

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

2. FEC IDENTIFICATION NUMBER C C00432823 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [ ] 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: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) 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: General (30G) Runoff (30R) Special (30S) Election on 11 / 08 / 2022 in the State of GA

5. Covering Period 10 / 20 / 2022 through 11 / 28 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Wallace, Zachary, , , Type or Print Name of Treasurer

Signature of Treasurer Wallace, Zachary, , , [Electronically Filed] Date 12 / 08 / 2022

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2022"/>	<input type="text" value="334125.77"/>	<input type="text" value="334125.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="298512.43"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="25290.56"/>	<input type="text" value="122024.46"/>
(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="323802.99"/>	<input type="text" value="456150.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5694.48"/>	<input type="text" value="138041.72"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="318108.51"/>	<input type="text" value="318108.51"/>
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:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17520.05	102864.80
(ii) Unitemized .....	7608.86	18393.61
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	25128.91	121258.41
(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) .....	25128.91	121258.41
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).....	159.94	747.24
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.71	18.81
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)).....▶	25290.56	122024.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	25290.56	122024.46

**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 .....	694.48	1441.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	694.48	1441.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	136500.00
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	100.00
(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	100.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	5694.48	138041.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5694.48	138041.72

**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) .....	25128.91	121258.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25128.91	121158.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	694.48	1441.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	159.94	747.24
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	534.54	694.48

**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 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

**A. Abeles, Aryeh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 Winding Brook Ln  
 City Wallingford State CT Zip Code 06492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Micha Abeles MD Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2022  
**Transaction ID : 2200343**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Abelson, Abby, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9500 Euclid Ave  
 City Cleveland State OH Zip Code 44195  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Education Program Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 11 / 2022  
**Transaction ID : 2200344**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Busch, Howard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 217 E Lake Worth Ave  
 City Lantana State FL Zip Code 33462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Family Arthritis Center/AARA Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2022  
**Transaction ID : 2200342**  
 Amount of Each Receipt this Period 500.00  
 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 7 OF 21
<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. Bass, Anne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 254 W 82nd St  
 6A  
 City New York State NY Zip Code 10024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hospital for Special Surgery/Weill Cor Occupation (for Individual) Professor of Clinical Medicine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2022  
**Transaction ID : 2200346**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Berhanu, Adey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5454 Wisconsin Ave  
 City Chevy Chase State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis & Rheumatism Associates Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 14 / 2022  
**Transaction ID : 2200347**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Bolster, Marcy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 343 Holden Wood Rd  
 City Concord State MA Zip Code 01742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Massachusetts General Hospital Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 14 / 2022  
**Transaction ID : 2200348**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<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. Brittan, Kaitlyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18670 N Hws Cleveland Blvd  
 City Elkhorn State NE Zip Code 68022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNMC Occupation (for Individual) MD  
 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 / 02 / 2022  
**Transaction ID : 2200349**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Bryant, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 412 John Vineyards Lane  
 City New Castle State DE Zip Code 19720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AstraZeneca Occupation (for Individual) Senior Medical Director Immunology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2022  
**Transaction ID : 2200350**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Edgerton, Colin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2008 Central Ave  
 City Sullivans Island State SC Zip Code 29482  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Articularis Healthcare 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  
 11 / 14 / 2022  
**Transaction ID : 2200351**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2750.00
<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 21
	<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. Epstein, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 822 Pine St  
 City Philadelphia State PA Zip Code 19107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pennsylvania Hospital Occupation (for Individual) Clinical Professor of Medicine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 10 / 2022  
**Transaction ID : 2200352**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Evangelisto, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 528 Bartram Rd  
 City Moorestown State NJ Zip Code 08057-1871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis, Rheumatic and Bone Disease Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 10 / 2022  
**Transaction ID : 2200353**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Fahey, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 128 Medical Park Rd 101  
 City moorestville State NC Zip Code 28117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Piedmont HealthCare Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 455.15

Date of Receipt 11 / 11 / 2022  
**Transaction ID : 2200354**  
 Amount of Each Receipt this Period 50.05  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.05
<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 21
<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. Feldman, madelaine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 Amethyst St  
 City New Orleans State LA Zip Code 70124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Rheumatology Group LLC Occupation (for Individual) President managing partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2022  
**Transaction ID : 2200355**  
 Amount of Each Receipt this Period 250.00  
 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) Amicus Arthritis and Osteoporosis Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 12 / 2022  
**Transaction ID : 2200356**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Gupta, Sandeepkumar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 517 Finnbar Dr  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Empowered Arthritis and Rheumatology C Occupation (for Individual) M.D. Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 23 / 2022  
**Transaction ID : 2200357**  
 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 11 OF 21
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

**A. Hamburger, Max, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Micole Ct  
 City Dix Hills State NY Zip Code 11746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rheum Assoc of Long Island Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 11 / 15 / 2022  
**Transaction ID : 2200358**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. HUMPHREY, MARY BETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3741 Redmont Trce  
 City EDMOND State OK Zip Code 73034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Oklahoma Health Sciences Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 02 / 2022  
**Transaction ID : 2200345**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Kalish, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 177 Valentine St  
 City Newton State MA Zip Code 02465  
 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 ▼ 250.00

Date of Receipt 11 / 03 / 2022  
**Transaction ID : 2200359**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 21
<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. Kennedy, Stacy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 644 Georgetown Dr NW  
 City Concord State NC Zip Code 28027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rowan Diagnostic Clinic Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 11 / 2022  
**Transaction ID : 2200360**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Kenney, Howard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 W 8th Ave #6080  
 City Spokane State WA Zip Code 99204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis Northwest Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2022  
**Transaction ID : 2200361**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Levin, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3037 Tall Pine Dr  
 City Safety Harbor State FL Zip Code 34695  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Robert W Levin MD PA Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 13 / 2022  
**Transaction ID : 2200362**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 21
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

**A. Lim, Sam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49 Jesse Hill Jr Dr SE  
 City Atlanta State GA Zip Code 30303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emory University Occupation (for Individual) Professor of Medicine and Epidemiology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 26 / 2022  
**Transaction ID : 2200363**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Malone, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3437 Edge Hill Pkwy  
 City Madison State WI Zip Code 53705-1450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rheumatology Occupation (for Individual) MD, RMSK, FACR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 14 / 2022  
**Transaction ID : 2200364**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Matsumoto, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2730 University Blvd W  
 City Wheaton State MD Zip Code 20902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis & Rheumatism Associates Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2022  
**Transaction ID : 2200365**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<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 21
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

**A. Menzies, Victoria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12538 NW 159th Way  
 City Alachua State FL Zip Code 32615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Florida/College of Nursi Occupation (for Individual) Associate Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 22 / 2022  
**Transaction ID : 2200366**  
 Amount of Each Receipt this Period  
 170.00  
 Memo Item

