ose	Date of Receipt  0 4 2 2 2 2 0 1 1
City Rockford FEC ID number of contributing federal political committee.	State Zip Code IL 61114	Transaction ID: 9987849  Amount of Each Receipt this Period  500.00
Name of Employer Rockford Health System  Receipt For:  Primary General  Other (specify) ▼	Occupation Rheumatologist  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Aliya Khan Mailing Address 3075 Governor's F	Pl. Blvd.	Date of Receipt  0 4 2 5 2 0 1 1
City <u>Dayton</u> FEC ID number of contributing federal political committee.	State Zip Code OH 45409	Transaction ID: 9988416  Amount of Each Receipt this Period  500.00
Name of Employer Dayton Arthritis & Allergy Center Receipt For:  Primary General Other (specify) ▼	Occupation Rheumatologist  Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (option	al)	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Benorts at	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 45  (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American College of Rheumatology	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Daikh		Date of Receipt
Mailing Address 3633 Clement		0 4 2 7 2 0 1 1
City	State Zip Code	Transaction ID: 9991993
San Francisco	CA 94121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UCSF/VA Medical Center	Occupation Rheumatologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Audrey Uknis		Date of Receipt
Mailing Address 11 Jacqueline Circl	е	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 9992485
Richboro	PA 18954	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Temple University	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) V.Michael Holers	I	Date of Receipt
Mailing Address 1775 Aurora Ct.		05 01 YYYYY 2011
City	State Zip Code	Transaction ID: 9993456
<u>Aurora</u>	CO 80045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer University of Colorado Sc- hool of Medic	Occupation Rheumatologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
CURTOTAL of Descripto This Page ( ) if		1750.00
SUBTUTAL OF Receipts This Page (optional	al)	

A.

В.

Receipt For:

Primary

Other (specify)

General

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

PAGE 35 / 45 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American College of Rheumatology (RheumPAC) Full Name (Last, First, Middle Initial) Date of Receipt Charles Pritchard Mailing Address 2400 Maryland Road 05 03 2011 Suite 40 City State Zip Code Transaction ID: 9993485 Willow Grove PA 19090 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Rheumatic Disease Associa-Occupation Rheumatologist tes Receipt For: Aggregate Year-to-Date General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) Donald Eugene Thomas, Jr. Date of Receipt Mailing Address 7300 Hanover Dr. Ste. 201 0 5 03 2011 City State Zip Code Transaction ID: 9993487 Greenbelt MD 20770 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Arthritis & Pain Associat-Occupation Rheumatologist

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	750.00
TOTAL This Period (last page this line number only)	<b>•</b>	48499.00

Aggregate Year-to-Date

500.00

## SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 45 (check only one)  11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may he name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American College of Rheumatology	(RheumPAC)		
	Full Name (Last, First, Middle Initial) American College of Rheumatology			Date of Receipt
	Mailing Address 2200 Lake Boulevard	J NE		05 02 7 2011
	City Atlanta	State GA	Zip Code 30319	Transaction ID: 10055203  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		753.17
	Name of Employer	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2141.01	February and March credit card fees
_	Full Name (Last, First, Middle Initial) American College of Rheumatology	Date of Receipt		
	Mailing Address 2200 Lake Boulevard	06 30 2011		
	City	State GA	Zip Code	Transaction ID: 10117466
	Atlanta FEC ID number of contributing federal political committee.	C	30319	Amount of Each Receipt this Period  895.17
	Name of Employer	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 3036.18	April & May credit card fees
_	Full Name (Last, First, Middle Initial) American College of Rheumatology			Date of Receipt
	Mailing Address 2200 Lake Boulevard	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 9788712
	Atlanta FEC ID number of contributing federal political committee.	GA C	30319	Amount of Each Receipt this Period 655.42
	Name of Employer	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 655.42	Oct, Nov, Dec CC fees
Γ,	SUBTOTAL of Receipts This Page (optional)			2303.76

A.

