Image# 202101269413408052
---------------------------

PAGE 1 / 28

FEC A	EPORT OF I ND DISBUR	SEMENTS	Offic	e Use Only
1. NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
American College of Rh	eumatology (Rheum	IPAC)		
ADDRESS (number and street)	2200 Lake Boulevard NE			
Check if different than previously				
reported. (ACC)	Atlanta			0319
2. FEC IDENTIFICATION NUM		Y 🔺	STATE 🔺	ZIP CODE ▲
C C00432823	3. IS RE	THIS NEW EPORT (N) OR	AMEND (A)	ED
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	Report Due On:	20 (M2) May 20 (M5 20 (M3) Jun 20 (M6)		Year Only)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	(c) 12-Day PRE-Election Report for the:	20 (M4)       Jul 20 (M7)         Primary (12P)         Convention (12C)	General (12G) Special (12S)	
January 31 Year-End Report (YE) July 31 Mid-Year	(d) 30-Day	n on	Y Y Y Y Y	in the State of
Report (Non-election Year Only) (MY) Termination Report	POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
L (TER)	Election	n on	Y Y Y Y Y	in the State of
5. Covering Period	/ D D / Y Y Y Y 24 2020	through 12	/ D D / Y 31	2020
I certify that I have examined this Type or Print Name of Treasurer	Report and to the best of a Wallace, Zachary, , Dr.,	my knowledge and belief it is to	rue, correct and com	nplete.
Signature of Treasurer	e, Zachary, , Dr.,	[Electronically Filed]	Date 01	26 / Y Y Y Y 2021
NOTE: Submission of false, erroneo	us, or incomplete information	may subject the person signing	this Report to the per	nalties of 52 U.S.C. § 30109
Office Use Only			F	EC FORM 3X Rev. 05/2016

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name American College of Rheumatology (RheumPAC) M D D Y М D M T. 11 24 2020 12 31 2020 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. 237019.12 January 1, 2020 (b) Cash on Hand at 240077.73 Beginning of Reporting Period..... 36739.11 134049.07 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 371068.19 276816.84 6(a) and 6(c) for Column B)..... 725.66 94977.01 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 276091.18 276091.18 (subtract Line 7 from Line 6(d)) ..... Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D) .....

X

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

#### For further information contact:

0.00

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

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

#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American College of Rheumatology (RheumPAC) MM DD 24 2020 11 31 2020 12 Report Covering the Period: From: To: COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 32789.00 109420.00 (i) Itemized (use Schedule A)..... 16879.96 3787.66 (ii) Unitemized ..... (iii) TOTAL (add 126299.96 36576.66 Lines 11(a)(i) and (ii)..... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 126299.96 36576.66 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 160.01 2742.64 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 5000.00 0.00 17. Other Federal Receipts 6.47 (Dividends, Interest, etc.)..... 2.44 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3) ..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) ..... (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... 134049.07 36739.11

134049.07

36739.11

Page 3

I

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	725.66	2977.01
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li> </ul>	725.66	2977.0
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees		
Independent Expenditures	0.00	90000.00
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	2000.00
(b) Political Party Committees		0.00
(c) Other Political Committees	0.00	
(such as PACs) (d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	2000.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101 (a) Allocated Federal Election Activity (from Schedule H6)	(20))	
(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
-		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	725.66	94977.01
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	725.66	94977.01
	-7	0.017.01

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

FFC	Form	3X	(Rev	05/2016	)
1 20	1 01111	57	(110 .	05/2010	,

#### III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures
	(subtract Line 37 from Line 36)

		-7		-7	36576.66
					0.00
		-1	1	-	0.00
	1				36576.66
		-		-	00070.00
					725.66
		-7		-7	1 10
					160.01
		-7		-7-	
1.1					565.65
la serie de la ser		-7-	1.0	-7-	

1.1						126299.96
		-7			-7	120299.90
						2000.00
		-			-	
						124299.96
		-	1		-	
						2977.01
	1	7	1	1	-7	
						2742.64
1.00		7	1		-7	
						234.37
						and the second sec

#### Page 5

# COLUMN B

Calendar Year-to-Date

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page							
or for commercial purposes, other than us		y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American College of Rheur	natology (RheumPAC)							
Full Name of Individual (Last, First, Mic <b>A.</b> Gewanter, Harry, , , Mailing Address 2600 E Cary St. Apt 31		Date of Receipt						
City Richmond	StateZip CodeVA23223-7888	Transaction ID : 17944285           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	25.00						
Name of Employer (for Individual) Medical Home Plus, Inc Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Rheumatologist Aggregate Year-to-Date ▼ 275.0	00 Memo Item						
Full Name of Individual (Last, First, Mic B. Widener, Benjamin, , , Mailing Address 1333 west 5th St suite	Date of Receipt							
City Sheridan	State Zip Code WY 82801	11     30     2020       Transaction ID : 17944726       Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Occupation (for Individual)	250.00						
UNMC Receipt For: Primary General Other (specify) ▼	UNMC Fellow Fellow Aggregate Year-to-Date ▼ Primary General							
Full Name of Individual (Last, First, Mic <b>Tindall, Elizabeth</b> , , , Mailing Address 1255 SW Schaeffer Ro		Date of Receipt						
City West Linn FEC ID number of contributing federal political committee.	State     Zip Code       OR     97068	11     30     2020       Transaction ID : 17944728       Amount of Each Receipt this Period       500.00						
Name of Employer (for Individual)	Name of Employer (for Individual)       Occupation (for Individual)         Rheumatology Consultants of Oregon, LL       President, Rheumatology Consultants of         Receipt For:       Aggregate Year-to-Date ▼         Primary       General							
	nal)							

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

(check only one)

