FEC FORM 3X	AN	EPORT O ND DISBU Other Than Ar	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		E FEC MAILING LA TYPE OR PRINT		ample:If typing r the lines	, type			
	f Rheumatolog	gy (RheumPAC)						
ADDRESS (number and	street)	800 Century Place						
Check if differ than previousl reported. (ACC	ent L	Suite 250 				GA	30345 	4300
2. FEC IDENTIFICAT		R ₩ _	CITY 🛋		S	STATE	ZIPCOD	e 🔺
C00432823	• • • •		3. IS THIS REPORT		NEW N) OR	AM (A)		
July 15 Quarterly	orts: Report(Q1) Report(Q2)	(b) Monthly Report Due On: (c) 12-Day PRE-Elect Report for				Sep		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
X July 31 M Report(N Year Only	Report(Q3) 81 Report(YE) lid-Year on-election	(d) 30-Day Post -Elea Report for	Election on	General (300		Runoff (3	in the State of	Special (30S)
5. Covering Period	01	01 200	9	through	06	30	2009	
I certify that I have exam Type or Print Name of T		rt and to the best of Fred Dietz	my knowledge	and belief it is	true, correct a	and complete.		
Signature of Treasurer	Electronical	ly Filed by Fred D	ietz		D	ate 0 6	09	2009
NOTE : Submission of f	alse, erroneous	s, or incomplete info	ormation may su	bject the pers	on signing this	s Report to the	penalties of 2 U.S	.C 437g.
Office Use Only							FEC FORM (Rev. 12/200	

Image# 29992214105

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)		Page 2
Write or Type Committee Name American College of Rheumatology	(RheumPAC)	
Report Covering the Period: From:	M M D D Y	$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 6 \end{array} \end{array} \begin{array}{c} D & D \\ 3 & 0 \end{array} \begin{array}{c} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{array}$
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009 Y Y	r	49503.09
(b) Cash on Hand at Begining of Reporting Period	52048.87	
(c) Total Receipts (from Line 19)		36954.79
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)		86457.88
 Total Disbursements (from Line 31) 		6250.00
 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) 	. 82753.66	80207.88
 Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) 		
 Debts and Obligations owed BY the committee (Itemize all on 		
Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

FE6AN026

Image#	2999221	4106
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DETAILED SUMMARY PAGE OF RECEIPTS

Page 3

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

FEC Form 3X (Rev. 06/2004)

Report Covering the Period: From: $\begin{bmatrix} M \\ 0 \end{bmatrix}$	$\begin{array}{c} {}^{M}\\ 1 \end{array} \begin{array}{c} {}^{D} {}^{D} {}^{Y} {}^{Y} {}^{Y} {}^{Y} {}^{Y} \\ 2 0 0 9 \end{array}$	To:
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Contributions (other than loans) From: (a) Individuals/Persons Other 		
Than Political Committees (i) Itemized (use Schedule A)	28750.00	28750.00
(ii) Unitemized	7894.00	7894.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) 🅨	36644.00	36644.00
(b) Political Party Committees	0.00	0.00
 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	36644.00	36644.00
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
 Refunds of Contributions Made to Federal candidates and Other Political Committees 	0.00	0.00
 Other Federal Receipts (Dividends, Interest, etc.) 	310.79	310.79
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	36954.79	36954.79
 Total Federal Receipts (subtract Line 18(c) from Line 19) 	36954.79	36954.79

Image# 29992214107

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	0.00
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
3. Contributions to Federal Candidates/Committees		
and Other Political Committees	6000.00	6000.00
(use Schedule E) 5. Coordinated Expenditures Made by Party	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
 Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees 	250.00	250.00
(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)) 🕨	250.00	250.00
9. Other Disbursements	0.00	0.00
 Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity 		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6250.00	6250.00
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	6250.00	6250.00

