

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
American College of Rheumatology (RheumPAC)

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

2. **FEC IDENTIFICATION NUMBER** C00432823  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2011 through 06 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Ed Herzig  
Signature of Treasurer Electronically Filed by Ed Herzig Date 07 26 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American College of Rheumatology (RheumPAC)

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		105004.65
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning 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 <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	48499.00	48499.00
(ii) Unitemized .....	6861.00	6861.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	55360.00	55360.00
(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) .....	55360.00	55360.00
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.) .....	3036.18	3036.18
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 Transfer (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)) .....	58396.18	58396.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	58396.18	58396.18

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	31000.00	31000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	2160.95	2160.95
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	33160.95	33160.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33160.95	33160.95

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
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

# 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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial) Bobo Tanner		Date of Receipt MM / DD / YYYY 05 / 08 / 2011
Mailing Address 2105 Hampton Ave		<b>Transaction ID:</b> 10006959
City Nashville	State TN	Zip Code 37215
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Vanderbilt University	Occupation Assistant Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Linda Warnowicz		Date of Receipt MM / DD / YYYY 05 / 08 / 2011
Mailing Address 1375 Owahgena Rd.		<b>Transaction ID:</b> 10006960
City Cazenovia	State NY	Zip Code 13035
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Arthritis Health Associat- es	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Everett Allen		Date of Receipt MM / DD / YYYY 05 / 09 / 2011
Mailing Address 19272 Stone Oak Pkwy, Ste. 101		<b>Transaction ID:</b> 10006963
City San Antonio	State TX	Zip Code 78258
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Rheumatology Assoc. South Texas	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 7 / 45  
(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.** Full Name (Last, First, Middle Initial)  
Michael D Kohen, MD  
 Mailing Address 568 Riverside Dr  
 City State Zip Code  
Ormond Beach FL 32176  
 Date of Receipt MM / DD / YYYY  
05 / 09 / 2011  
**Transaction ID:** 10007144  
 Amount of Each Receipt this Period  
250.00  
 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 ▼  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Muhammad Khan  
 Mailing Address 1722 Coe's Post Run  
 City State Zip Code  
Westlake OH 44145  
 Date of Receipt MM / DD / YYYY  
05 / 09 / 2011  
**Transaction ID:** 10007228  
 Amount of Each Receipt this Period  
500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer MetroHealth Occupation  
Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Constantine Saadeh  
 Mailing Address 6842 Plum Creek  
 City State Zip Code  
Amarillo TX 79124  
 Date of Receipt MM / DD / YYYY  
05 / 10 / 2011  
**Transaction ID:** 10008106  
 Amount of Each Receipt this Period  
2000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Plum Creek Health Care Occupation  
Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2750.00  
**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 8 / 45
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mitchell Feinman	Date of Receipt MM / DD / YYYY 05 / 10 / 2011
	Mailing Address 477 Creek Landing St.	<b>Transaction ID:</b> 10008108
	City State Zip Code Daniel Island SC 29492	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Arthritis & Osteoporosis Center	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lawrence Schainker	Date of Receipt MM / DD / YYYY 05 / 11 / 2011
	Mailing Address 7510 Wyndale Road	<b>Transaction ID:</b> 10012997
	City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Rockville Internal Medicine Group	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven Eyanson	Date of Receipt MM / DD / YYYY 05 / 24 / 2011
	Mailing Address 3805 Tama St. SE	<b>Transaction ID:</b> 10048477
	City State Zip Code Cedar Rapids IA 52403-4557	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Physicians Clinic of Iowa	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 45  
(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.** Full Name (Last, First, Middle Initial)  
Abby Abelson

Mailing Address 19000 South Woodland Rd

City State Zip Code  
Shaker Hills OH 44122

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Cleveland Clinic physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 02 / 2011  
**Transaction ID:** 10055329

Amount of Each Receipt this Period 250.00

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

Mailing Address 1175 Picard Lane

City State Zip Code  
Fort Collins CO 80526

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Arthritis/Rheumatology Clinic of CO Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 10 / 2011  
**Transaction ID:** 10073635

