

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

American College of Rheumatology (RheumPAC)

ADDRESS (number and street) 2200 Lake Boulevard NE

Check if different than previously reported. (ACC) Atlanta GA 30319

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00432823

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M / D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 11 / 29 / 2016 through M M / D D / Y Y Y Y Y Y 12 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Baraf, Herb, , ,

Type or Print Name of Treasurer

Signature of Treasurer Baraf, Herb, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 01 / 26 / 2017

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="203910.59"/>	<input type="text" value="203910.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="242687.49"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="20298.90"/>	<input type="text" value="158277.44"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="262986.39"/>	<input type="text" value="362188.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3031.85"/>	<input type="text" value="101845.44"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="259954.54"/>	<input type="text" value="260342.59"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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 / D D / Y Y Y Y 11 / 29 / 2016 To: M M / D D / Y Y Y Y 12 / 31 / 2016

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).....	17828.00	139584.00
(ii) Unitemized .....	1551.00	10848.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	19379.00	150432.00
(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) .....	19379.00	150432.00
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	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	919.90	3845.44
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	20298.90	158277.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20298.90	158277.44

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	98000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	531.85	3845.44
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3031.85	101845.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3031.85	101845.44

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	19379.00	150432.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19379.00	150432.00
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: (check only one)	PAGE 6 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. O'Dell, James, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3534 Pine St

City Omaha	State NE	Zip Code 68105
---------------	-------------	-------------------

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

Name of Employer (for Individual) Univ. of Nebraska Med Center	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2016

**Transaction ID : 14505658**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 3615 Windy Hill Rd

City Chapel Hill	State NC	Zip Code 27514
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of North Carolina	Occupation (for Individual) Professor
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2016

**Transaction ID : 14531893**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 2300 N Childrens Plz # 50

City Chicago	State IL	Zip Code 60614-3363
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Children's Memorial Hospital	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2016

**Transaction ID : 14531895**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Winkler, Anne, E., MD, PhD, M**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1621 S Delaware Ave

City Springfield	State MO	Zip Code 65804
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Winkler Medical Practice LLC	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2016

**Transaction ID : 14531971**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 2730 university Blvd. Ste 310

City Wheaton	State MD	Zip Code 20902
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2016

**Transaction ID : 14539529**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 8722 Hickory Bend Trail

City Potomac	State MD	Zip Code 20854
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2016

**Transaction ID : 14539530**

Amount of Each Receipt this Period  
2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
<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. Jacob, Ashok, C, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9792 June Flowers Way

City Laurel	State MD	Zip Code 20723-5618
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Annapolis Rheumatology	Occupation (for Individual) Fellow
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2016

**Transaction ID : 14539533**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 6630 McLean CT

City McLean	State VA	Zip Code 22101
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2016

**Transaction ID : 14539534**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 2730 University Blvd West

City Wheaton	State MD	Zip Code 20902
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2016

**Transaction ID : 14539536**

Amount of Each Receipt this Period  
250.00

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American College of Rheumatology (RheumPAC)**

**A. Huston, Kent, Kwas, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4330 Wornall Rd Bldg 2  
 Suite 40  
 City Kansas City State MO Zip Code 64111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Medical Plaza II Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : 14539620**  
 Amount of Each Receipt this Period 340.00  
 Memo Item

**B. Von Feldt, Joan Marie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 716 Taunton Road  
 City Wilmington State DE Zip Code 19803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Pennsylvania/Philadelphri Occupation (for Individual) Professor of Medicine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1170.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : 14539621**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**C. Baraf, Herbert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2730 University Blvd W Ste 310  
 City Wheaton State MD Zip Code 20902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis & Rheumatism Associates, P.C Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3386.00

Date of Receipt 12 / 15 / 2016  
**Transaction ID : 14539622**  
 Amount of Each Receipt this Period 386.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	896.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Melton, Gwenesta, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 443 Harlow Dr  
 City LaFayetteville State NC Zip Code 28314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LaFayetteville Clinic Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2510.00

Date of Receipt 12 / 15 / 2016  
**Transaction ID : 14539623**  
 Amount of Each Receipt this Period 510.00  
 Memo Item

**B. Flood, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 751 Jaeger Street  
 City Columbus State OH Zip Code 43206-2272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbus Arthritis Center Occupation (for Individual) Physician Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 12 / 15 / 2016  
**Transaction ID : 14539625**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**C. Herzig, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2121 Alpine Place Apt. 703  
 City Cincinnati State OH Zip Code 45206-3612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herzig Krall Medical Group Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3340.00