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 45 (check only one)  11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Rheumatology	(RheumPAC)		
Full Name (Last, First, Middle Initial) American College of Rheumatology  Mailing Address 2200 Lake Bouleval			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Atlanta	State GA	Zip Code 30319	Transaction ID: 9902239  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		732.42
Name of Employer	Occupation	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1387.84	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	732.42
TOTAL This Period (last page this line number only)	<u> </u>	3036.18

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 38 / 45
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one)  22   X   23   24   25   26   28a   28b   28c   29   30b
Any Information copied from such Reports and Statemen			
or for commercial purposes, other than using the name	and address of any political	committee to so	olicit contributions from such committee
NAME OF COMMITTEE (In Full)	- DAO)		
American College of Rheumatology (Rheun	nPAC)		
Full Name (Last, First, Middle Initial)			Transaction ID: 10012573
Marsha Blackburn For Congress Inc.			Date of Disbursement
Mailing Address PO Box 682185			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \\ S \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D \\ I \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \Big] \ / \ \begin{bmatrix} \begin{smallmatrix} Y \\ I \end{smallmatrix} \Big]$
	State Zip Code FN 37068		Amount of Each Disbursement this Period
Purpose of Disbursement	37000		2500.00
May 16 event in Nashville		011	
Candidate Name Rep. Marsha Blackburn		Category/ Type	
Office Sought: X House Disburser	ment For: 2012	туре	
Senate	Primary X General		May 16 event in Nashville
President	Other (specify)		
State: TN District: 07			
Full Name (Last, First, Middle Initial)			Transaction ID: 10012574
Friends Of John Barrow			Date of Disbursement
Mailing Address PO Box 8166			05 10 7 2011
•	State Zip Code GA 31412		Amount of Each Disbursement this Period
Purpose of Disbursement	01112		1000.00
		011	
Candidate Name Rep. John Barrow		Category/ Type	
Office Sought: X House Disburser	ment For: 2012		
	Primary X General		
State: GA District: 12	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: 10056583
Friends Of Sherrod Brown			Date of Disbursement
Mailing Address PO Box 76187			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix}$
	State Zip Code		Amount of Each Disbursement this Period
	DC 20013		1000.00
Purpose of Disbursement		011	1000.00
Candidate Name		Category/	
Sen. Sherrod Brown		Type	
Office Sought: House Disburser	ment For: 2012		
X Senate	Primary X General		
President State: OH District:	Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)			4500.00
TOTAL This Period (last page this line number only) .			

## SCHEDULE B (FEC Form 3X)

		· 1		rate schedule(s)	) ]		OR LINE heck on							45
ΙT	EMIZED DISBURSEMENT	15		category of the Summary Page		Ė	21b 27	22 28a	Х	23 28b	$\square$	24 28c	25 29	$\Box$
	y Information copied from such Reports a for commercial purposes, other than usin NAME OF COMMITTEE (In Full)													S
$\rangle$	American College of Rheumatolog	gy (Rheun	nPAC)											
	Full Name (Last, First, Middle Initial) Butterfield For Congress  Mailing Address PO Box 2571							Date	of D	isburs	-		30 2 0 1	1 Y
	City Wilson		State NC	Zip Code 27894				Amou	ınt o	f Each	Disb	-	ent this	
	Purpose of Disbursement  Candidate Name				C	01	1 gory/	<u> </u>		•		,	000.00	) •
	Rep. George Butterfield  Office Sought: X House Senate President  State: NC District: 01		ment For: Primary Other (spe	2012 X General cify) ▼		Ту								
	Full Name (Last, First, Middle Initial) Hatch Election Committee Inc  Mailing Address 175 South West	: Temple S	Suite 650					Date		ion ID:	ement		) Ž 0 Ť	1 Y
	City Salt Lake City Purpose of Disbursement February 7 event in Washington DC Candidate Name Sen. Orrin Hatch		State UT	Zip Code 84101		01 ate	gory/	Amou	ınt o	f Each	Disbi		ent this	
	Office Sought:  House  X Senate  President  State: UT  District:	Disburser	ment For: Primary Other (spe	2012 X General cify) <b>V</b>				Febru ngtor	iary i DC	7 eve	ent in	Was	hi-	
	Full Name (Last, First, Middle Initial) Tim Murphy For Congress									ion ID:	ement			V
	Mailing Address P.O. Box 24551							0 2	IVI	້	25	Ľ	ž 0 1	1 '
	City Pittsburgh Purpose of Disbursement		State PA	Zip Code 15234				Amou	ınt o	f Each	) Disb		ent this 2000.00	
	Candidate Name Rep. Tim Murphy					01 ate	gory/							
	Office Sought:  X House Senate President		ment For: Primary Other (spe	2012 X General		,,								
	State: PA District: 18													