Image# 29992214108

DETAILED SUMMARY PAGE

	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)	36644.00	36644.00
34.	Total Contribution Refunds (from Line 28(d))	250.00	250.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	36394.00	36394.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers	FOR LINE NUMBER: PAGE 6 / 26 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 11 11 12
	or for commercial purposes, other than using t NAME OF COMMITTEE (In Full) American College of Rheumatology	he name and ad	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Bruce I Hoffman Mailing Address 164 Summit Lane			Date of Receipt
	City	State	Zip Code	
	Bala Cynwyd	PA	19004	Transaction ID: 7572932 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self-Employed	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
- B.	Full Name (Last, First, Middle Initial) Charles King Mailing Address 179 Edgewater Cv			Date of Receipt
	City	State	Zip Code	Transaction ID: 7620961
	Belden	MS	38826-9145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer NMMCI	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
- C.	Full Name (Last, First, Middle Initial) Gary Bryant Mailing Address 5429 Vining Point Ro	oad		Date of Receipt
			Zie Oada	01 09 2009
	City Minnetonka	State MN	Zip Code 55345	Transaction ID: 7620964 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University of Minnesota	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
ſ	SUBTOTAL of Receipts This Page (optional)			2000.00
ľ	TOTAL This Period (last page this line numb	er only)		

Ģ	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 26
	· · ·			(check only one)
•			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and so for commercial purposes, other than using the	Statements ma	⊥ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	American College of Rheumatology (RheumPAC)		
A.	Full Name (Last, First, Middle Initial) Samuel Pegram			Date of Receipt
	Mailing Address 44825 Almeda Rd			M M / D D / Y
	City	State	Zip Code	Transaction ID: 7678354
	Houston	TX	77004-5655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Information Requested	Occupatio Informat	on ion Requested	_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		0.00]
– В.	Full Name (Last, First, Middle Initial) Karen Kolba			Date of Receipt
	Mailing Address 110 Erna Way			M M / D D Y
	City	State	Zip Code	Transaction ID: 7678355
	Pismo Beach	CA	93449	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00]
– C.	Full Name (Last, First, Middle Initial) Paul Romain			Date of Receipt
	Mailing Address 80 Rangeley Road			M / D D / Y
	City	State	Zip Code	Transaction ID: 7689586
	Chestnut Hill	MA	02467	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Cambridge Health Alliance	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
Γ	SUBTOTAL of Receipts This Page (optional).	1	•	1000.00
	TOTAL This Period (last page this line number			
L		• ·		