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Adrian Jaffer

Mailing Address 9850 Genesee Ave. Ste 810

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Allergy & Rheumatology Medical Center Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 17 / 2011  
**Transaction ID:** 10091814

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 10 / 45  
(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.** Full Name (Last, First, Middle Initial)  
Elizabeth Tindall

Mailing Address 1255 SW Schaeffer Rd

City State Zip Code  
West Linn OR 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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2011

**Transaction ID:** 10098004

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
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 Information Requested Occupation  
Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** 10107721

Amount of Each Receipt this Period  
250.00

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

Mailing Address 62 Olde Field Road

City State Zip Code  
Newton Centre MA 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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2011

**Transaction ID:** 9784851

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 11 / 45  
(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.** Full Name (Last, First, Middle Initial)  
Karen Kolba  
 Mailing Address 110 Erna Way  
 City Pismo Beach State CA Zip Code 93449  
 Date of Receipt 01 / 22 / 2011  
**Transaction ID: 9784852**  
 Amount of Each Receipt this Period 1000.00  
 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

**B.** Full Name (Last, First, Middle Initial)  
James O'Dell  
 Mailing Address 3534 Pine St  
 City Omaha State NE Zip Code 68105  
 Date of Receipt 01 / 22 / 2011  
**Transaction ID: 9784854**  
 Amount of Each Receipt this Period 500.00  
 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 500.00

**C.** Full Name (Last, First, Middle Initial)  
Cynthia Weaver, MD  
 Mailing Address 2820 Mt Rushmore Rd  
 City Rapid City State SD Zip Code 57701  
 Date of Receipt 01 / 24 / 2011  
**Transaction ID: 9784858**  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Rapid City Medical Center Occupation Rheumatologist  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date 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: PAGE 12 / 45  
(check only one)

<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.**

Full Name (Last, First, Middle Initial) Christopher Antolini, MD		Date of Receipt MM / DD / YYYY 01 / 24 / 2011	
Mailing Address 830 Fillmore Street		Transaction ID: 9784862	
City Denver	State CO	Zip Code 80206-3850	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Denver Arthritis Clinic	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

**B.**

Full Name (Last, First, Middle Initial) Rebecca M Shepherd, MD		Date of Receipt MM / DD / YYYY 01 / 25 / 2011	
Mailing Address 311 Bowyer Lane		Transaction ID: 9788717	
City Lititz	State PA	Zip Code 17543	Amount of Each Receipt this Period 249.00
FEC ID number of contributing federal political committee. C			
Name of Employer LGA	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00		

**C.**

Full Name (Last, First, Middle Initial) Eileen Moynihan		Date of Receipt MM / DD / YYYY 02 / 15 / 2011	
Mailing Address 1304 Maple Ave		Transaction ID: 9842695	
City Haddon Heights	State NJ	Zip Code 08035	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1499.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 45  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Steven Cohen

Mailing Address

City State Zip Code  
TX

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

Name of Employer  
Trinity Clinic

Occupation  
physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2011

**Transaction ID:** 9845413

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 5429 Vining Point Road

City State Zip Code  
Minnnetonka MN 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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2011

**Transaction ID:** 9850995

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Eric Matteson

Mailing Address 1752 Walden LN SW

City State Zip Code  
Rochester MN 55902

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

Name of Employer  
Mayo Clinic

Occupation  
MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2011

**Transaction ID:** 9850997

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: PAGE 14 / 45  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Carlos J. Lozada

Mailing Address 2500 Monterey Ct.