Any Information for comment or for c	rcial purposes, other than use COMMITTEE (In Full) in College of Rheumatol et (Last, First, Middle Initial) lach For Congress Combiddress PO Box 87 and of Disbursement et Name mes Gerlach ught: X House Senate President District: 06 et (Last, First, Middle Initial) For Congress Coddress PO Box U	Detailed s and Statements may sing the name and additional logy (RheumPAC)  mittee  State PA  Disbursement For:	zip Code 19480		Transaction ID: 9849933  Date of Disbursement this Perior 1000.00  Transaction ID: 9849934  Amount of Each Disbursement 1000.00
State: PA Full Name Gingrey Mailing Ac City Uwchlar Purpose of State: PA Full Name Gingrey Mailing Ac City Candidate Rep. Jar City Marietta Purpose of Candidate Rep. Ph Office Son	rcial purposes, other than use COMMITTEE (In Full) in College of Rheumatol et (Last, First, Middle Initial) lach For Congress Combiders PO Box 87 and of Disbursement and President District: 06 et (Last, First, Middle Initial) For Congress Eddress PO Box U	State PA  Disbursement For: Primary Other (sp	Zip Code 19480  Zip Code 19480  Zip Code	011 Category/	Transaction ID: 9849933 Date of Disbursement  M M M D D D D Y Y Y O Y 1 Y  Amount of Each Disbursement this Period  1000.00  Transaction ID: 9849934 Date of Disbursement  M M M D D D D D D D D D D D D D D D D
Full Name Jim Gerl Mailing Ad  City Uwchlar Purpose of Candidate Rep. Jar  Office Son  State: PA  Full Name Gingrey  Mailing Ad  City Marietta Purpose of Candidate Rep. Ph  Office Son	COMMITTEE (In Full) In College of Rheumatol  (Last, First, Middle Initial) Iach For Congress Com  (In College of Rheumatol  (In Full) Iach For Congress Com  (In College of Rheumatol (In Full) Iach For Congress Com  (In College of Rheumatol (In Full) Iach For Congress Com  (In College of Rheumatol (In Full) Iach For Congress  (In Full	Disbursement For: Primary Other (sp	Zip Code 19480	011 Category/	Transaction ID: 9849933 Date of Disbursement  M M M D D 2 D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Jim Geri Mailing Ad City Uwchlar Purpose of Candidate Rep. Jar Office Sol State: PA Full Name Gingrey Mailing Ad City Marietta Purpose of Candidate Rep. Ph Office Sol	ddress PO Box 87  dd bf Disbursement  e Name mes Gerlach  ught: X House Senate President A District: 06  e (Last, First, Middle Initial) For Congress  ddress PO Box U	State PA  Disbursement For: Primary Other (sp	19480  2012  X General pecify)   Zip Code	Category/	Date of Disbursement    M
City Uwchlar Purpose of Candidate Rep. Jar Office Sor State: PA Full Name Gingrey Mailing Ad City Marietta Purpose of Candidate Rep. Ph Office Sor	ddress PO Box 87  and by Disbursement  Re Name mes Gerlach ught:  X House Senate President District: 06  Re (Last, First, Middle Initial) For Congress  ddress PO Box U	State PA  Disbursement For: Primary Other (sp	19480  2012  X General pecify)   Zip Code	Category/	Amount of Each Disbursement this Perio  1000.00  Transaction ID: 9849934 Date of Disbursement  0 2 M / D 2 D / Y Y Y O Y 1 Y  2 0 1 1 Y  2 0 1 1 Y  2 0 1 1 Y
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City Marietta Purpose of Candidate Rep. Ph Office So					
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Candidate Rep. Ph Office So	of Disbursement				
Rep. Ph Office So				011	1000.00
	e Name il Gingrey, M.D.			Category/ Type	
	Senate President	Disbursement For: Primary Other (sp	2012 X General pecify) ▼		
Full Name	e (Last, First, Middle Initial) EL BURGESS FOR CON	NGRESS			Transaction ID: 9853882 Date of Disbursement
Mailing Ad	ddress PO Box 2334				03
City Denton		State TX	Zip Code 76202		Amount of Each Disbursement this Perio
	of Disbursement			011	2500.00
	C. Burgess	1		Category/ Type	
Office So	ught: X House Senate President	Disbursement For: Primary Other (si	2012 X General pecify) ▼		
State: TX					