PAGE 7 OF

				Detailed Summary Page	×	11a		-	11b		11c	12				
	y information copied from such Reports and Sta							rpo								
<u> </u>	for commercial purposes, other than using the r	ame and a	addre	ess or any political committee	to sol	ICIT CO	ntrib	οu	nions 1	ron	n such	commit	lee.			
$\rangle$	American College of Rheumatolc	ogy (Rhe	eur	nPAC)												
A.	Full Name of Individual (Last, First, Middle Initia Ross, A. Silvia, , Dr.,	al) or Full O	Drgar	nization Name	[	Date o	f Re	ec	eipt							
	Mailing Address 3101 John Humphries Wynd					11 30 2020										
	City Raleigh	State NC		Zip Code 27612		Transaction ID : 17956839 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			500.00											
	Name of Employer (for Individual) Triangle Arthritis & Rheumatology Asso	•	ion (for Individual) atologist		M	emo	0	ltem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 500.00												
	Full Name of Individual (Last, First, Middle Initia Richards, John, , Dr.,	Drgar	nization Name		Date o	f Re	ec	eipt								
	Mailing Address University Drive C (111-U)					<sup>M</sup> M 12	/	′	01	D	/ Y	2020	Y			
	City Pittsburgh	State PA		Zip Code 15240							9 <b>57246</b> eipt this	s Period				
	FEC ID number of contributing federal political committee.	С		100.00												
	Name of Employer (for Individual) Veterans Affairs Pittsburgh Healthcare			ion (for Individual) atologist		M	emo	0	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 300.00												
С.	Full Name of Individual (Last, First, Middle Initia Robinson, William, , Dr.,	al) or Full O	Drgar	nization Name		Date o	f Re	ec	eipt							
	Mailing Address 228 Cowper St					M M / D D / Y Y Y Y 12 01 2020										
	City Palo Alto	State CA		Zip Code 94301						ID : 17957248 ch Receipt this Period						
	FEC ID number of contributing federal political committee.	С						,			y	283.	00			
	Name of Employer (for Individual) Stanford University		•	ion (for Individual) or of Medicine		Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 283.00												
S	UBTOTAL of Receipts This Page (optional)			•••••	.			,		l	9	883.	00			
т	OTAL This Period (last page this line number or	וy)		••••••							-					

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

(check only one)

PAGE 8 OF

		Detailed Summary Page	×			11b	11c	12	<u> </u>					
Any information copied from such Reports and S														
or for commercial purposes, other than using the														
NAME OF COMMITTEE (In Full) American College of Rheumato	loay (Dha													
Full Name of Individual (Last, First, Middle In A. Flood, Joseph, , ,	itial) or Full C	rganization Name		Data of	Pa									
Mailing Address 751 Jaeger St			- '	Date of Receipt										
				12 01 2020										
City	State OH	Zip Code					1795725							
Columbus	ОП	43206-2272	_ /	_ Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С				_			179.	00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item											
Columbus Arthritis Center		umatologist												
Receipt For: Primary General	Aggregate	Year-to-Date ▼												
Other (specify) V		679.00												
Full Name of Individual (Last, First, Middle In B. Worthing, Angus, , ,	itial) or Full C	rganization Name		Date of	Re	ceipt								
Mailing Address 5025 Sherier Place NW														
City	State	Zip Code	_	12		01		2020						
Washington	DC	20016					1 <b>796861</b> eceint th	5 is Period						
FEC ID number of contributing						Luonin			_					
federal political committee.	С							283.	00					
Name of Employer (for Individual) Arthritis & Rheumatism Associates, PC		upation (for Individual) sician		Memo Item										
Receipt For: Primary General	Aggregate	Year-to-Date ▼												
Other (specify)		2283.00												
Full Name of Individual (Last, First, Middle In C. Fahey, Sean, , Dr.,	itial) or Full C	rganization Name		Date of	Re	ceipt								
Mailing Address 128 Medical Park Rd Suite 101				12 01 2020										
City	State	Zip Code		Trans	act	ion ID :	1796872	:6						
Mooresville	NC	28117	/	Amount	of	Each R	eceipt th	is Period						
FEC ID number of contributing federal political committee.	С					,	9	134.	00					
Name of Employer (for Individual)		upation (for Individual)		Memo Item										
Piedmont HealthCare Receipt For:	1.1	sician	_											
Primary General	Aggregate	Year-to-Date <b>V</b>												
Other (specify)														
SUBTOTAL of Receipts This Page (optional)			.					596.	00					
TOTAL This Period (last page this line number	only)		-											

I

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

	EMIZED RECEIPTS			for each category of the Detailed Summary Page		<b>X</b> 11a 13		1b 4	11c 15	12 16	17	
	ny information copied from such Reports and Stat for commercial purposes, other than using the na											
	NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (Rhe	eu	mPAC)								
Α.	Full Name of Individual (Last, First, Middle Initial Desir, Deborah, Dyett, Dr,	) or Full C	)rga	anization Name		Date of	Rece	eipt				
	Mailing Address 11 ZAK HILL DR	1 -		1		<sup>M</sup> 12	1	D D 01	/ Y	y y 2020	Ý	
	City WOODBRIDGE	State CT		Zip Code 06525					1796872 eceipt th	28 nis Peric	od	
	FEC ID number of contributing federal political committee.	Ŭ								12	5.00	
	Name of Employer (for Individual) Yale-New Haven Medical Center		•	ation (for Individual) ian, Medical Director		Me	emo l	tem				
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 1125.00								
в.	Full Name of Individual (Last, First, Middle Initial Phillips, Christopher, , Dr.,	) or Full C	)rga	anization Name		Date of	Rece	eipt				
	Mailing Address 100 Kiana Ct. Suite B							D D D 01	/ Y	2020	Ý	
	City Paducah	State KY		Zip Code 42001	_	Trans Amount			1 <b>796873</b> eceipt th	-	d	
	FEC ID number of contributing federal political committee.	С			595.00							
	Name of Employer (for Individual) Paducah Rheumatology	Occ Phy		ation (for Individual) ;ian		Me	emo l	tem				
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 1095.00								
C.	Full Name of Individual (Last, First, Middle Initial Huston, Kent Kwas, , ,	) or Full C	)rga	anization Name		Date of	Rece	eipt				
	Mailing Address 4330 Wornall Rd Suite 40			1		<sup>M</sup> 12	1	D D D 02	/ Y	2020	Y	
	City Kansas City	State MO		Zip Code 64111		Transaction ID : 17969288 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С	-			300.00				0.00		
	Name of Employer (for Individual) Kansas City Physician Partners Receipt For:	Phy	'sici			M	emo I	tem				
	Primary General Other (specify)	Aggregate	Ye	ar-to-Date ▼ 1300.00								
s	UBTOTAL of Receipts This Page (optional)			•			. ,		,	102	0.00	
т	OTAL This Period (last page this line number on	ly)		•••••	-		. ,					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		✗         11a         11b         11c         12           13         14         15         16         17							
	y information copied from such Reports and Stat for commercial purposes, other than using the n											
	NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (Rhe	eumPAC)									
Α.	Full Name of Individual (Last, First, Middle Initial Holers, V. Michael, , Dr., Mailing Address 4825 E 1st Ave	l) or Full O	rganization Name		Date of Receipt							
	City Denver	State CO	Zip Code 80220		12 02 2020 Transaction ID : 17969300							
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period 283.00							
	Name of Employer (for Individual)         University of Colorado         Receipt For:         Primary       General         Other (specify) ▼	Divis	upation (for Individual) sion Chief Year-to-Date ▼ 508.0	00	Memo Item							
В.	Full Name of Individual (Last, First, Middle Initial Karp, David, , Dr., Mailing Address 5323 Harry Hines Blvd		Date of Receipt									
	City Dallas	State TX	Zip Code 75390-8884		12     05     2020       Transaction ID : 17975528       Amount of Each Receipt this Period       250.00							
	FEC ID number of contributing federal political committee.	С										
	Name of Employer (for Individual) UT Southwestern Medical Center		upation (for Individual) fessor and Chief		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	00								
C.	Full Name of Individual (Last, First, Middle Initial Gravallese, Ellen, M., Dr.,		Prganization Name		Date of Receipt							
	Mailing Address Hale Building for Transformative 60 Fenwood Road	Zin Onde		12 / D D / Y Y Y Y 2020								
	City Boston	State MA	Zip Code 02115		Transaction ID : 17975530 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			350.00							
	Name of Employer (for Individual) Brigham and Women's Hospital, Harvard Receipt For:	Chie	upation (for Individual) ef, Division of Rheumatolog Year-to-Date ▼	gy, Infla	Memo Item							
	Other (specify)		1100.0	00								
s	UBTOTAL of Receipts This Page (optional)			······ <b>&gt;</b>	883.00							
Т	OTAL This Period (last page this line number on	ly)		····· ►								