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 8/26			
			Use separate schedule(s) for each category of the	(check only one)			
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
Г				13 14 15 16 17			
	Any information copied from such Reports and s or for commercial purposes, other than using th	Statements ma le name and ad	ly not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.			
k	NAME OF COMMITTEE (In Full)						
	American College of Rheumatology (RheumPAC)					
۷ A.	Full Name (Last, First, Middle Initial) Chad Deal	Date of Receipt					
	Mailing Address 21099 Colby Rd			02 20 2009			
	City	State	Zip Code	Transaction ID: 7691548			
	Shaker Heights	OH	44122	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Cleveland Clinic	Occupatio Physicia		_			
	Receipt For:		e Year-to-Date 🔻				
	Primary General	Ayyreyall		-			
	Other (specify)	0 0	250.00				
- В.	Full Name (Last, First, Middle Initial) Jonathan Kay			Date of Receipt			
	Mailing Address 62 Olde Field Road			M M / D D / Y Y Y Y 02 20 20 2009			
	City	State	Zip Code	Transaction ID: 7691549			
	Newton Centre	MA	02459	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Mass General Physicians	Occupatio					
	Org	Physicia					
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	-			
	Other (specify) ▼		250.00				
- C.	Full Name (Last, First, Middle Initial) Sharad Lakhanpal	1		Date of Receipt			
	Mailing Address 5320 Royal Lane			02 20 2009			
	City	State	Zip Code	Transaction ID: 7691550			
	Dallas	ТХ	75229	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Rheumatology Associates	Occupatio Rheuma		_			
	Receipt For:	- 1 · ·	e Year-to-Date 🔻				
	Primary General Other (specify) ▼		1000.00]			
[SUBTOTAL of Receipts This Page (optional) .	1		1500.00			
ŀ	SUBTUTAL OF NECEIPIS THIS Page (optional).						
	TOTAL This Period (last page this line numbe	er only)					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 26 (check only one) 11a 11b 11c 12 13 14 15 16 17 pr for the purpose of soliciting contributions 11 11 12
	or for commercial purposes, other than using the	e name and add	ress of any political committee to	solicit contributions from such committee.
	American College of Rheumatology (F	RheumPAC)		
Α.	Full Name (Last, First, Middle Initial) David Fox			Date of Receipt
	Mailing Address 200 Barton N. Dr			02 / 20 / Y Y Y Y 02 / 20 / 2009
	City	State	Zip Code	Transaction ID: 7691935
	Ann Arbor	MI	48105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer University of Michigan	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	250.00]
В.	Full Name (Last, First, Middle Initial) Joseph Flood			Date of Receipt
	Mailing Address 751 Jaeger Street			M M / D D / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 7692099
	Columbus	OH	43206-2272	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Musculoskeletal Med Speci- alist	Occupation Physician	n Rheumatologist	
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	1000.00	
C.	Full Name (Last, First, Middle Initial) Stanley Cohen	1		Date of Receipt
	Mailing Address 5447 Castlewood Dr			M M / D D / Y
	City	State	Zip Code	Transaction ID: 7692821
	Dallas	TX	75229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Rheumatology Associates	Occupation Physician	l	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼	0 0	250.00	
	SUBTOTAL of Receipts This Page (optional)		••••••	1500.00
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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 26 (check only one) 11a X 11a 13 14 15 16 17
	or for commercial purposes, other than using t	the name and addre	ess of any political committee to	on for the purpose of soliciting contributions
	American College of Rheumatology	(RneumPAC)		
A.	Full Name (Last, First, Middle Initial) Sherine Gabriel			Date of Receipt
	Mailing Address 709 9th Ave SW			M M / D D / Y Y Y Y 02 20 2009
	City	State	Zip Code	Transaction ID: 7692823
	Rochester	MN	55902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Mayo Clinic	Occupation Physician		_
	Receipt For:	Aggregate Y	′ear-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0 0	1000.00	
в.	Full Name (Last, First, Middle Initial) Leslie Crofford			Date of Receipt
	Mailing Address 1809 Fairway Dr			02 / 20 / Y Y Y 20 09
	City	State	Zip Code	Transaction ID: 7692832
	Lexington	KY	40502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University of Kentucky	Occupation Physician		
	Receipt For:	Aggregate Y	′ear-to-Date 🔻	
	Other (specify) ▼		500.00	
- C.	Full Name (Last, First, Middle Initial) William Palmer			Date of Receipt
	Mailing Address 9016 Harney			0 2 / D D / Y Y Y Y 2 7 2 0 0 9
	City	State	Zip Code	Transaction ID: 7702753
	Omaha	NE	68114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		0.00
	Name of Employer Westroads Medical Group	Occupation Rheumatol	logist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	rear-to-Date ▼ 0.00]
ſ	SUBTOTAL of Receipts This Page (optional))		1500.00
F	TOTAL This Period (last page this line numb			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 26 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 11 12 12
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Rheumatology (F		fress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) William Palmer Mailing Address 9016 Harney City Omaha FEC ID number of contributing federal political committee. Name of Employer Westroads Medical Group	State NE C	Zip Code 68114	Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 2 0 0 9 Y
	Receipt For: Primary General Other (specify) ▼	Rheumat Aggregate	ologist Year-to-Date ▼ 1500.00]
в.	Full Name (Last, First, Middle Initial) Eileen Moynihan Mailing Address 1304 Maple Ave City	State	Zip Code	Date of Receipt
	Haddon Heights FEC ID number of contributing federal political committee.	NJ C	08035	Amount of Each Receipt this Period 1000.00
	Name of Employer Information Requested Receipt For: Primary General Other (specify) ▼	Informati	on Requested Year-to-Date 1000.00]
- C.	Full Name (Last, First, Middle Initial) Karen Kolba Mailing Address 110 Erna Way			Date of Receipt
	City <u>Pismo Beach</u>	State CA	Zip Code 93449	Transaction ID: 7702830 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Self-Employed	Occupation		500.00
	Receipt For: Primary General Other (specify) ▼	Physician Aggregate	n Year-to-Date ▼ 1000.00]
	SUBTOTAL of Receipts This Page (optional)			3000.00
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/26 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 11						
Any information copied from such Report or for commercial purposes, other than u	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for 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 Rheumato	logy (RheumPAC)							
Full Name (Last, First, Middle Initial) Joseph J Weiss								
Mailing Address 4485 Chippewa								
City	State Zip Code	Transaction ID: 7702865						
Bloomfield Hills	MI 48301-1551	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	250.00						
Name of Employer Self-Employeed	Occupation Physician-Rheumatologist							
Receipt For:	Aggregate Year-to-Date V	1						
Primary General Other (specify) ▼	250.00							
Full Name (Last, First, Middle Initial) Audrey Nelson	I	Date of Receipt						
Mailing Address 2105 Valkyrie D	M M / D D / Y							
City								
Rochester	MN 55901	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	250.00						
Name of Employer Mayo Clinic Retired	Occupation Physician							
Receipt For:	Aggregate Year-to-Date V	_						
Other (specify) ▼	250.00							
Full Name (Last, First, Middle Initial) George Munoz		Date of Receipt						
Mailing Address 12738 Equestria	an Trail	M M / D D / Y						
City	State Zip Code	Transaction ID: 7740790						
Davie	FL 33330	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	250.00						
Name of Employer Arthritis & Osteo Treatman	Occupation physician							
Receipt For:	Aggregate Year-to-Date 🔻							
Other (specify) ▼	250.00							
SUBTOTAL of Receipts This Page (on	tional)	750.00						
	number only)							