City State Zip Code  
Weston FL 33327-1504

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

Name of Employer Occupation  
University of Miami Professor of Clinical Medicine

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2011

**Transaction ID:** 9850999

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Joan Marie Von Feldt

Mailing Address 716 Taunton Road

City State Zip Code  
Wilmington DE 19803

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

Name of Employer Occupation  
University of Pennsylvania/Philadelphia Professor of Medicine

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2011

**Transaction ID:** 9862891

Amount of Each Receipt this Period  
300.00

**C.**

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

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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2011

**Transaction ID:** 9862892

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: PAGE 15 / 45  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
C. Ronald Mackenzie

Mailing Address

City State Zip Code  
NY

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  
MM / DD / YYYY  
03 / 03 / 2011

**Transaction ID:** 9862894

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Sharad Lakhanpal

Mailing Address 5320 Royal Lane

City State Zip Code  
Dallas TX 75229

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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2011

**Transaction ID:** 9862982

Amount of Each Receipt this Period  
1000.00

**C.**

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

Mailing Address 751 Jaeger Street

City State Zip Code  
Columbus OH 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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2011

**Transaction ID:** 9862983

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

**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 16 / 45  
(check only one)

<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.**

Full Name (Last, First, Middle Initial) Richard Furie		Date of Receipt MM / DD / YYYY 02 / 25 / 2011
Mailing Address Division of Rheumatology 2800 Marcus Ave		Transaction ID: 9862984
City Lake Success	State NY	
Zip Code 11042		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00
Name of Employer North Shore LIJ Health System	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) David Borenstein		Date of Receipt MM / DD / YYYY 02 / 25 / 2011
Mailing Address 10505 Scarboro Lane		Transaction ID: 9862985
City Potomac	State MD	
Zip Code 20850		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00
Name of Employer Arthritis and Rheumatism Assoc	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Stanley Cohen		Date of Receipt MM / DD / YYYY 02 / 26 / 2011
Mailing Address 5447 Castlewood Dr		Transaction ID: 9862986
City Dallas	State TX	
Zip Code 75229		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00
Name of Employer Rheumatology Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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



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

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

FOR LINE NUMBER: PAGE 17 / 45  
(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.** Full Name (Last, First, Middle Initial)  
Richard Olson

Mailing Address 3324 Westminster Dr.

City State Zip Code  
Rockford IL 61107

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 ▼  
500.00

Date of Receipt: 02 / 27 / 2011  
**Transaction ID: 9862990**  
 Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Edward Fudman

Mailing Address 1301 W 38th Street Suite 702

City State Zip Code  
Austin TX 78705

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: 02 / 28 / 2011  
**Transaction ID: 9862991**  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Alfred Denio

Mailing Address Center for Arthritis 300 Medical Parkway Ste 112

City State Zip Code  
Chesapeake VA 23320

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

Name of Employer: Center for Arthritis  
Occupation: Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 03 / 02 / 2011  
**Transaction ID: 9862992**  
 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 18 / 45  
(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.** Full Name (Last, First, Middle Initial)  
Blake Roessler

Mailing Address Internal Medicine  
1150 W Medical Center Dr

City Ann Arbor State MI Zip Code 48109

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

Name of Employer University of Michigan Occupation professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2011  
Transaction ID: 9862993  
Amount of Each Receipt this Period 500.00

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

Mailing Address 18430 Ridgewood Rd

City Wayzata State MN Zip Code 55391

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

Name of Employer Park Nicollet Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 04 / 2011  
Transaction ID: 9866689  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Paul J. Borgmeier, Jr., MD

Mailing Address 1801 Senate Blvd.  
Suite 315

City Indianapolis State IN Zip Code 46202

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

Name of Employer Indiana Clinic Occupation Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 04 / 2011  
Transaction ID: 9866690  
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 19 / 45  
(check only one)

<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.**

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

Mailing Address 2574 Admirals Walk Dr S

City State Zip Code  
Orange Park FL 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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2011

**Transaction ID:** 9866856

Amount of Each Receipt this Period  
1000.00

**B.**

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

Mailing Address 9201 Westeind Ct

City State Zip Code  
Dallas TX 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 ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2011

**Transaction ID:** 9866868

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Fehmida Zahabi

Mailing Address 630 Stonewood Dr. #412

City State Zip Code  
Plano TX 75024

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

Name of Employer Texas Rheumatology Care  
Occupation Rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2011

**Transaction ID:** 9866872

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

**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 20 / 45  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Prashanth Sunkureddi

Mailing Address 605 Ivory Stone Ln.