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			E NUMBER:	PAGE 41 / 45
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check or 21b 27	22 X 23 28a 28b	24 25 26 28c 29 30l
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)	and address of any pointed	u comm	milec to a	Solicit Contributions i	Tom such committee
American College of Rheumatology (Rheur	mPAC)				
Full Name (Last, First, Middle Initial) Snowe For Senate				Transaction II Date of Disbur	
Mailing Address PO Box 2012				03 M	10 / 2011
,	State Zip Code ME 04104			Amount of Eac	h Disbursement this Period
Purpose of Disbursement		C	)11		1000.00
Candidate Name Sen. Olympia Snowe		1	egory/ ype		
χ Senate President	ment For: 2012 Primary X General Other (specify) ▼				
State: ME District:					
Full Name (Last, First, Middle Initial) Rogers For Congress				Transaction II Date of Disbur	sement
Mailing Address PO Box 581 Post Office Box 581				03 / 0	07 2011
•	State Zip Code MI 48116			Amount of Eac	h Disbursement this Period
Purpose of Disbursement		C	)11		1000.00
Candidate Name Rep. Michael Rogers			egory/ ype		
Senate President	ment For: 2012 Primary X General Other (specify) ▼				
State: MI District: 08  Full Name (Last, First, Middle Initial)				T	2 0000047
Barney Frank For Congress Committee				Transaction II  Date of Disbur	sement
Mailing Address PO Box 260				03 / 0	07 2011
	State Zip Code MA 02460			Amount of Eac	th Disbursement this Period
Purpose of Disbursement			)11		1000.00
Candidate Name Rep. Barney Frank		Cat	egory/ ype		
Senate President	ment For: 2012 Primary X General Other (specify)	•			
State: MA District: 04  SUBTOTAL of Disbursements This Page (optional) .			•		3000.00
TOTAL This Period (last page this line number only)					