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 13 / 26 (check only one) 11a X 11a 11b 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) American College of Rheumatology (dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Robert Levin			Date of Receipt
	Mailing Address 1050 Roundstone PI			M M / D D / Y Y Y Y 03 11 2009
	City	State	Zip Code	Transaction ID: 7740802
	Palm Harbor	FL	34698	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Robert W. Levin MD PA	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	1000.00]
В.	Full Name (Last, First, Middle Initial) Gary Feldman			Date of Receipt
	Mailing Address 609 23rd Street			03 11 Y Y Y Y Y 099
	City	State	Zip Code	Transaction ID: 7740812
	Santa Monica	CA	90402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Pacific Arthritis	Occupatio rheumate		
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	500.00]
C.	Full Name (Last, First, Middle Initial) Joseph Huffstutter			Date of Receipt
	Mailing Address 4229 Leedy Moutain Lane			03 11 2009
	City	State	Zip Code	Transaction ID: 7740813
	Signal Moutain	TN	37377	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Arthritis Associates	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00	
	SUBTOTAL of Receipts This Page (optional)			2000.00
	TOTAL This Period (last page this line numbe	er only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 26 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Rheumatology (F	n for the purpose of soliciting contributions solicit contributions from such committee.		
A.	Full Name (Last, First, Middle Initial) Edrick Lopez-Enriquez Mailing Address PO Box 29 City Mayaguez FEC ID number of contributing federal political committee. Name of Employer self	State Zip Code PR 00681 C Occupation	Date of Receipt	
	Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 500.00]	
В.	Full Name (Last, First, Middle Initial) Timothy Laing Mailing Address 5522 Warren Road	Date of Receipt 0 3 / 1 1 / 2 0 0 9		
	City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer University of Michigan	State Zip Code <u>MI 48105</u> C Occupation	Transaction ID: 7740818 Amount of Each Receipt this Period 500.00	
	Receipt For: Primary General Other (specify) ▼	MD Aggregate Year-to-Date ▼ 500.00]	
С.	Full Name (Last, First, Middle Initial) Elizabeth Tindall Mailing Address 1255 SW Schaeffer Re	Date of Receipt		
	City West Linn FEC ID number of contributing federal political committee.	State Zip Code OR 97068	Transaction ID: 7740823 Amount of Each Receipt this Period 500.00	
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 600.00]	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1500.00	
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page d Statements may not be sold or used by any person	FOR LINE NUMBER:PAGE $15/26$ (check only one)X11a11b11c12X11a14151617In 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.			
	American College of Rheumatology	(RheumPAC)				
۷ A.	Full Name (Last, First, Middle Initial) Jeffrey Lawson					
	Mailing Address 20 Crescent Ave	M M / D D / Y Y Y Y 03 11 2009				
	City	State Zip Code	Transaction ID: 7740824			
	Greenville	SC 29605	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	500.00			
	Name of Employer Piedmont Arthritis Center	Occupation Physician				
	Receipt For:	Aggregate Year-to-Date ▼	1			
	Primary General Other (specify) ▼	500.00				
- B.	Full Name (Last, First, Middle Initial) Max Hamburger	1	Date of Receipt			
	Mailing Address 6 Micole Ct		M M / D D / Y			
	City	State Zip Code	Transaction ID: 7740826			
	Dix Hills	NY 11746	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	1000.00			
	Name of Employer Rheum Assoc of Long Island	Occupation Physician				
	Receipt For:	Aggregate Year-to-Date V				
	Primary General Other (specify) ▼	1000.00				
- C.	Full Name (Last, First, Middle Initial) Edward Herzig	1	Date of Receipt			
	Mailing Address 419 Reilly Road		M · M / D · D / Y · Y · Y · Y Y 0 3 1 1 2009 2009 1 <t< td=""></t<>			
	City	State Zip Code	Transaction ID: 7740828			
	<u>Cincinnati</u>	OH 45215	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		1000.00			
	Name of Employer Herzig Krall Medical Group	Occupation Physician				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
ſ	SUBTOTAL of Receipts This Page (optional)	2500.00			
ŀ	TOTAL This Period (last page this line numb	·				