City State Zip Code  
League City TX 77573

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

Name of Employer Occupation  
The University of Texas Medical Branch Rheumatologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2011

**Transaction ID:** 9866878

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
John Willis

Mailing Address 712 N. Washington #300

City State Zip Code  
Dallas TX 75246

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

Name of Employer Occupation  
Arthritis Center of Texas Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2011

**Transaction ID:** 9866879

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Gloria Higgins

Mailing Address 2202 Bryden Rd.

City State Zip Code  
Columbus OH 43209

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

Name of Employer Occupation  
Ohio State University and Pediatric Ac physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2011

**Transaction ID:** 9872612

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 21 / 45  
(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.** Full Name (Last, First, Middle Initial)  
Cathy Chapman

Mailing Address 5210 Poplar Ave, Ste. 150

City State Zip Code  
Memphis TN 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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2011

**Transaction ID:** 9873232

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ana Ballester-Fiallo

Mailing Address P.O.Box 781089

City State Zip Code  
San Antonio TX 78278-1089

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  
MM / DD / YYYY  
03 / 08 / 2011

**Transaction ID:** 9873233

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2011

**Transaction ID:** 9879618

Amount of Each Receipt this Period  
500.00

**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: PAGE 22 / 45  
(check only one)

<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.** Full Name (Last, First, Middle Initial)  
Joseph J Weiss

Mailing Address 4485 Chippewa CT

City Bloomfield Hills State MI Zip Code 48301-1551

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

Name of Employer Self-Employed  
Occupation Physician-Rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 10 / 2011  
Transaction ID: 9879620  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Gwenesta B Melton

Mailing Address 443 Harlow Dr

City LaFayetteville State NC Zip Code 28314

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

Name of Employer LaFayetteville Clinic  
Occupation Rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 03 / 12 / 2011  
Transaction ID: 9898700  
Amount of Each Receipt this Period: 2000.00

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

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 ▼ 250.00

Date of Receipt: 03 / 13 / 2011  
Transaction ID: 9898701  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2750.00

**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 23 / 45  
(check only one)

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

Mailing Address 186 Joralemon Street

City State Zip Code  
Brooklyn NY 11201

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

Name of Employer Occupation  
YU Medical Williamsburg Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2011

**Transaction ID:** 9898703

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4229 Leedy Moutain Lane

City State Zip Code  
Signal Moutain TN 37377

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

Name of Employer Occupation  
Arthritis Associates Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID:** 9898708

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2730 University Blvd W Ste 310

City State Zip Code  
Wheaton MD 20902

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID:** 9898709

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: PAGE 24 / 45

(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Gary Feldman  
Mailing Address 609 23rd Street

City State Zip Code  
Santa Monica CA 90402

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

Name of Employer Occupation  
Pacific Arthritis rheumatologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2011

Transaction ID: 9898710

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey Lawson  
Mailing Address 20 Crescent Ave

City State Zip Code  
Greenville SC 29605

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

Name of Employer Occupation  
Piedmont Arthritis Center Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2011

Transaction ID: 9898711

Amount of Each Receipt this Period  
2000.00

**C.**

Full Name (Last, First, Middle Initial)  
Kathleen Price  
Mailing Address 6410 Waterway Drive

City State Zip Code  
Falls Church VA 22044

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

Name of Employer Occupation  
Falls Church Medical Center physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2011

Transaction ID: 9898713

Amount of Each Receipt this Period  
250.00

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

2750.00

**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 25 / 45  
(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.** Full Name (Last, First, Middle Initial)  
Timothy Laing  
 Mailing Address 5522 Warren Road  
 City State Zip Code  
Ann Arbor MI 48105  
 Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011  
**Transaction ID:** 9898714  
 Amount of Each Receipt this Period  
2000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
University of Michigan MD  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00