Date of Receipt 12 / 15 / 2016  
**Transaction ID : 14539688**  
 Amount of Each Receipt this Period 340.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 23
<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. Worthing, Angus, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5025 Sherier Place NW  
 City Washington State DC Zip Code 20016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis and Rheumatism Associates, P Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2340.00

Date of Receipt 12 / 15 / 2016  
**Transaction ID : 14539745**  
 Amount of Each Receipt this Period 340.00  
 Memo Item

**B. Lakhnopal, Sharad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5320 Royal Lane  
 City Dallas State TX Zip Code 75229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rheumatology Associates Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2432.00

Date of Receipt 12 / 15 / 2016  
**Transaction ID : 14539813**  
 Amount of Each Receipt this Period 432.00  
 Memo Item

**c. Carlin, Jeffrey, S., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 9th Avenue P O Box 900  
 City Seattle State WA Zip Code 98101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virginia Mason Medical Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 18 / 2016  
**Transaction ID : 14545526**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1022.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Knibbe, W, Patrick, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 South Eagle Road  
 Suite 3201  
 City Meridian State ID Zip Code 83642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Luke's Children's Rheumatology Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 19 / 2016  
**Transaction ID : 14545529**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Kolba, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Erna Way  
 City Pismo Beach State CA Zip Code 93449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2350.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : 14545534**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**C. Gewanter, Harry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8116 Buford Oaks Dr  
 City Richmond State VA Zip Code 23235-4683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatric & Adolescent Health Partners Occupation (for Individual) rheumatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 701.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : 14545535**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 23
<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. Niemer, Mark, W, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1500 Associates Drive  
 City Dubuque State IA Zip Code 52002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical Associates Clinic Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2016  
**Transaction ID : 14545610**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Gelfand, Gilbert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2723 Manning Ave  
 City Los Angeles State CA Zip Code 90064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Caremore Med Group Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2016  
**Transaction ID : 14545613**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Horan, Terri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1328 Marys Cove  
 City New Braunfels State TX Zip Code 78130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Terri T Horan MD Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2016  
**Transaction ID : 14548443**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<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: (check only one)	PAGE 14 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1301 W. 38th Ste. 110

City Austin	State TX	Zip Code 78705
----------------	-------------	-------------------

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

Name of Employer (for Individual) Austin Rheumatology Associates	Occupation (for Individual) physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2016

**Transaction ID : 14550119**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 6066 Quin Abbey Ct E

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

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

Name of Employer (for Individual) Columbus Arthritis Center	Occupation (for Individual) Rheumatologist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2016

**Transaction ID : 14550122**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 1448 E Center St, Ste E

City Pocatello	State ID	Zip Code 83201
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2016

**Transaction ID : 14550123**

Amount of Each Receipt this Period  
2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 23
<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. Arnold, Erin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1331 Greenwood  
 City Wilmette State IL Zip Code 60091  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Illinois Bone and Joint Inst. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 27 / 2016  
**Transaction ID : 14550411**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Fahey, Sean, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 157 - A Professional Park Dr.  
 City Mooresville State NC Zip Code 28117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Piedmont Healthcare Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 670.00

Date of Receipt 12 / 28 / 2016  
**Transaction ID : 14550836**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**C. Robinson, William, , Dr., MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 269 Campus Drive  
 City Stanford State CA Zip Code 94305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stanford University School of Medicine Occupation (for Individual) Associate Professor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : 14558891**  
 Amount of Each Receipt this Period 340.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1010.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Upchurch, Katherine, S, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 Belmont St.  
 City Worcester State MA Zip Code 01605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UMass Memorial Medical Group Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1340.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : 14558892**  
 Amount of Each Receipt this Period 340.00  
 Memo Item

**B. Gravalles, Ellen, M, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 364 Plantation Street Suite 223  
 City Worcester State MA Zip Code 01605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Massachusetts Medical Sc Occupation (for Individual) Professor of Medicine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 29 / 2016  
**Transaction ID : 14558894**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. King, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 179 Edgewater Cv  
 City Belden State MS Zip Code 38826-9145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NMMCI Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 670.00

Date of Receipt 12 / 29 / 2016  
**Transaction ID : 14558895**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	760.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 23
<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. Harvey, William, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Tufts Medical Center	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2016

**Transaction ID : 14558896**

Amount of Each Receipt this Period  
850.00

Memo Item

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

Mailing Address 230 Overbrook Rd.