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 26 (check only one) 11a X 11a 11b 13 14 15 16 17		
	Any information copied from such Reports and or for commercial purposes, other than using t	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s				
	NAME OF COMMITTEE (In Full)					
	American College of Rheumatology	(RheumPAC)				
∡ A.	Full Name (Last, First, Middle Initial) Meera Oza					
	Mailing Address 2574 Admirals Walk	M M / D D / Y Y Y Y 03 11 2009				
	City	State	Zip Code	Transaction ID: 7740831		
	Orange Park	FL	32073-6102	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self-Employed	Occupation Physiciar				
	Receipt For:		e Year-to-Date 🔻			
	Primary General Other (specify) ▼	· · ·	500.00]		
- В.	Full Name (Last, First, Middle Initial) James Engelbrecht			Date of Receipt		
	Mailing Address 4281 Rosemary Lan	03 / D D / Y Y Y Y 03 / 16 2009				
	City	State	Zip Code	Transaction ID: 7744595		
	Rapid City	SD	57702	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Black Hills Orth and Spine Cen	Occupation Physiciar				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	250.00]		
– c.	Full Name (Last, First, Middle Initial) Michael C Schweitz			Date of Receipt		
	Mailing Address 7721 Pine Tree LN			M M / D D / Y Y Y Y 03 16 2009		
	City	State	Zip Code	Transaction ID: 7744612		
	West Palm Beach	<u> </u>	33406-7833	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer	Occupation	n			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]		
Γ	SUBTOTAL of Receipts This Page (optional)			1000.00		
	TOTAL This Period (last page this line numb	er only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and or for commercial purposes, other than using th	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page not be sold or used by any perso ress of any political committee to	FOR LINE NUMBER: PAGE 17 / 26 (check only one) 11a X 11a 11b 13 14 15 16 on for the purpose of soliciting contributions solicit contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American College of Rheumatology (
Α.	Full Name (Last, First, Middle Initial) Fredrick Dietz Mailing Address 4003 Cushman Close	e		Date of Receipt
	City State		Zip Code	Transaction ID: 7744613
	Rockford	IL	61114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Rockford Health System	Occupation Rheumato		
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1000.00]
в.	Full Name (Last, First, Middle Initial) Rodolfo Molina Mailing Address 125 E. King's Highwa			Date of Receipt
	Maining Address 125 E. KIIIg'S High Wa	03 16 2009		
	City	State	Zip Code	Transaction ID: 7744615
	San Antonio	TX	78212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation		
	Receipt For: Primary General	Aggregate	Year-to-Date V	1
	Other (specify)	0 0	1000.00	
C.	Full Name (Last, First, Middle Initial) Raymond Scalettar			Date of Receipt
	Mailing Address 12433 Ansin Circle Drive			04 / D D / Y Y Y Y 04 30 2009
	City	State	Zip Code	Transaction ID: 7834076
	Potmac	MD	20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer George Washington Univers- ity	Occupation Clinical Pr	rofessor	
	Receipt For:	Aggregate `	Year-to-Date 🔻	_
	Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)			2250.00
	TOTAL This Period (last page this line number	er only)		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 26 (check only one)
IT	EMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar	y information copied from such Reports and S for commercial purposes, other than using the	atements may not be sold or used by any p name and address of any political committe	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	American College of Rheumatology (R	heumPAC)	
Α.	Full Name (Last, First, Middle Initial) James O'Dell	Date of Receipt	
	Mailing Address Dept of Internal Medici 3534 Pine Street	05 / 19 / Y Y Y 2009	
	City	State Zip Code	Transaction ID: 7875709
	<u>Omaha</u>	NE 68105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer University of Nebraska Med Ctr	Occupation Rheumatologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
— В.	Full Name (Last, First, Middle Initial) David Daikh		Date of Receipt
	Mailing Address 3633 Clement		M M / D D / Y Y Y Y 05 20 2009
	City	State Zip Code	Transaction ID: 7876065
	San Francisco	CA 94121	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General	250.00	
	Other (specify)		·
С.	Full Name (Last, First, Middle Initial) Eric Matteson		Date of Receipt
	Mailing Address 1752 Walden LN SW		M - M / D - D / Y - Y - Y Y
	City	State Zip Code	Transaction ID: 7876072
	Rochester	MN 55902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Mayo Clinic	Occupation MD	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	250.00	* •
	UBTOTAL of Receipts This Page (optional)		1500.00
	OTAL This Period (last page this line number of		

I	Any information copied from such Reports and S or for commercial purposes, other than using the	statements ma e name and ad	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso dress of any political committee to	FOR LINE NUMBER: PAGE 19 / 26 (check only one) 11a 11b 11c 12 X 11a 11b 15 16 17 0 10 15 16 17 0 10 10 10 10 0 10 10 10 17 0 10 10 10 17
	American College of Rheumatology (F	RheumPAC)		
۷ A.	Full Name (Last, First, Middle Initial) Audrey Nelson			Date of Receipt
	Mailing Address 2105 Valkyrie Dr. NW			05 / 20 / Y Y Y Y 020 / 2009
	City	State	Zip Code	Transaction ID: 7876073
	Rochester	MN	55901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mayo Clinic Retired	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify)	0 0	500.00]
- B.	Full Name (Last, First, Middle Initial) Neil M Sullivan			Date of Receipt
	Mailing Address			05 28 2009
	City	State	Zip Code	Transaction ID: 7882511
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Sentara	Occupatio physicial		
	Receipt For:	1 1 2 2	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
- C.	Full Name (Last, First, Middle Initial) Steven Eyanson			Date of Receipt
	Mailing Address 3805 Tama St. SE			M M / D D / Y Y Y Y Y 06 01 2009
	City	State	Zip Code	Transaction ID: 7896183
	<u>Cedar Rapids</u>	IA	52403-4557	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Physicians Clinic of Iowa	Occupatio Rheuma		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
ſ	SUBTOTAL of Receipts This Page (optional)			750.00
ŀ	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate for each cate Detailed Sun		FOR LINE NUMBER: PAGE 20 / 26 (check only one) X X 11a 11b 11c 13 14	
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Rheumatology (for the purpose of soliciting contributions			
A.	Full Name (Last, First, Middle Initial) Mary Moran Mailing Address 1152 Scott City <u>Winnetka</u> FEC ID number of contributing federal political committee.	State Zip Code IL 60093		Date of Receipt Date of Receipt 0 6 0 0 8 2 0 0 9 Transaction ID: 7920100 Amount of Each Receipt this Period 1000.00	
	Name of Employer Illinois Bone & Joint Inst Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date	1000.00		
- В.	Full Name (Last, First, Middle Initial) Amanda Kay Myers Mailing Address 807 Davis St., Unit 20	Date of Receipt 0 6 0 8 2 0 0 9			
	City <u>Evanston</u> FEC ID number of contributing federal political committee. Name of Employer	State Zip Code IL 60201-710 C Occupation)3	Transaction ID: 7920102 Amount of Each Receipt this Period 1000.00	
	Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date	1000.00		
с. -	Full Name (Last, First, Middle Initial) Patrick Schuette Mailing Address 1334 West Arthur			Date of Receipt	
	City <u>Chicago</u> FEC ID number of contributing federal political committee.	State Zip Code IL 60626		Transaction ID: 7920103 Amount of Each Receipt this Period 1000.00	
	Name of Employer Ullinois Bone and Joint Inst Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date	1000.00		
	SUBTOTAL of Receipts This Page (optional)		····· •	3000.00	
	TOTAL This Period (last page this line number	r only)	►		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 26	
			for each category of the	(check only one)	
-			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
ہ م	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)				
	angle American College of Rheumatology (I	RheumPAC)			
A.	Full Name (Last, First, Middle Initial) C.A. Olson	Date of Receipt			
	Mailing Address 9000 Waukegan Road	M M / D D / Y Y Y Y 06 08 2009			
	City	State	Zip Code	Transaction ID: 7920105	
	Morton Grove	IL	60053	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Illinois Bone and Joint	Occupatio	n	-	
	Rheumatologist	Rheuma	tologist		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼		1000.00		
— В.	Full Name (Last, First, Middle Initial) William Arnold			Date of Receipt	
	Mailing Address 751 Michigan Ave	M M / D D / Y			
	City	State	Zip Code	Transaction ID: 7920106	
	Wilmette		60091	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Illinois Bone and Joint Inst	Occupation Physicia			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	1000.00]	
– C.	Full Name (Last, First, Middle Initial) Gerald Eisenberg			Date of Receipt	
	Mailing Address 2003 Old Briar Road			M M / D D / Y Y Y Y 06 08 2009	
	City	State	Zip Code	Transaction ID: 7920107	
	Highland Park	IL	60035	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	ng C		1000.00	
	Name of Employer Illinois Bone and Joint Instit	Occupatio Physicia			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	1000.00		
Γ	SUBTOTAL of Receipts This Page (optional) .	1		3000.00	
	TOTAL This Period (last page this line number				