ITE	HEDULE B (FEC Form 3)	Use separate sche	ΛΙΙΙΔ(C) I -	INE NUMBER: PAGE 42 / 45
	EMIZED DISBURSEMENT		of the (Crieck	only one)  22 X 23 24 25 2  28a 28b 28c 29
				on for the purpose of soliciting contributions o solicit contributions from such committee
	NAME OF COMMITTEE (In Full) American College of Rheumatology			young contribution from coor committee
	Full Name (Last, First, Middle Initial) Friends Of Joe Pitts			Transaction ID: 9883848 Date of Disbursement
1	Mailing Address PO Box 775			03 7 7 2011
	City Unionville	State Zip Code PA 19375	e	Amount of Each Disbursement this Period
	Purpose of Disbursement		011	2500.00
ا	Candidate Name Rep. Joseph Pitts		Category/ Type	
	Office Sought:  X House Senate President State: PA District: 16	Disbursement For: 201 Primary X Ge Other (specify)		
ı	Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro			Transaction ID: 9883849 Date of Disbursement
_	Mailing Address 12 Trumbull Stree	et .		03 7 07 7 2011
	City New Haven	State Zip Code	e	Amount of Each Disbursement this Perio
-	Purpose of Disbursement		011	1000.00
	Candidate Name Rep. Rosa DeLauro		Category/ Type	-
Ì	rop: rioca Bozacio		-	
(	Office Sought: X House Senate President	Disbursement For: 201 Primary X Ge Other (specify)		
(	Office Sought: X House Senate	Primary X Ge		Transaction ID: 9883850 Date of Disbursement
; ; !	Office Sought:  X House Senate President State: CT District: 03  Full Name (Last, First, Middle Initial) Berkley for Congress  Mailing Address 7500 W. Lake Me	Primary X Ge Other (specify) ▼		
; ; ; ;	Office Sought:  X House Senate President State: CT District: 03  Full Name (Last, First, Middle Initial)  Berkley for Congress	Primary X Ge Other (specify) ▼	eneral	Date of Disbursement  O 3  Amount of Each Disbursement this Perior
; ; ; ; ;	Office Sought:  X House Senate President State: CT District: 03  Full Name (Last, First, Middle Initial) Berkley for Congress  Mailing Address 7500 W. Lake Me Box9-306  City Las Vegas  Purpose of Disbursement	Primary X Ge Other (specify)   ad Blvd.  State Zip Code	eneral e 011	Date of Disbursement  O 3
; ; ; ; ;	Office Sought:  X House Senate President State: CT District: 03  Full Name (Last, First, Middle Initial) Berkley for Congress  Mailing Address 7500 W. Lake Me Box9-306  City Las Vegas Purpose of Disbursement  Candidate Name Shelley Berkley	Primary X Ge Other (specify)   ad Blvd.  State Zip Cod NV 89128	eneral  011 Category/ Type	Date of Disbursement  O 3
	Office Sought:  X House Senate President State: CT District: 03  Full Name (Last, First, Middle Initial) Berkley for Congress  Mailing Address 7500 W. Lake Me Box9-306  City Las Vegas Purpose of Disbursement  Candidate Name Shelley Berkley	Primary X Ge Other (specify)   ad Blvd.  State Zip Code	eneral  011 Category/ Type 2	Date of Disbursement  O 3

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	NUMBER: PAGE 43 / 45
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22   X   23   24   25   2 28a   28b   28c   29   3
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)  American College of Rheumatology (Rheu			
Full Name (Last, First, Middle Initial) Friends Of Jack Kingston			Transaction ID: 9883851 Date of Disbursement
Mailing Address PO Box 2133			$\begin{bmatrix}\begin{smallmatrix}M&M&M\\03&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\11\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2011\end{smallmatrix}\end{bmatrix}$
City Savannah	State Zip Code GA 31402		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Jack Kingston	ement For: 2012	Category/ Type	
Senate President	Primary X General Other (specify)		
State: GA District: 01  Full Name (Last, First, Middle Initial)  Committee To Re-Elect Ed Towns			Transaction ID: 9991681 Date of Disbursement
Mailing Address 438 Lewis Avenue			$\begin{bmatrix}\begin{smallmatrix}M&M&M\\0&4\end{smallmatrix}\end{bmatrix}^{M} \begin{bmatrix}\begin{smallmatrix}D&D&D\\2&5\end{smallmatrix}\end{bmatrix}^{M} \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&1&1\end{smallmatrix}\end{bmatrix}^{Y}$
City Brooklyn	State Zip Code NY 11233		Amount of Each Disbursement this Period
Purpose of Disbursement April 28 event in Brooklyn		011	1500.00
Candidate Name Rep. Edolphus Towns		Category/ Type	
Office Sought:  X House  Senate  President  State: NY  Disburse	ement For: 2012 Primary X General Other (specify)		April 28 event in Brooklyn
Full Name (Last, First, Middle Initial) Friends Of John Boehner			Transaction ID: 9994385 Date of Disbursement
Mailing Address 7908 Cincinnati Dayton I Suite I	Road		$\begin{bmatrix}\begin{smallmatrix}M&4&M\\0&4&\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&2&0\\2&8\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&1&1\end{smallmatrix}$
City West Chester	State Zip Code OH 45069		Amount of Each Disbursement this Period
Purpose of Disbursement May 11 Event in DC		011	2500.00
Candidate Name Rep. John Boehner		Category/ Type	
Office Sought: X House Disburse Senate President State: OH District: 08	ement For: 2012 Primary X General Other (specify)		May 11 Event in DC
SUBTOTAL of Disbursements This Page (optional)			5000.00
222.2772 or 20000000000000000000000000000000000		······································	31000.00