City Baltimore	State MD	Zip Code 21212
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Johns Hopkins	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

**Transaction ID : 14558897**

Amount of Each Receipt this Period  
170.00

Memo Item

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

Mailing Address 5718 Porcher Dr

City Myrtle Beach	State SC	Zip Code 29577
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Carolina Health Specialists	Occupation (for Individual) Rheumatologist
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2016

**Transaction ID : 14559250**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2020.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ott, Stephanie, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4133 Fieldstone Street

City Carroll	State OH	Zip Code 43112
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Fairfield Medical Ctr	Occupation (for Individual) physician
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
670.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2016

**Transaction ID : 14559263**

Amount of Each Receipt this Period  
170.00

Memo Item

**B. Desir, Deborah, D., , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3018 Dixwell Ave.

City Hamden	State CT	Zip Code 06518
----------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis and Osteoporosis PC	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2016

**Transaction ID : 14559265**

Amount of Each Receipt this Period  
170.00

Memo Item

**C. Hargrove, Jody, K., , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7250 France Ave So  
Suite 215

City Edina	State MN	Zip Code 55435
---------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis & Rheumatology Consultants	Occupation (for Individual) Rheumatologist
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
2340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

**Transaction ID : 14559266**

Amount of Each Receipt this Period  
340.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	680.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 23
<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. Rose, Roberta, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 37 Orchard Hill Rd.

City Westport	State CT	Zip Code 06880
------------------	-------------	-------------------

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

Name of Employer (for Individual) Norwalk Medical Group	Occupation (for Individual) Rheumatologist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

**Transaction ID : 14559283**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Perez-Masuelli, Carmen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Villa Canyon Place

City The Woodlands	State TX	Zip Code 77382
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Northwest Diagnostic Clinic, PA	Occupation (for Individual) Rheumatologist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

**Transaction ID : 14559284**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 960 Liberty Street WE  
Suite 200

City Salem	State OR	Zip Code 97302-4195
---------------	-------------	------------------------

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

Name of Employer (for Individual) River Valley Rheumatology and Infusion	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

**Transaction ID : 14559286**

Amount of Each Receipt this Period  
250.00

Memo Item

<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: (check only one)	PAGE 20 OF 23
<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. Morris, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Sheridan Square  
 City Kingsport State TN Zip Code 37660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis Associates Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : 14559287**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**B. Oza, Meera, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2574 Admirals Walk Dr S  
 City Orange Park State FL Zip Code 32073-6102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2340.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : 14559289**  
 Amount of Each Receipt this Period 340.00  
 Memo Item

**C. Gewanter, Harry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8116 Buford Oaks Dr  
 City Richmond State VA Zip Code 23235-4683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatric & Adolescent Health Partners Occupation (for Individual) rheumatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 801.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : 14620603**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	790.00
<b>TOTAL</b> This Period (last page this line number only).....	17828.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 23
<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. American College of Rheumatology**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2200 Lake Boulevard NE

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3059.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2016

**Transaction ID : 14539616**

Amount of Each Receipt this Period  
134.08

Memo Item

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

Mailing Address 2200 Lake Boulevard NE

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3447.67

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2016

**Transaction ID : 14539617**

Amount of Each Receipt this Period  
388.05

Memo Item

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

Mailing Address 2200 Lake Boulevard NE

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

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
3845.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2016

**Transaction ID : 14539618**

Amount of Each Receipt this Period  
397.77

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	919.90
<b>TOTAL</b> This Period (last page this line number only).....	919.90

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**A. Making America Prosperous PAC**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement  011 Category/Type

Candidate Name **Making America Prosperous PAC**

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

State: District:

Date of Disbursement: 12 / 02 / 2016

FEC Identification Number: C00445379  
**Transaction ID : 14564918**

Amount of Each Disbursement this Period: 2500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

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

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

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

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Rheumatology (RheumPAC)

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank Charges**

Mailing Address PO Box 622227

City  
Orlando

State  
FL

Zip Code  
32862-2227

Purpose of Disbursement

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2016			

FEC Identification Number

C

Transaction ID : 14512735

Amount of Each Disbursement this Period

397.77

Memo Item

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank Charges**

Mailing Address PO Box 622227

City  
Orlando

State  
FL

Zip Code  
32862-2227

Purpose of Disbursement

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2016			

FEC Identification Number

C

Transaction ID : 14564924

Amount of Each Disbursement this Period

134.08

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

531.85

531.85