**B.** Full Name (Last, First, Middle Initial)  
William St. Clair  
 Mailing Address 11 West Haven Place  
 City State Zip Code  
Durham NC 27705  
 Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011  
**Transaction ID:** 9898716  
 Amount of Each Receipt this Period  
250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Duke Medical Center Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
Deborah D. Desir, MD  
 Mailing Address 3018 Dixwell Ave.  
 City State Zip Code  
Hamden CT 06518  
 Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011  
**Transaction ID:** 9898718  
 Amount of Each Receipt this Period  
250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Arthritis and Osteoporosis PC Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 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: PAGE 26 / 45  
(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.** Full Name (Last, First, Middle Initial)  
Mary Radia  
Mailing Address 4800 Stonebridge Circle  
City State Zip Code  
W. Des Moines IA 50265  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Mercy Arthritis and Osteoporosis Center Rheumatologist  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2011  
Transaction ID: 9898731  
Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Rodolfo Molina  
Mailing Address 125 E. King's Highway  
City State Zip Code  
San Antonio TX 78212  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Arthritis Associates PA Rheumatologist  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00  
Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2011  
Transaction ID: 9898734  
Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Gerald T Rosenberg, MD  
Mailing Address 45 Donore Square  
City State Zip Code  
San Antonio TX 78229  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Arthritis Associates, PA Rheumatologist  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00  
Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2011  
Transaction ID: 9898737  
Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2550.00  
**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 27 / 45  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Jose Roldan

Mailing Address 230 Blackjack Oak

City State Zip Code  
San Antonio TX 78230

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

Name of Employer Occupation  
Arthritis Associates PA Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2011

**Transaction ID:** 9899815

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Taraneh Mehrani

Mailing Address 147 Republic St Ste 203

City State Zip Code  
Madison MS 39110

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  
MM / DD / YYYY  
03 / 17 / 2011

**Transaction ID:** 9900898

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Edward Herzig

Mailing Address 419 Reilly Road

City State Zip Code  
Cincinnati OH 45215

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

Name of Employer Occupation  
Herzig Krall Medical Group Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2011

**Transaction ID:** 9900899

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: PAGE 28 / 45  
(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.** Full Name (Last, First, Middle Initial)  
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 ▼ 500.00

Date of Receipt 03 / 17 / 2011  
Transaction ID: 9901101  
Amount of Each Receipt this Period 500.00

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

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 ▼ 250.00

Date of Receipt 03 / 22 / 2011  
Transaction ID: 9906572  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Michael C Schweitz

Mailing Address 7721 Pine Tree LN

City West Palm Beach State FL Zip Code 33406-7833

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 ▼ 1000.00

Date of Receipt 03 / 27 / 2011  
Transaction ID: 9918818  
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 29 / 45
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Yusuf Yazici	Date of Receipt MM / DD / YYYY 03 / 26 / 2011
	Mailing Address 13 Riverpointe Rd	<b>Transaction ID:</b> 9918820
	City State Zip Code Hastings on Hudson NY 10706	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Brooklyn Heights Arthritis Associates	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Guillermo Valenzuela	Date of Receipt MM / DD / YYYY 03 / 25 / 2011
	Mailing Address 140 SW 84th Ave #B	<b>Transaction ID:</b> 9918822
	City State Zip Code Plantation FL 33324	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer self employed	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeff Peterson	Date of Receipt MM / DD / YYYY 03 / 29 / 2011
	Mailing Address 1112 1st St.	<b>Transaction ID:</b> 9930068
	City State Zip Code Kirkland WA 98033	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer The Seattle Arthritis Clinic	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 45  
(check only one)

<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.**

Full Name (Last, First, Middle Initial) Stephanie Ott		Date of Receipt MM / DD / YYYY 03 / 31 / 2011	
Mailing Address 4133 Fieldstone Street		<b>Transaction ID:</b> 9943491	
City Carroll	State OH	Zip Code 43112	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Fairfield Medical Ctr	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

**B.**

Full Name (Last, First, Middle Initial) Samuel Pegram		Date of Receipt MM / DD / YYYY 04 / 04 / 2011	
Mailing Address 44825 Alameda Rd		<b>Transaction ID:</b> 9943492	
City Houston	State TX	Zip Code 77004-5655	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

**C.**

Full Name (Last, First, Middle Initial) Chad Deal		Date of Receipt MM / DD / YYYY 04 / 05 / 2011	
Mailing Address 21099 Colby Rd		<b>Transaction ID:</b> 9958661	
City Shaker Heights	State OH	Zip Code 44122	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cleveland Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 45

(check only one)

<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.**

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

Mailing Address 1331 Greenwood

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Occupation  
Illinois Bone and Joint Inst. Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2011

Transaction ID: 9959121

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Arielle Silver

Mailing Address 1420 Locus Street Apt 15T

City State Zip Code  
Philadelphia PA 19102

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

Name of Employer Occupation  
Arthritis, Rheumatic and Back physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 08 / 2011

Transaction ID: 9964838

Amount of Each Receipt this Period

250.00

**C.**

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

Mailing Address 5210 Poplar Ave, Ste. 150

City State Zip Code  
Memphis TN 38119

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

Name of Employer Occupation  
Rheumatology & Derm Assoc. rheumatologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 12 / 2011

Transaction ID: 9966422

Amount of Each Receipt this Period

500.00

**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: PAGE 32 / 45  
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial) Evelyn Hess		Date of Receipt MM / DD / YYYY 04 / 14 / 2011
Mailing Address 2916 Grandin Road		<b>Transaction ID:</b> 9978584
City Cincinnati	State OH	Zip Code 45208
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Un Cincinnati Medical School	Occupation Physician and Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Charles Arkin		Date of Receipt MM / DD / YYYY 04 / 15 / 2011
Mailing Address 3242 Piper Glen Cove		<b>Transaction ID:</b> 9980779
City Memphis	State TN	Zip Code 38125
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Rheumatology and Osteoporosis Center	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) M. Eric Gershwin		Date of Receipt MM / DD / YYYY 04 / 20 / 2011
Mailing Address		<b>Transaction ID:</b> 9986508
City	State CA	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Division of Rheumatology/-Allergy/Unive	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 33 / 45  
(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.** Full Name (Last, First, Middle Initial)  
Elizabeth Perkins

Mailing Address 757 Jasmine Way

City Birmingham State AL Zip Code 35226-4215

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

Name of Employer Rheumatology Care Center Occupation Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2011  
Transaction ID: 9987834  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Fredrick Dietz

Mailing Address 4003 Cushman Close

City Rockford State IL Zip Code 61114

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

Name of Employer Rockford Health System Occupation Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 22 / 2011  
Transaction ID: 9987849  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Aliya Khan

Mailing Address 3075 Governor's Pl. Blvd.

City Dayton State OH Zip Code 45409

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

Name of Employer Dayton Arthritis & Allergy Center Occupation Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 25 / 2011  
Transaction ID: 9988416  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**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 34 / 45  
(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.** Full Name (Last, First, Middle Initial)  
David Daikh

Mailing Address 3633 Clement

City State Zip Code  
San Francisco CA 94121

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

Name of Employer Occupation  
UCSF/VA Medical Center Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2011

**Transaction ID:** 9991993

Amount of Each Receipt this Period  
250.00

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

Mailing Address 11 Jacqueline Circle

City State Zip Code  
Richboro PA 18954

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

Name of Employer Occupation  
Temple University Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2011

**Transaction ID:** 9992485

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
V.Michael Holers

Mailing Address 1775 Aurora Ct.

City State Zip Code  
Aurora CO 80045

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

Name of Employer Occupation  
University of Colorado School of Medic Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2011

**Transaction ID:** 9993456

Amount of Each Receipt this Period  
500.00

**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:		PAGE 35 / 45	
	(check only one)			
<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles Pritchard		Date of Receipt																					
	Mailing Address 2400 Maryland Road Suite 40		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	3		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		0	3		2	0	1	1														
	City Willow Grove State PA Zip Code 19090		<b>Transaction ID:</b> 9993485																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer Rheumatic Disease Associates Occupation Rheumatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		250.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) Donald Eugene Thomas, Jr.		Date of Receipt																					
	Mailing Address 7300 Hanover Dr. Ste. 201		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	3		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		0	3		2	0	1	1														
	City Greenbelt State MD Zip Code 20770		<b>Transaction ID:</b> 9993487																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer Arthritis & Pain Associates Occupation Rheumatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		500.00																						

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

# SCHEDULE A (FEC Form 3X) ITEMIZED 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  17

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

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

Mailing Address 2200 Lake Boulevard NE

City Atlanta State GA Zip Code 30319

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2141.01

Date of Receipt: 05 / 02 / 2011  
**Transaction ID:** 10055203  
Amount of Each Receipt this Period: 753.17

February and March credit card fees

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

Mailing Address 2200 Lake Boulevard NE

City Atlanta State GA Zip Code 30319

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3036.18

Date of Receipt: 06 / 30 / 2011  
**Transaction ID:** 10117466  
Amount of Each Receipt this Period: 895.17

April & May credit card fees

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

Mailing Address 2200 Lake Boulevard NE

City Atlanta State GA Zip Code 30319

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 655.42

Date of Receipt: 01 / 25 / 2011  
**Transaction ID:** 9788712  
Amount of Each Receipt this Period: 655.42

Oct, Nov, Dec CC fees

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2303.76

**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 37 / 45  
(check only one)

<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)

A.

Full Name (Last, First, Middle Initial)  
American College of Rheumatology

Mailing Address 2200 Lake Boulevard NE

City	State	Zip Code
Atlanta	GA	30319

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

Name of Employer	Occupation

Receipt For:

Primary     General

Other (specify) ▼

Aggregate Year-to-Date ▼

1387.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	1

Transaction ID: 9902239

Amount of Each Receipt this Period  
732.42

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

**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)

**A.** Full Name (Last, First, Middle Initial)  
Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement  
May 16 event in Nashville

Candidate Name  
Rep. Marsha Blackburn

Office Sought:  House  
 Senate  
 President

State: TN District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: 10012573

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

2500.00

May 16 event in Nashville

**B.** Full Name (Last, First, Middle Initial)  
Friends Of John Barrow

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement

Candidate Name  
Rep. John Barrow

Office Sought:  House  
 Senate  
 President

State: GA District: 12

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: 10012574

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Friends Of Sherrod Brown

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement

Candidate Name  
Sen. Sherrod Brown

Office Sought:  House  
 Senate  
 President

State: OH District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: 10056583

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

1000.00

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

4500.00

**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)

A.	Full Name (Last, First, Middle Initial) Butterfield For Congress  Mailing Address PO Box 2571  City Wilson State NC Zip Code 27894  Purpose of Disbursement  Candidate Name Rep. George Butterfield  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01  Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10117460 Date of Disbursement 06 / 27 / 2011  Amount of Each Disbursement this Period 1000.00  011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Hatch Election Committee Inc  Mailing Address 175 South West Temple Suite 650  City Salt Lake City State UT Zip Code 84101  Purpose of Disbursement February 7 event in Washington DC  Candidate Name Sen. Orrin Hatch  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:  Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9792660 Date of Disbursement 02 / 01 / 2011  Amount of Each Disbursement this Period 5000.00  011 Category/ Type  February 7 event in Washi- ngton DC
C.	Full Name (Last, First, Middle Initial) Tim Murphy For Congress  Mailing Address P.O. Box 24551  City Pittsburgh State PA Zip Code 15234  Purpose of Disbursement  Candidate Name Rep. Tim Murphy  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18  Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9849932 Date of Disbursement 02 / 25 / 2011  Amount of Each Disbursement this Period 2000.00  011 Category/ Type

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

8000.00

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)

**A.** Full Name (Last, First, Middle Initial)  
Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. James Gerlach

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: PA District: 06

Transaction ID: 9849933  
Date of Disbursement

02 / 25 / 2011

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Gingrey For Congress

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Phil Gingrey, M.D.

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: GA District: 11

Transaction ID: 9849934  
Date of Disbursement

02 / 25 / 2011

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Michael C. Burgess

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: TX District: 00

Transaction ID: 9853882  
Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

2500.00

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

4500.00

**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)

<b>A.</b> Full Name (Last, First, Middle Initial) Snowe For Senate Mailing Address PO Box 2012 City Portland State ME Zip Code 04104 Purpose of Disbursement Candidate Name Sen. Olympia Snowe Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9883843 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

<b>B.</b> Full Name (Last, First, Middle Initial) Rogers For Congress Mailing Address PO Box 581 Post Office Box 581 City Brighton State MI Zip Code 48116 Purpose of Disbursement Candidate Name Rep. Michael Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9883846 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

<b>C.</b> Full Name (Last, First, Middle Initial) Barney Frank For Congress Committee Mailing Address PO Box 260 City Newtonville State MA Zip Code 02460 Purpose of Disbursement Candidate Name Rep. Barney Frank Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9883847 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

A.	Full Name (Last, First, Middle Initial) Friends Of Joe Pitts	Transaction ID: 9883848 Date of Disbursement 03 / 07 / 2011
	Mailing Address PO Box 775	Amount of Each Disbursement this Period 2500.00
	City Unionville State PA Zip Code 19375	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Joseph Pitts	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro	Transaction ID: 9883849 Date of Disbursement 03 / 07 / 2011
	Mailing Address 12 Trumbull Street	Amount of Each Disbursement this Period 1000.00
	City New Haven State CT Zip Code 06511	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Rosa DeLauro	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Berkley for Congress	Transaction ID: 9883850 Date of Disbursement 03 / 07 / 2011
	Mailing Address 7500 W. Lake Mead Blvd. Box9-306	Amount of Each Disbursement this Period 2500.00
	City Las Vegas State NV Zip Code 89128	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Shelley Berkley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Jack Kingston</p> <p>Mailing Address PO Box 2133</p> <p>City Savannah State GA Zip Code 31402</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Jack Kingston</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9883851 <b>Date of Disbursement</b> 03 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee To Re-Elect Ed Towns</p> <p>Mailing Address 438 Lewis Avenue</p> <p>City Brooklyn State NY Zip Code 11233</p> <p>Purpose of Disbursement April 28 event in Brooklyn</p> <p>Candidate Name Rep. Edolphus Towns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9991681 <b>Date of Disbursement</b> 04 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>April 28 event in Brooklyn</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends Of John Boehner</p> <p>Mailing Address 7908 Cincinnati Dayton Road Suite I</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement May 11 Event in DC</p> <p>Candidate Name Rep. John Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9994385 <b>Date of Disbursement</b> 04 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>May 11 Event in DC</p>

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

5000.00

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

31000.00

**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)

<b>A.</b> Full Name (Last, First, Middle Initial) SunTrust Bank Charges Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement April credit card fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10096687 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 1
	Amount of Each Disbursement this Period 695.27 April credit card fees

<b>B.</b> Full Name (Last, First, Middle Initial) SunTrust Bank Charges Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement May credit card fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10096688 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 1 1
	Amount of Each Disbursement this Period 199.90 May credit card fees

<b>C.</b> Full Name (Last, First, Middle Initial) SunTrust Bank Charges Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement June credit card fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10150452 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 1
	Amount of Each Disbursement this Period 420.12 June credit card fees

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1315.29
<b>TOTAL</b> 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)

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<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)

<b>A.</b> Full Name (Last, First, Middle Initial) SunTrust Bank Charges Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement February credit card fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9981206 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 227.06 February credit card fees
<b>B.</b> Full Name (Last, First, Middle Initial) SunTrust Bank Charges Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement March credit card fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9981241 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 1 1
	Amount of Each Disbursement this Period 526.11 March credit card fees

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

753.17

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

2068.46