SCHEDULE B (FEC FOIII 3X)		arate schedule(s)		R LINE eck onl	: NUMBE v one)	H:	L	PAGE	44 / 4	5
TEMIZED DISBURSEMENTS	Detailed	category of the Summary Page		21b 27	22 28a	23 28t		3c X	25 29	
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Full Name (Last, First, Middle Initial)										
SunTrust Bank Charges  Mailing Address PO Box 622227					Date o	of Disbu	D: 100 rsement		0 1 1	Y
City Orlando	State FL	Zip Code 32862-2227			Amou	nt of Ea	ch Disbu	rsemen	t this Po	eric
Purpose of Disbursement April credit card fees Candidate Name			001 tego	-				6:	95.27	
Office Sought: House Disbu	rsement For:	General	Гуре	•	April (	credit c	ard fees	3		
State: President District:  Full Name (Last, First, Middle Initial)	Other (spe	ecity) $lacktriangledown$			Trans	action	<b>D</b> : 100	06688		
SunTrust Bank Charges					Date o	of Disbu	rsement			
Mailing Address PO Box 622227					o <sup>M</sup> 5	M / I	31	ž	0 1 1	Y
City Orlando	State FL	Zip Code 32862-2227			Amou	nt of Ea	ch Disbu	rsemen	t this Po	eric
Purpose of Disbursement May credit card fees Candidate Name			001 tego					1:	99.90	
Office Sought: House Disbu Senate President State: District:	rsement For: Primary Other (spe	General ecify) ▼	Гуре	-	May o	redit c	ard fees			
Full Name (Last, First, Middle Initial) SunTrust Bank Charges					Date of	of Disbu	D: 101			_
Mailing Address PO Box 622227					0 <sup>M</sup> 6	M / I	30	ž	0 1 1	Y
City Orlando	State FL	Zip Code 32862-2227			Amou	nt of Ea	ch Disbu			eric
Purpose of Disbursement June credit card fees Candidate Name			001					4:	20.12	_
			tego Type							
Senate President	rsement For: Primary Other (spe	General ecify) ▼			June	credit d	ard fees	6		
State: District:										
					,				15.29	

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President

District:

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SCHEDULE B (FEC Form 3X)		R LINE NUMBER: PAGE 45 / 45
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	eck only one)  21b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full)		
American College of Rheumatology (Rheu	mPAC)	
Full Name (Last, First, Middle Initial)		Transaction ID: 9981206
SunTrust Bank Charges		Date of Disbursement
Mailing Address PO Box 622227		02 7 28 7 2011
	State Zip Code FL 32862-2227	Amount of Each Disbursement this Period
Purpose of Disbursement	12 02002 2227	227.06
February credit card fees	001	.
Candidate Name	Catego Type	·
Senate President	ment For: Primary General Other (specify)	February credit card fees
State: District:		
Full Name (Last, First, Middle Initial) SunTrust Bank Charges		Transaction ID: 9981241 Date of Disbursement
Mailing Address PO Box 622227		03
	State Zip Code FL 32862-2227	Amount of Each Disbursement this Period
Purpose of Disbursement		526.11
March credit card fees	001	
Candidate Name	Catego Type	
Office Sought: House Disburse	ment For:	March credit card fees

SUBTOTAL of Disbursements This Page (optional)	•	753.17
TOTAL This Period (last page this line number only)	<b>•</b>	2068.46

Other (specify)

State: