

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C **C00432823** 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period / / through / /

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

Signature of Treasurer **BLUMSTEIN, HOWARD, , ,** [Electronically Filed] Date / /

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"/>	<input type="text" value="334125.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="331812.78"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12579.59"/>	<input type="text" value="92354.26"/>
(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="344392.37"/>	<input type="text" value="426480.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="50099.64"/>	<input type="text" value="132187.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="294292.73"/>	<input type="text" value="294292.73"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	11770.05	81149.70
(ii) Unitemized	395.00	10699.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12165.05	91849.50
(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)	12165.05	91849.50
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).....	412.66	487.66
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.88	17.10
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)).....▶	12579.59	92354.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12579.59	92354.26

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	99.64	587.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	99.64	587.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	131500.00
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)) ..	50099.64	132187.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50099.64	132187.30

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12165.05	91849.50
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12165.05	91749.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	99.64	587.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	412.66	487.66
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 313.02	99.64

**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 19
<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. Blumstein, Howard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Oakland Hills Dr
 City Mount Sinai State NY Zip Code 11766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheumatology Associates of Long Island Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1525.00

Date of Receipt 09 / 01 / 2022
Transaction ID : 260
 Amount of Each Receipt this Period 850.00
 Memo Item

B. Borenstein, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10505 Scarboro Ln
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis and Rheumatism Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2022
Transaction ID : 261
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Brenner, Tracy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4528 Schmidler Dr
 City Carmel State IN Zip Code 46074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheumatology Associates Occupation (for Individual) MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 06 / 2022
Transaction ID : 262
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
<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. Fahey, Sean, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 128 Medical Park Rd

City mooreville	State NC	Zip Code 28117
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Piedmont HealthCare	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
405.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : 263

Amount of Each Receipt this Period
45.05

Memo Item

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

Mailing Address 2801 NE 213th St
Suite 801

City Aventura	State FL	Zip Code 33180
------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis & Rheumatic Disease Specialt	Occupation (for Individual) President/Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2022

Transaction ID : 264

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 800 Washington St

City Boston	State MA	Zip Code 02111
----------------	-------------	-------------------

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

Name of Employer (for Individual) Tufts Medical Center	Occupation (for Individual) Assoc. Professor of Medicine
---	---

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
09		01		2022

Transaction ID : 265

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1545.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
<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. Heinlen, Latisha, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1603 W Wilshire Blvd

City Nichols Hills	State OK	Zip Code 73116
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) RAO	Occupation (for Individual) CEO and Medical Director
--	---

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
09	/	17	/	2022

Transaction ID : 266

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 2301 E Evesham Rd

City Voorhees	State NJ	Zip Code 08043
------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis, Rheumatic and Bone Disease	Occupation (for Individual) Managing Physician Partner
--	---

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
09	/	06	/	2022

Transaction ID : 267

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 1 Diamond Hill Rd

City Berkeley Heights	State NJ	Zip Code 07922
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Summit Health	Occupation (for Individual) Chair of Rheumatology
--	--

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
09	/	20	/	2022

Transaction ID : 268

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
<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. Louie, Grant, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2730 University Blvd W
Suite 310

City Wheaton State MD Zip Code 20902

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

Name of Employer (for Individual) Arthritis and Rheumatism Associates, P Occupation (for Individual) MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 03 / 2022

Transaction ID : 269

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 545 SE Oak St

City Hillsboro State OR Zip Code 97123

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

Name of Employer (for Individual) Hillsboro Medical Center Occupation (for Individual) Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2022

Transaction ID : 270

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 4049 Davana Rd

City Sherman Oaks State CA Zip Code 91423

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

Name of Employer (for Individual) Encino Specialty Care Occupation (for Individual) Rheumatologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2022

Transaction ID : 271

Amount of Each Receipt this Period 250.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
<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. Power, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7520 N Oracle Rd
 City Tucson State AZ Zip Code 85704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Catalina Pointe Arthritis & Rheumatolo Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2022
Transaction ID : 272
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Ramsey-Goldman, Rosalind, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 633 N St Clair St
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gallagher Research Professor of Rheuma Occupation (for Individual) Professor of Medicine/Rheumatology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 01 / 2022
Transaction ID : 273
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Snow, Marcus, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2521 Brookside Ave
 City Omaha State NE Zip Code 68198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNMC Occupation (for Individual) Assistant Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 09 / 01 / 2022
Transaction ID : 274
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1625.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
<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. Solow, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 916 Shadyside Ln
 City DALLAS State TX Zip Code 75223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Southwestern Occupation (for Individual) Assistant Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 01 / 2022
Transaction ID : 275
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Ursani, Mohammad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 Manor Lake Estates Dr
 City Spring State TX Zip Code 77379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memorial Hermann Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 01 / 2022
Transaction ID : 276
 Amount of Each Receipt this Period 500.00
 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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	11770.05

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

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

FOR LINE NUMBER: PAGE 12 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. 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 ▼
 457.66

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2022

Transaction ID : 277

Amount of Each Receipt this Period
 412.66

Memo Item
 Refund of August Credit Card Processing Fees

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

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 Y Y

Amount of Each Receipt this Period

Memo Item

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

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 Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	412.66
TOTAL This Period (last page this line number only).....▶	412.66

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 September 2022 Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 30 / 2022

FEC Identification Number: C

Transaction ID : 30331181

Amount of Each Disbursement this Period: 99.64

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).....▶	99.64
TOTAL This Period (last page this line number only).....▶	99.64

**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)

A. DELBENE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 477

M M M	/	D D D	/	Y Y Y Y Y
09		06		2022

City KIRKLAND State WA Zip Code 98083

FEC Identification Number

Purpose of Disbursement
General 2022 Election Contribution

C	C00459099
---	-----------

Candidate Name
DelBene, Suzan, , Rep.,

011
Category/ Type

Transaction ID : 30331182

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) ▼
State: WA District: 01

5000.00

Memo Item

B. GUTHRIE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 9639

M M M	/	D D D	/	Y Y Y Y Y
09		06		2022

City BOWLING GREEN State KY Zip Code 42102-9639

FEC Identification Number

Purpose of Disbursement
2022 General Election Contribution

C	C00445023
---	-----------

Candidate Name
Guthrie, Brett, , Rep.,

011
Category/ Type

Transaction ID : 30331183

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) ▼
State: KY District: 02

2500.00

Memo Item

C. MAGGIE FOR NH

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 298

M M M	/	D D D	/	Y Y Y Y Y
09		06		2022

City CONCORD State NH Zip Code 03302

FEC Identification Number

Purpose of Disbursement
2022 Primary Election Contribution

C	C00588772
---	-----------

Candidate Name
Hassan, Maggie, , Sen.,

011
Category/ Type

Transaction ID : 30331184

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) ▼
State: NH District:

5000.00

Memo Item

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

12500.00

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

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**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)

A. TERRI SEWELL FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2022

Mailing Address PO BOX 1964

FEC Identification Number

C	C00458976
---	-----------

City BIRMINGHAM State AL Zip Code 35201

Transaction ID : 30331185

Purpose of Disbursement
2022 General Election Contribution

011
Category/ Type

Amount of Each Disbursement this Period

5000.00

Candidate Name
Sewell, Terri, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: AL District: 07

Memo Item

Full Name (Last, First, Middle Initial)

B. BARRAGAN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2022

Mailing Address 1840 SOUTH GAFFEY STREET #421

FEC Identification Number

C	C00577353
---	-----------

City SAN PEDRO State CA Zip Code 90731

Transaction ID : 30331186

Purpose of Disbursement
2022 General Election Contribution

011
Category/ Type

Amount of Each Disbursement this Period

2500.00

Candidate Name
Barragan, Nanette, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: CA District: 44

Memo Item

Full Name (Last, First, Middle Initial)

C. CASTOR FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2022

Mailing Address 301 W PLATT STREET, #385

FEC Identification Number

C	C00410761
---	-----------

City TAMPA State FL Zip Code 33606

Transaction ID : 30331187

Purpose of Disbursement
2022 General Election Contribution

011
Category/ Type

Amount of Each Disbursement this Period

2500.00

Candidate Name
Castor, Kathy, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: FL District: 14

Memo Item

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

10000.00

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

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**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)
A. DEBBIE DINGELL FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2022

Mailing Address PO BOX 972480

FEC Identification Number

C C00558213

Transaction ID : 30331188

Amount of Each Disbursement this Period

2500.00

Memo Item

City YPSILANTI State MI Zip Code 48197

Purpose of Disbursement
2022 General Election Contribution

011
Category/
Type

Candidate Name
Dingell, Debbie, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: MI District: 06

Full Name (Last, First, Middle Initial)
B. KUSTER FOR CONGRESS, INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2022

Mailing Address PO BOX 1498

FEC Identification Number

C C00462861

Transaction ID : 30331189

Amount of Each Disbursement this Period

2500.00

Memo Item

City CONCORD State NH Zip Code 03302

Purpose of Disbursement
2022 General Election Contribution

011
Category/
Type

Candidate Name
Kuster, Ann, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NH District: 02

Full Name (Last, First, Middle Initial)
C. PEOPLE FOR PATTY MURRAY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2022

Mailing Address PO BOX 3662

FEC Identification Number

C C00257642

Transaction ID : 30331190

Amount of Each Disbursement this Period

2500.00

Memo Item

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement
2022 General Election Contribution

011
Category/
Type

Candidate Name
Murray, Patty, , Sen.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: WA District:

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

7500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-28a, 22-28b, 23-28c, 26-29, 27-30b with checkboxes.

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

Form A: WARNOCK FOR GEORGIA. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: WENSTRUP FOR CONGRESS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: BOOZMAN FOR ARKANSAS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) and TOTAL This Period (last page this line number only) summary rows.

**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)

A. BUCSHON FOR CONGRESS

Mailing Address PO BOX 250

City NEWBURGH State IN Zip Code 47629-0250

Purpose of Disbursement
2022 General Election Contribution

Candidate Name
Bucshon, Larry, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2022

FEC Identification Number

C C00468256

Transaction ID : 30331194

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address BOX 137

City SPOKANE State WA Zip Code 99210-0137

Purpose of Disbursement
2022 General Election Contribution

Candidate Name
McMorris Rodgers, Cathy, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify)

State: WA District: 05

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2022

FEC Identification Number

C C00390476

Transaction ID : 30331195

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH PANNILL FLETCHER FOR CONGRESS

Mailing Address 3262 WESTHEIMER RD
#636

City HOUSTON State TX Zip Code 77098

Purpose of Disbursement
2022 General Election Contribution

Candidate Name
Fletcher, Lizzie, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: TX District: 07

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2022

FEC Identification Number

C C00640045

Transaction ID : 30331196

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) A. FRIENDS OF ROSA DELAURO		Date of Disbursement MM / DD / YYYY 09 / 26 / 2022
Mailing Address 129 CHURCH ST STE 818		FEC Identification Number C C00238865 Transaction ID : 30331197
City NEW HAVEN	State CT	Zip Code 06510
Purpose of Disbursement 2022 General Election Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name DeLauro, Rosa, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 03	Category/Type 011	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	50000.00