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 11 OF

	,	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions te to solicit contributions from such committee.
American College of Rheur	matology (Rhe	eumPAC)	
Full Name of Individual (Last, First, Mid A. Heinlen, Latisha, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 6516 N Olie Suite G			12 05 / Y Y Y Y 12 05
City Oklahoma City	State OK	Zip Code 73116	Transaction ID : 17975534 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		5000.00
Name of Employer (for Individual) Rheumatology Associates of Oklahoma		upation (for Individual) umatologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	]
Full Name of Individual (Last, First, Mic B. Weselman, Kelly, , Dr,	Idle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 6035 Riverwood Dr. N			12 06 / Y Y Y Y 2020
City Sandy Springs	State GA	Zip Code 30328	Transaction ID : 17975539 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual) Wellstar Health System		upation (for Individual) sician	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 533.00	]
Full Name of Individual (Last, First, Mic c. Kenney, Howard, Mark, Dr.,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 105 W 8th Ave Suite 6080 City	State	Zip Code	12 / 06 / 2020 Technologies 10 47075544
Spokane	WA	99204	Transaction ID : 17975541         Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Arthritis Northwest	Occu MD	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]
SUBTOTAL of Receipts This Page (optio	nal)		6283.00
TOTAL This Period (last page this line n	umber only)		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (Rhe	eumPAC)	
Α.	Full Name of Individual (Last, First, Middle Initial Gewanter, Harry, , , Mailing Address 2600 E Cary St. Apt 3102	l) or Full C	rganization Name	Date of Receipt
	City	State	Zip Code	12 07 2020 Transaction ID : 17975560
	Richmond FEC ID number of contributing federal political committee.	C	23223-7888	Amount of Each Receipt this Period
	Name of Employer (for Individual) Medical Home Plus, Inc Receipt For:	Rhe	upation (for Individual) umatologist	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
В.	Full Name of Individual (Last, First, Middle Initial Kassan, Stuart, , Dr., Mailing Address 198 Union Blvd Ste 150	l) or Full C	rganization Name	Date of Receipt
	City Lakewood FEC ID number of contributing federal political committee.	State CO	Zip Code 80228-2259	Transaction ID : 17975562 Amount of Each Receipt this Period 2500.00
	Name of Employer (for Individual) Colorado Arthritis Associates		upation (for Individual) rsician	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
C.	Full Name of Individual (Last, First, Middle Initial Macalester, Shawn, , , Mailing Address 545 SE Oak St Ste F	l) or Full C	rganization Name	Date of Receipt
	City Hillsboro	State OR	Zip Code 97123-4147	12     07     2020       Transaction ID : 17975564       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual) Oregon Rheumatology Receipt For:	Rhe	upation (for Individual) umatologist	Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)		•	3125.00
т	OTAL This Period (last page this line number on	ly)	<b></b>	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

11	EMIZED RECEIPTS			for each category of the Detailed Summary Page		1 1 1 1 1 1			11   14	1b 4	_	1c 5		12 16	17
	y information copied from such Reports and State for commercial purposes, other than using the na														
	NAME OF COMMITTEE (In Full) American College of Rheumatolog	gy (Rhe	eur	mPAC)											
Α.	Full Name of Individual (Last, First, Middle Initial) Humphrey, Mary Beth, , Dr., Mailing Address 975 NE 10th St BRC256	or Full O	rgar	nization Name		М	e o 12	f Re	ece	ipt 07	) /	Y		)20	Y
	City Oklahoma City	State OK		Zip Code 73104	_					<b>ID :</b> ach R				eriod	
	FEC ID number of contributing federal political committee.	C				Ļ	_	emc	7	_	_	- <b>F</b>	_	500.	00
	Name of Employer (for Individual)         University of Oklahoma Health Sciences         Receipt For:         Primary         General         Other (specify) ▼	versity of Oklahoma Health Sciences Professor eipt For: Primary General Aggregate Year-to-Date ▼													
в.	Full Name of Individual (Last, First, Middle Initial) Hamburger, Max, , , Mailing Address 6 Micole Ct	Date of Receipt													
	City Dix Hills	State NY		Zip Code 11746	_		-			ID: ach R			-	eriod	
	FEC ID number of contributing federal political committee.	С				Ē	_		7		_	<b>7</b>	1	1000.	00
	Name of Employer (for Individual) Rheum Assoc of Long Island		upa /sicia	tion (for Individual) an		μ	M	emc	o It	em					
	Receipt For:       Primary       General         Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1000.00											
C.	Full Name of Individual (Last, First, Middle Initial) Oza, Meera, , Dr.,	or Full O	rgar	nization Name		Dat	e o	f Re	ece	ipt					
	Mailing Address 2100 Kingsley Ave	State		Zip Code	_		12 ans		ior	07 ו <b>ID</b> :		7 756f	20	20	Y
	Orange Park	FL		32073-5130	_					ach R				eriod	
	FEC ID number of contributing federal political committee.	С					_		,		_	9	_	100.	00
	Name of Employer (for Individual) Arthritis & Osteoporosis Treatment Cen	Occu Phys	•	tion (for Individual) an			N	lemo	o It	em					
	Receipt For:     Primary     General       Other (specify)	Aggregate	Yea	ar-to-Date ▼ 2100.00											
s	UBTOTAL of Receipts This Page (optional)			•					,		-	,	1	600.	00
т	OTAL This Period (last page this line number only	y)							-			-			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 14 OF

11	EMIZED RECEIPTS			or each category of the Detailed Summary Page		_	11a 13		-	11b 4		11c		12 16		17
	y information copied from such Reports and Stat for commercial purposes, other than using the n															
	NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (Rhe	eun	nPAC)												
Α.	Full Name of Individual (Last, First, Middle Initia Kolba, Karen, , Dr., Mailing Address 110 Erna Way	l) or Full O	)rgar	nization Name		D	ate o	f Re	ece	eipt	D		Y	Y Y	Y	1
	City	State		Zip Code	_		12 Trans	sact	io	0	07 D:1	7975	2	2020	_	
	Pismo Beach FEC ID number of contributing federal political committee.	CA		93449		A	noun	t of	E	ach	Re	eceipt	this	Perioo 600		
	Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	Phy	sicia	tion (for Individual) an ur-to-Date ▼ 2600.00		Ī	Μ	lemo	o I	tem	1					
В.	Full Name of Individual (Last, First, Middle Initia Blumstein, Howard, , Dr., Mailing Address 315 Middle Country Rd		Drgar			Di	ate o 12	f Re	ece	D	D 07	/	2	2020	Y	]
	City Smithtown FEC ID number of contributing federal political committee.	State NY		Zip Code 11787	_							<b>79756</b> eceipt	-	Perioo 350		
	Name of Employer (for Individual) Rheumatology Associates of Long Island		upat /sicia	tion (for Individual) an		1	Μ	lemo	o I	tem	ı					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2000.00												
C.	Full Name of Individual (Last, First, Middle Initia White, Patience, , Dr, Mailing Address 7516 Arrowood Rd	l) or Full O	Orgar	nization Name		_	ate o	_	ece							_
	City	State		Zip Code	_	ļ		sact		C n IC		7975	2 679	2020	_	
	Bethesda           FEC ID number of contributing           federal political committee.	C		20817		Ar	noun	t of	E	ach	Re	eceipt	this	Perioo 283		
	Name of Employer (for Individual) Got Transition Receipt For:	Coo	direc	tion (for Individual) etor, Got Transition			N	lemo	οI	item	I					
	Primary General Other (specify)	Aggregate	Yea	ur-to-Date ▼ 283.00												
F	UBTOTAL of Receipts This Page (optional)				-		-		1				-	1233	.00	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 15 OF

	EMIZED RECEIPTS		for each categor Detailed Summa		X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and State for commercial purposes, other than using the na				
	NAME OF COMMITTEE (In Full) American College of Rheumatolog	gy (Rhe	eumPAC)		
Α.	Full Name of Individual (Last, First, Middle Initial Bridges, S. Louis, , Dr., Jr Mailing Address 535 E 70th Street	) or Full O	Organization Name		Date of Receipt
	City New York	State NY	Zip Code 10021		12     08     2020       Transaction ID : 17975683       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			283.00
	Name of Employer (for Individual)         University of Alabama at Birmingham         Receipt For:         Primary         General         Other (specify) ▼	Prof	upation (for Individu fessor and Division I Year-to-Date ▼	,	Memo Item
В.	Full Name of Individual (Last, First, Middle Initial Rosian, Rochelle, , , Mailing Address 29800 Bainbridge Road	) or Full O	Organization Name		Date of Receipt
	City Solon FEC ID number of contributing federal political committee.	ОН	44139		Transaction ID : 17978112         Amount of Each Receipt this Period         250.00
	Name of Employer (for Individual)         Cleveland Clinic         Receipt For:         Primary         Other (specify) ▼	Dire	upation (for Individu ector of Regional Rh Year-to-Date ▼	,	Memo Item
<u>с</u> .	Full Name of Individual (Last, First, Middle Initial Breland, Hazel, L, Dr.,	Date of Receipt			
	Mailing Address MUSC College of Health Profess 151B Rutledge Avenue, MSC 96 City		Zip Code		12 09 2020 Transaction ID : 17978114
	Charleston FEC ID number of contributing federal political committee.	sc C	29425-9620		Amount of Each Receipt this Period 84.00
	Name of Employer (for Individual) Medical University of South Carolina Receipt For:	Asso	upation (for Individu ociate Professor Year-to-Date ▼	al)	Memo Item
	Primary General Other (specify)			234.00	
s	UBTOTAL of Receipts This Page (optional)			••••••	617.00
Т	OTAL This Period (last page this line number onl	y)		••••• •	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 16 OF

	EMIZED RECEIPTS			or each category of the Detailed Summary Page	X	11a 13		-	11b 14	F	11c 15		12 16		17
	y information copied from such Reports and Stat for commercial purposes, other than using the n														
	NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (Rhe	eun	nPAC)											
A.		l) or Full O	rgar	nization Name		Date	of Re	ec	eipt						
	Mailing Address 346 Mill St	State		Zip Code		<sup>™</sup> 12	M	/	-	0		2	020	Y	
	Hagerstown	MD		21740	_						79784 ceipt t		Perioc	1	
	FEC ID number of contributing federal political committee.	С						_,			-9-		2000	.00	
	Name of Employer (for Individual)         Klein and Associates Rheumatology Cons         Receipt For:         Primary       General         Other (specify) ▼	Rhe	euma	ion (for Individual) atologist r-to-Date ▼ 2000.00		1	Vlem	0	Item						
В.	Full Name of Individual (Last, First, Middle Initial Crofford, Leslie, , Dr., Mailing Address PO Box 667 3553 Tate Rd		rgar			Date	M /	ec ′	D	D 1	1	2(	)20	Ŷ	
	City Melbourne FEC ID number of contributing federal political committee.	State AR		Zip Code 72556	_						79785 ceipt t		Perioc 283		
	Name of Employer (for Individual) Vanderbilt University Medical Center		upat fess	tion (for Individual) or		ľ	Mem	0	ltem						
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 283.00											
с.	Full Name of Individual (Last, First, Middle Initial Mehta, Jay, , ,	l) or Full O	rgar	nization Name		Date	of Re	ec	eipt						
	Mailing Address 3501 Civic Center Blvd CTRB 10109	Chata		Zin Onde		<sup>™</sup> 12		/	1	р 4		20	)20 <sup>°</sup>	Y	
	City Philadelphia	State PA		Zip Code 19104		Amou	nsact nt of			Period	1				
	FEC ID number of contributing federal political committee.	С				Ē		,			y		283	.00	
	Name of Employer (for Individual) Children's Hospital of Philadelphia		upati sicia	ion (for Individual) n			Mem	10	Item						
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 4533.00											
	OTAL This Period (last page this line number on						-	,				-	2566	00	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 17 OF

	IZED RECEIPTS			for each category of the Detailed Summary Page		¥ 11a 13		1 <sup>2</sup>	1b 4	11c 15		12 16	17
or for o	ormation copied from such Reports and S commercial purposes, other than using the												
	NE OF COMMITTEE (In Full) nerican College of Rheumatol	ogy (Rhe	эur	mPAC)									
A. Ba	Name of Individual (Last, First, Middle Init ss, Anne, , Dr., ing Address 535 E 70th St	ial) or Full C	)rgar	nization Name		Date	М	lece	D D		Y	020	Ŷ
City Nev	v York	State NY		Zip Code 10021-4823	_		nsac			<b>179823</b> eceipt	336	020 Period	
	D number of contributing ral political committee.	С	_			<u> </u>		7				250.	00
Hos	ne of Employer (for Individual) pital for Special Surgery eipt For: Primary General Other (specify)	Fell	lows	tion (for Individual) hip Program Director ar-to-Date ▼ 250.00			Mem	io It	em				
<b>B</b> . Fe	Name of Individual (Last, First, Middle Init ely, Michael, , Dr., ing Address 986270 Nebraska Medical Cer	-	)rgar			Date	M	lece	eipt 17	<b>]</b> ' [	2	020	Ŷ
	aha D number of contributing ral political committee.	State NE	_	Zip Code 68198-6270						1 <b>79823</b> eceipt		Period 500.	_
Univ	ne of Employer (for Individual) rersity of Nebraska Medical Center			tion (for Individual) atologist			Mem	io It	em				
	eipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 500.00									
<b>с</b> . Ве	Name of Individual (Last, First, Middle Init erhanu, Adey, , Dr, ing Address 5454 Wisconsin Ave, Suite 60	-	)rgar	nization Name	_	Date	M	lece	D D	<b>]</b> / <b>[</b>		Y	Ŷ
FEC	evy Chase D number of contributing ral political committee.	State MD		Zip Code 20815		12     17     2020       Transaction ID : 17982347       Amount of Each Receipt this Period       250.00							
Arth	ne of Employer (for Individual) ritis & Rheumatism Associates, PC eipt For: Primary General Other (specify)	Rhe	euma	tion (for Individual) atologist ar-to-Date ▼ 250.00			Mem	no It	tem				
	OTAL of Receipts This Page (optional) L This Period (last page this line number of			· · ·				, , ,		· · ·	+	1000.	00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 18 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions
American College of Rheuma	atology (Rhe	eumPAC)	
Full Name of Individual (Last, First, Middle McLain, David, , Dr, II Mailing Address 2229 Cahaba Valley Drive		rganization Name	Date of Receipt
City Birmingham	State AL	Zip Code 35242	12     17     2020       Transaction ID : 17982349       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual)         McLain Medical Associates, P.C.         Receipt For:         Primary       General         Other (specify) ▼	Syn	upation (for Individual) nposium Director, Congress of Clir Year-to-Date ▼ 250.00	nic Memo Item
Full Name of Individual (Last, First, Middle B. Silver, Arielle, , Dr.,	Initial) or Full C	Prganization Name	Date of Receipt
Mailing Address       The Pavillions         2301 E Evesham Rd Bldg         City         Voorhees         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Arthritis, Rheumatic and Back Disease         Receipt For:         Primary       General         Other (specify) ▼	State NJ C Occ Phy Aggregate	Zip Code 08043 upation (for Individual) //sician Year-to-Date 300.00	12       17       2020         Transaction ID : 17982494       Amount of Each Receipt this Period         300.00       300.00         Memo Item
Full Name of Individual (Last, First, Middle         C.       Wolfe, David, , ,         Mailing Address       5454 Wisconsin Ave Ste 6	,	rganization Name	Date of Receipt
City Chevy Chase FEC ID number of contributing	State MD	Zip Code 20815-6927	Transaction ID : 17982532         Amount of Each Receipt this Period
federal political committee.		upation (for Individual) sician	Memo Item
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	·	· · ·	800.00

FOR LINE NUMBER:

PAGE 19 OF

			Use separate schedule(s)	(ch	eck only	y one	e)		0	0.	-
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b> </b>	<b>'</b> 11a	<u> </u>	, 11b	11c	12	2	
					13		14	15	16	6	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n										
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
$\Big)$	American College of Rheumatolo	gy (Rhe	eumPAC)								
Α.	Full Name of Individual (Last, First, Middle Initial Jones, Karla, , Ms.,	) or Full O	Drganization Name		Date of	f Rec	eipt				
	Mailing Address Rheumatology ED3A 700 Childrens Dr				<sup>M</sup> 12	/	D 18	D / Y	y 2020		]
	City	State	Zip Code		Trans	actio	n ID :	1798253	36		
	Columbus	ОН	43205-2664	_	Amount	t of E	ach F	Receipt th	nis Peri	od	
	FEC ID number of contributing federal political committee.	С			<u> </u>	-,			35	50.00	
	Name of Employer (for Individual) Nationwide Children's Hospital		upation (for Individual) diatric Nurse Practitioner		M	emo	ltem				
		Aggregate	Year-to-Date V								
	Primary General		250.00								
	Other (specify) <b>v</b>										
_	Full Name of Individual (Last, First, Middle Initial	) or Full O	Organization Name								
в.	Myers, Amanda, , ,			_	Date of	r Hec	•				
	Mailing Address 514 Gregory Ave				12		19		2020		
	City	State	Zip Code		Trans	actio	n ID :	1798254	6		
	Wilmette	IL	60091	_	Amount	t of E	ach F	Receipt th	nis Peri	od	
	FEC ID number of contributing federal political committee.	С			<u> </u>			-	Ę	50.00	
	Name of Employer (for Individual) NorthShore University HealthSystem		cupation (for Individual) ysician		M	emo	ltem				
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General		<b>550.00</b>								
	Other (specify) <b>v</b>		, 550.00								
C.	Full Name of Individual (Last, First, Middle Initial Menzies, Victoria, , Dr.,	) or Full O	Organization Name		Date of	f Rec	eipt				
	Mailing Address 8668 SW 77th Ave				M M 12	/	D 20		2020		1
	City	State	Zip Code		Trans	actic	on ID	1798259	94		
	Gainesville	_	Amount	t of E	ach F	Receipt th	nis Peri	od			
	FEC ID number of contributing federal political committee.	С				,		9	2	20.00	
	Name of Employer (for Individual)	Оссі	upation (for Individual)		М	emo	ltem				
	University of Florida	Asso	ociate Professor								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		340.00								
_											
s	UBTOTAL of Receipts This Page (optional)								42	20.00	
	OTAL This Period (last page this line number on			-		,		,			-
l '	CITE THIS I CHOU (Idol page this line humber of	( <del>ر</del> ب	•••••••		la de la companya de	7			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	100	- 10 A

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

(check only one)

PAGE 20 OF

				Detailed Summary Page	×	11a 13	$\left  \right $	_	11b 14	$\vdash$	11c 15	$\left  - \right $	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the													
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Rheumatolo	ogy (Rhe	eur	nPAC)										
A.	Full Name of Individual (Last, First, Middle Initia Snow, Marcus, , Dr,	al) or Full O	Orgai	nization Name		Date	of I	Re	ceipt					
	Mailing Address 986270 Nebraska Medical Cent	ter				<sup>™</sup> 12		/	20		/ Y	ү 20	)20	Y
	City Omaha	State NE		Zip Code 68198-6270							<b>798259</b> ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С							<b>,</b>		-		50.0	00
	Name of Employer (for Individual) University of Nebraska Medical Center		cupat ysicia	ion (for Individual) an			Mer	mo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	r-to-Date ▼ 600.00										
B.	Full Name of Individual (Last, First, Middle Initia Marchetta, Paula, , Dr.,	al) or Full O	Orgai	nization Name		Date	of I	Re	ceipt					
	Mailing Address 14 Sutton Place Apt 8D					<sup>™</sup> 12		/	20		/ Y	ү 20	20 20	Y
	City New York	State NY		Zip Code 10022							<b>798260</b> ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С				Ľ					7		500.0	00
	Name of Employer (for Individual) Concorde Medical Group		•	tion (for Individual) nt, Concorde Medical Group		Ц	Mer	mo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	r-to-Date ▼ 500.00										
c.	Full Name of Individual (Last, First, Middle Initia Respicio Duque, Guada, , Dr,	al) or Full O	Orgai	nization Name		Date	of I	Re	ceipt					
	Mailing Address 14995 Shady Grove Road Suite 250					M 12	2	/	2	0		20	20 <sup>°</sup>	Y
	City Rockville	State MD		Zip Code 20850							798260 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С				Ē			y .		9		500.0	00
	Name of Employer (for Individual) Arthritis and Rheumatism Associates		•	ion (for Individual) Itologist			Mei	mo	Item					
	Receipt For: Primary General Other (specify)	Aggregate	e Yea	ur-to-Date ▼ 500.00										
s	UBTOTAL of Receipts This Page (optional)								,	2	,	1	050.0	00
т	OTAL This Period (last page this line number o	nly)			•				,		-7-			

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

(check only one)

PAGE 21 OF

			Deta	ailed Summary Page		×	11a 13		11b 14	_	11c 15		12 16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n													
$\left\rangle$	NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (Rhe	eumP	AC)										
A.	Full Name of Individual (Last, First, Middle Initial Fahey, Sean, , Dr., Mailing Address 128 Medical Park Rd	l) or Full O	organiza	tion Name			Date o	_	eceipt	t	/ Y	Y	Y	Ŷ
	Suite 101 City	State NC		Code		-	12 Trans	sact		21 <b>D :</b> ′	1798261	1.00	020	
	Mooresville FEC ID number of contributing federal political committee.	C		28117			Amoun	t of	Each	n Re	eceipt th	nis P	eriod 45.0	0
	Name of Employer (for Individual) Piedmont HealthCare Receipt For:	Phy	sician	(for Individual)			М	emo	o Iter	n				
	Primary General Other (specify) ▼	Aggregate	Year-to	-Date •										
B.	Full Name of Individual (Last, First, Middle Initial Lakhanpal, Sharad, , Dr.,	l) or Full O	rganiza	tion Name			Date o	f Re	eceip	t				
	Mailing Address 8144 Walnut Hill Lane Suite 800						<sup>™</sup> 12	/		21	/ Y		)20	Ŷ
	City Dallas	State TX	· · ·	0 Code 5231		-					<b>1798272</b> eceipt th		Poriod	
	FEC ID number of contributing federal political committee.	С							1				1000.0	0
	Name of Employer (for Individual) Rheumatology Associates		•	(for Individual) fessor of Internal Med	dicin		М	emo	o Iter	n				
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to	-Date ▼ 1000.00										
С.	Full Name of Individual (Last, First, Middle Initial Matsumoto, Alan, , Dr.,	l) or Full O	rganiza	tion Name			Date o	f Re	eceip	t				
	Mailing Address 2730 University Blvd W Ste 310						<sup>M</sup> 12	/		л 18	/ Y		)20 <sup>°</sup>	Y
	City Wheaton	State MD		0 Code 0902-1990							1798274 eceipt th		eriod	
	FEC ID number of contributing federal political committee.	С							,		,		250.0	00
	Name of Employer (for Individual) Arthritis and Rheumatism Associates		upation sician	(for Individual)			M	emo	o Iter	n				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to	-Date ▼ 250.00										
s	UBTOTAL of Receipts This Page (optional)				▶				,		,	1	1295.0	0
T	OTAL This Period (last page this line number on	ly)			🕨				-					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 22 OF

				or each category of the Detailed Summary Page		X	11a 13		-	11k 14	, [		11c 15		12 16	17
or	y information copied from such Reports and Statem for commercial purposes, other than using the name						or the		rpo	ose			liciting		ntribu	tions
$\rangle$	NAME OF COMMITTEE (In Full) American College of Rheumatology	(Rhe	un	nPAC)												
Α.	Full Name of Individual (Last, First, Middle Initial) or Wallace, Zachary, , Dr., Mailing Address 291 Woodland Rd	r Full Or	rgan	ization Name		0	Date o		ec		ot D			V	Y	Y
		tate		Zip Code	_	l	12		tio	L	23		98317	20	020	T
	-	ЛA		02466		A							eipt th		eriod	
	FEC ID number of contributing federal political committee.	;							,	,					200.	00
	Name of Employer (for Individual) Massachusetts General Hospital	Occu Phys	•	on (for Individual) n			N	/lem	0	Ite	m					
	Receipt For:     Agg       Primary     General       Other (specify) ▼	gregate \	Yea	r-to-Date ▼ 550.00												
	Full Name of Individual (Last, First, Middle Initial) or Epstein, Alan, , Dr.,	r Full Or	rgan	ization Name			Date d	of Re	ec	ceip	ot					
	Mailing Address 822 Pine St Suite 3A					[	<sup>™</sup> 12	π /	/	D	25	]	/ Y		)20 <sup>°</sup>	Y
	,	tate PA		Zip Code 19107	_								<b>98351</b> eipt th		eriod	
	FEC ID number of contributing federal political committee.	;				ļ	_		_,	,	_	_	-7-	_	400.	00
	Name of Employer (for Individual) Pennsylvania Hospital		•	on (for Individual) Professor of Medicine			N	/lem	0	Ite	m					
	Receipt For:     Agg       Primary     General       Other (specify) ▼	gregate	Yeai	r-to-Date ▼ 400.00												
C.	Full Name of Individual (Last, First, Middle Initial) of Gewanter, Harry, , ,	r Full Or	rgan	ization Name			Date o	of Re	ec	ceip	ot					
	Mailing Address 2600 E Cary St. Apt 3102						<sup>™</sup> 12		/	L	28			20	)20	Y
	,	tate √A		Zip Code 23223-7888						-			98369			
	FEC ID number of contributing federal political committee.						mour		ŗ	=ac	n Ro	ece	eipt th	IS P	25.	00
	Name of Employer (for Individual) Medical Home Plus, Inc		•	on (for Individual) tologist			N	/lem	0	lte	m					
	Receipt For:     Age       Primary     General       Other (specify)	gregate \	Yea	r-to-Date ▼ 425.00												
s	UBTOTAL of Receipts This Page (optional)			•••••		[			,	9			9	Ξ	625.	00
т	OTAL This Period (last page this line number only)			•••••	-					,		-	-	_		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 23 OF

			Use separate schedule(s)	(check only one)										
	MIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11	ŀ	12 16		17		
	r information copied from such Reports and Sta or commercial purposes, other than using the r													
$\setminus$ I	NAME OF COMMITTEE (In Full)													
	American College of Rheumatolo	ogy (Rhe	eumPAC)											
	Full Name of Individual (Last, First, Middle Initia Melton, Gwenesta B, , Dr,	al) or Full O	rganization Name	Da	ate of	f Re	ceipt							
I	Mailing Address 2125 Valleygate Dr Suite 201		12 / Y Y Y Y 12 28 2020											
	City Fayetteville	State NC	Zip Code 28304				i <b>on ID</b> Each I				nd			
	FEC ID number of contributing federal political committee.     C       Name of Employer (for Individual)     Occupation (for Individual)       LaFayette Clinic     Rheumatologist								7		0.00			
I						emo	Item							
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3190.00											
	Full Name of Individual (Last, First, Middle Initia Wallace, Zachary, , Dr.,	al) or Full O	rganization Name	Da	ate of	f Re	ceipt							
-	Mailing Address 291 Woodland Rd	12 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y												
	City	State	Zip Code				on ID							
-	Newton	MA	02466	Ar	nount	t of	Each	Receip	ot this	Peric	bd			
	FEC ID number of contributing rederal political committee.	С		283.00										
	Name of Employer (for Individual) Massachusetts General Hospital		upation (for Individual) /sician		M	emo	Item							
Ī	Receipt For:	Aggregate	Year-to-Date V											
	Primary     General       Other (specify) ▼		833.00											
	Full Name of Individual (Last, First, Middle Initia Hauptman, Howard, , Dr.,	al) or Full O	rganization Name	Da	ate of	f Re	ceipt							
I	Mailing Address 1504 Pinnacle Rd				12	/	D 30		Y	2020	Y	1		
(	City Baltimore	State MD	Zip Code 21286				i <b>on ID</b> Each I				bd			
	FEC ID number of contributing ederal political committee.	С		<u>ן</u>			<b>y</b>		y		0.00			
	Name of Employer (for Individual) Rheumatology Associates of Baltimore	gy Associates of Baltimore Physician												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00											
รเ	JBTOTAL of Receipts This Page (optional)		•				, .		,	177;	3.00			
тс	TAL This Period (last page this line number or	nly)		Γ							-	T.		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 24 OF

	EMIZED RECEIPTS			or each category of the Detailed Summary Page		X	11a 13		1 <sup>-</sup>	1b 4		11c 15		12 16	17				
	y information copied from such Reports and Stat for commercial purposes, other than using the n						or the		po	se of		oliciting		ntribu	tions				
	NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (Rhe	eur	nPAC)															
Α.	Full Name of Individual (Last, First, Middle Initial Moeller, Garland, Radford, Dr., Mailing Address 4503 Gloucester Dr	) or Full O		Date of Receipt															
	City	State		Zip Code		12 30 2020 Transaction ID : 17984723													
	Trent Woods	NC		Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.	С																	
	Name of Employer (for Individual) CarolinaEast Medical Center	Occu Phys	Memo Item																
	Receipt For:         Primary       General         Other (specify) ▼																		
в.	Full Name of Individual (Last, First, Middle Initial Gelfand, Gilbert, , Dr.,	) or Full O	rga	nization Name		C	Date o	f Re	ece	eipt									
	Mailing Address 2723 Manning Ave			12 30 2020															
	City	State		Zip Code		Transaction ID : 17991154													
	Los Angeles	CA		90064-4354		Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.			200.00															
	Name of Employer (for Individual) Amicus Arthritis and Osteoporosis Cent									Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate																	
С.	Full Name of Individual (Last, First, Middle Initial Gelfand, Gilbert, , Dr.,	) or Full O	rga	nization Name		C	)ate o	f Re	ece	eipt									
	Mailing Address 2723 Manning Ave	1 -		12 30 2020															
	City Los Angeles	State CA		Zip Code	$\vdash$							79911							
	FEC ID number of contributing federal political committee.	CA 90064-4354							Amount of Each Receipt this Period										
	Name of Employer (for Individual) Amicus Arthritis and Osteoporosis Cent									Memo Item									
	Peopint For:			ur-to-Date ▼	$\neg$														
	Primary General Other (specify)	400.00																	
s	UBTOTAL of Receipts This Page (optional)			•••••		[			9			y		650.	00				
т	OTAL This Period (last page this line number on	ly)			-				-,			-9-							

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 25 OF

17			Use separate schedule(s)	(check only one)											
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	<b>×</b> 11a		11b	11c		12 16	17					
	ny information copied from such Reports and Sta for commercial purposes, other than using the r			erson for th		rpose of	f solicitin		ntributi	ons					
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,							-					
$\rangle$	American College of Rheumatolo	ogy (Rhe	eumPAC)												
Α.		al) or Full O	rganization Name	Date	of Re	eceipt									
	Mailing Address 800 Washington St Box 406		12 31 Y Y Y Y 2020												
	City Boston	State MA	Zip Code 02111				: <b>179912</b> Receipt t		eriod						
	FEC ID number of contributing federal political committee.							595.0	0						
	Name of Employer (for Individual)Occupation (for Individual)Tufts Medical CenterAssoc. Professor of Medicine					o Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2595.00												
в.	Full Name of Individual (Last, First, Middle Initia Deal, Chad, , Dr.,	al) or Full O	organization Name	Date	of Re	eceipt									
	Mailing Address 21099 Colby Rd						D / Y	20	20 20	Y					
	City	State	Zip Code	Transaction ID : 17991249											
	Shaker Heights	OH	44122	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		250.00											
	Name of Employer (for Individual) Cleveland Clinic					o Item									
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		250.00												
с.	Full Name of Individual (Last, First, Middle Initia Kempf, Kevin, , Dr.,	al) or Full O	organization Name	Date	of Re	eceipt									
	Mailing Address 19272 Stone Oak Pkwy #101			12	M /	D 31		20	20 <sup>°</sup>	Y					
	City San Antonio	State TX	Zip Code 78258				: <b>179913</b> Receipt t		eriod						
	FEC ID number of contributing federal political committee.	ů – Elektrik – Elektri				<b>,</b> ,		1	000.0	0					
Name of Employer (for Individual) Rheumatology Assoc. of So. TX			upation (for Individual) umatologist		Mem	o Item									
	Receipt For: Primary General Other (specify)														
s	UBTOTAL of Receipts This Page (optional)		•			, ,	. ,	1	845.0	0					
Т	OTAL This Period (last page this line number or	nly)					1 40								

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

(check only one)

PAGE 26 OF

				Detailed Summary Page	×	11a 13		-	1b 4	11c 15		12 16	17					
	y information copied from such Reports and Stat for commercial purposes, other than using the na																	
$\left\rangle$	NAME OF COMMITTEE (In Full) American College of Rheumatolog	gy (Rhe	eun	nPAC)														
Α.	Full Name of Individual (Last, First, Middle Initial Mehta, Jay, , , Mailing Address 3501 Civic Center Blvd CTRB 10109	) or Full O	rgan	ization Name	Date of Receipt													
	City Philadelphia	State PA		Zip Code 19104						<b>180317</b> 9 eceipt th		eriod	_					
	FEC ID number of contributing federal political committee.	С				_		- 7		1 - 4p.	2	2750.0	0					
	Name of Employer (for Individual)         Children's Hospital of Philadelphia         Receipt For:         Primary       General         Other (specify) ▼	Phy	/sicia	ion (for Individual) n r-to-Date ▼ 4250.00	]	Π	/lem	no li	tem									
в.	Full Name of Individual (Last, First, Middle Initial Solow, Elizabeth Blair, , Dr., Mailing Address 5323 Harry Hiines Blvd.	Date of Receipt																
	City Dallas FEC ID number of contributing federal political committee.	ů – – – – – – – – – – – – – – – – – – –						Transaction ID : 18031798       Amount of Each Receipt this Period       1000.00										
	Name of Employer (for Individual)         UT Southwestern Medical Center         Receipt For:         Primary       General         Other (specify) ▼	Ass	sistar	ion (for Individual) tt Professor of Medicine r-to-Date ▼ 2000.00	]	ľ	/lem	no li	tem									
С.	Full Name of Individual (Last, First, Middle Initial Mailing Address	) or Full O	Organ	ization Name		Date		lece	eipt	/ Y	Y	Y	Y					
	City	State		Zip Code		Amou		f F:	ach B	eceipt th	his Pr	eriod						
	FEC ID number of contributing federal political committee.	С					Лет	y		J								
	Name of Employer (for Individual)           Receipt For:           Primary         General           Other (specify)		·	ion (for Individual) r-to-Date ▼				.0 1										
s	UBTOTAL of Receipts This Page (optional)			•	•		-	7		.,	-	750.0	+					
Т	OTAL This Period (last page this line number on	ly)									32	789.0	0					

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 27 OF

		Use separate schedule(s)	(check only one)								
II EIVILLED REGEIFIS		for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 × 15 16 17								
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma g the name and a	L ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) American College of Rheum	atology (Rhe	eumPAC)									
Full Name of Individual (Last, First, Middl American College of Rheumatology	Date of Receipt										
Mailing Address 2200 Lake Boulevard NE			M M / D D / Y Y Y Y 12 18 2020								
City Atlanta	State GA	Zip Code 30319	Transaction ID : 18018875 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		160.01								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2742.64	Refund of November Credit Card Processing F								
Full Name of Individual (Last, First, Middl B.	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address											
City	State	Zip Code	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С										
Name of Employer (for Individual)	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	]								
Full Name of Individual (Last, First, Middl	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address											
City	State	Zip Code	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С										
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	]								
SUBTOTAL of Receipts This Page (optiona	l)		160.01								
TOTAL This Period (last page this line num	ber only)		160.01								

I

	CHEDULE B (FEC Form 3X)		arate schedule(s)	-	FOR LINE NUMBER: PAGE 28											
	EMIZED DISBURSEMENTS	for each Detailed	category of the Summary Page		eck only 21b 28a	22         23         26         27           28b         28c         29         30b										
	y information copied from such Reports and State for commercial purposes, other than using the na															
$\setminus$	NAME OF COMMITTEE (In Full)															
$ \rangle$	American College of Rheumatolog	gy (Rheu	ImPAC)													
<u>ٽ</u> ۸.	Full Name (Last, First, Middle Initial) Merchant Solutions					Date of Disbursement										
	Mailing Address 22801 Ventura Blvd #300					12 31 2020										
	City Weedland Lille	State	Zip Code			FEC Identification Number										
	Woodland Hills Purpose of Disbursement	CA	91364													
	Credit Card Processing Fees			00	)1											
	Candidate Name			Categ Typ		Transaction ID : 18018881 Amount of Each Disbursement this Period										
	Office Sought: House Disburse Senate	ement For: Primary	General	- 7 1		439.83 Credit Card Processing Fees										
	State: District:	Other (spe	ecify) ▼			Memo Item										
	Full Name (Last, First, Middle Initial)															
В.	Merchant Solutions					Date of Disbursement										
	Mailing Address 22801 Ventura Blvd #300	12 31 2020														
	City Woodland Hills	State CA	Zip Code			FEC Identification Number										
	Woodland Hills Purpose of Disbursement		91364	_	_	С										
	Credit Card Processing Fees			00	)1	Transaction ID : 18018882										
	Candidate Name			Categ Typ		Amount of Each Disbursement this Period										
	Office Sought: House Disburse	ement For:		١٨٢		73.66										
	Senate	Primary	General			Credit Card Processing Fees										
_	State: District:	Other (spe	ecity)			Memo Item										
с.	Full Name (Last, First, Middle Initial)					Date of Disbursement										
	Mailing Address 22801 Ventura Blvd #300	12 31 2020														
	City Woodland Hills	State CA	Zip Code 91364			FEC Identification Number										
	Purpose of Disbursement Credit Card Processing Fees	1		00		С										
	Candidate Name	gory/	Transaction ID : 18018883 Amount of Each Disbursement this Period													
	Office Sought: House Disburse	pe	52.16													
	Senate	Primary	General			Credit Card Processing Fees										
	State: District:	Other (spe	ecify) 🔻			Memo Item										
s	UBTOTAL of Disbursements This Page (optional).				···· <b>&gt;</b>	565.65										
т	OTAL This Period (last page this line number only	/)			···· <b>Þ</b>	565.65										