**B. Moeller, Garland, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4503 Gloucester Dr  
 City Trent Woods State NC Zip Code 28562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CarolinaEast Internal Medicine Occupation (for Individual) President, NCRA  
 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 / 18 / 2022  
**Transaction ID : 2200367**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Mund, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 63 Maplewood Dr  
 City Plainview State NY Zip Code 11803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Healthcare Occupation (for Individual) MD  
 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  
 11 / 14 / 2022  
**Transaction ID : 2200368**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1170.00
<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 21
	<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. Myers, Amanda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 514 Gregory Ave  
 City Wilmette State IL Zip Code 60091  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NorthShore University HealthSystem Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 11 / 27 / 2022  
**Transaction ID : 2200369**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Pick, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 N 1st St  
 City Springfield State IL Zip Code 62702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Springfield Clinic Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 11 / 23 / 2022  
**Transaction ID : 2200370**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**C. Ravenell, Roneka, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 329 Wooldridge Ave  
 City Pewee Valley State KY Zip Code 40056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lake Cumberland Rheumatology Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 11 / 14 / 2022  
**Transaction ID : 2200371**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<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 21
	<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. Singer, Nora, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Pepper Creek Dr  
 City Pepper Pike State OH Zip Code 44124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The MetroHealth System, Case Western R Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 13 / 2022  
**Transaction ID : 2200372**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Stamos, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 512 Harbor Rd  
 City Cold Spring Harbor State NY Zip Code 11724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwell Health, Division of Rheumato Occupation (for Individual) Nurse Practitioner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 07 / 2022  
**Transaction ID : 2200373**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Su, Karleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12456 Washington Blvd  
 City Whittier State CA Zip Code 90602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amicus Arthritis & Osteoporosis Center Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 14 / 2022  
**Transaction ID : 2200374**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2700.00
<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 21
<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. Tuetken, Rebecca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1303 5th St  
 City Coralville State IA Zip Code 52241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Iowa Hospitals and Clini Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2022  
**Transaction ID : 2200375**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Weinstein, Arthur, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2173 Edinboro Ave  
 City Claremont State CA Zip Code 91711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Professor Emeritus  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2022  
**Transaction ID : 2200376**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Yonker, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1945 Versailles St  
 City Sarasota State FL Zip Code 34239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tenet Health Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 16 / 2022  
**Transaction ID : 2200377**  
 Amount of Each Receipt this Period 500.00  
 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 18 OF 21
	<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. busch, stacey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 217 E Lake Worth Ave  
 City Lantana State FL Zip Code 33462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Family Arthritis Center/AARA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 10 / 2022  
**Transaction ID : 2200378**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. ritchlin, christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4459 Middle Cheshire Rd  
 City canandaigua State NY Zip Code 14424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Rochester Medical Center Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2022  
**Transaction ID : 2200379**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. schweitz, michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7721 Pine Tree Ln  
 City west palm beach State FL Zip Code 33406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired MD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 02 / 2022  
**Transaction ID : 2200380**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	17520.05

**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 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

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

Mailing Address 2200 Lake Boulevard NE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
717.24

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	02	/	2022

**Transaction ID : 2200381**

Amount of Each Receipt this Period  
159.94

Memo Item  
Refund of Pre-General Election Period Credit Card Processing Fee

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

Mailing Address

City	State	Zip Code
------	-------	----------

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 ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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 ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	159.94
<b>TOTAL</b> This Period (last page this line number only).....	159.94

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

**A. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry St  
#550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
October/November (Post-General Period) Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 28 / 2022

FEC Identification Number: C

Transaction ID : 30331199

Amount of Each Disbursement this Period: 694.48

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 694.48

**TOTAL** This Period (last page this line number only)..... ▶ 694.48

**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

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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

Full Name (Last, First, Middle Initial) <b>A. MAGGIE FOR NH</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address PO BOX 298		
City CONCORD	State NH	Zip Code 03302
Purpose of Disbursement 2022 General Election Contribution		Category/Type 011
Candidate Name <b>Hassan, Maggie, , Sen.,</b>		FEC Identification Number C00588772 <b>Transaction ID : 30331200</b>
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 5000.00
State: NH District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. MAGGIE FOR NH</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2022
Mailing Address PO BOX 298		
City CONCORD	State NH	Zip Code 03302
Purpose of Disbursement Redesignation of 9/6/22 2022 General Election Contribution		Category/Type 011
Candidate Name <b>Hassan, Maggie, , Sen.,</b>		FEC Identification Number C00588772 <b>Transaction ID : 30331201</b>
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Amount of Each Disbursement this Period - 5000.00
State: NH District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. MAGGIE FOR NH</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2022
Mailing Address PO BOX 298		
City CONCORD	State NH	Zip Code 03302
Purpose of Disbursement Redesignated 2022 Primary Election Contribution		Category/Type 011
Candidate Name <b>Hassan, Maggie, , Sen.,</b>		FEC Identification Number C00588772 <b>Transaction ID : 30331202</b>
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 5000.00
State: NH District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00