SCHEDULE A (FEC Form 3X)	Use sep
	Use sepa for each Detailed

arate schedule(s) category of the Summary Page

FOR LINE NUMBER: PAGE 22/26 (check only one) 11a 11b 11c 12 13 14 15 16

17

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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)

Α.

Full Name (Last, First, Middle Initial) Samuel Pegram		Date of Receipt
Mailing Address 44825 Almeda Rd		M M / D D / Y Y Y Y 02 05 2009
City	State Zip Code	Transaction ID: 7920635
Houston	TX 77004-5655	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$250.00 This cha- nges the YTD Total to \$0

SUBTOTAL of Receipts This Page (optional)	►	0.00
TOTAL This Period (last page this line number only)	►	28750.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Rheumatology (F	e name and ad	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso dress of any political committee to	FOR LINE NUMBER: PAGE 23 / 26 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions policit contributions from such committee. 17
A.	Full Name (Last, First, Middle Initial) American College of Rheumatology (RHEUMPA Mailing Address City	C) State	Zip Code	Date of Receipt 0 3 / 0 4 / 2 0 0 9 Transaction ID: 7706168 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	C Occupatio Aggregate	n e Year-to-Date V 227.15	156.37
В.	Full Name (Last, First, Middle Initial) American College of Rheumatology (RHEUMPA Mailing Address City FEC ID number of contributing federal political committee.	C) State C Occupatio	Zip Code	Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 9 Transaction ID: 7781176 Amount of Each Receipt this Period 83.64
	Receipt For: Primary General Other (specify) ▼		n 9 Year-to-Date ▼ 310.79]

SUBTOTAL of Receipts This Page (optional)	►	240.01
TOTAL This Period (last page this line number only)	►	240.01

		CHEDULE B (FEC Form 3	·	Use sepa	arate sc	hedule(s)			DR LIN neck c			ER:			PA	GE	24 / 2	6
	IT	EMIZED DISBURSEMENT	S	for each Detailed					21b 27	X	22 28a		23 28b		24 28c	П	25 29	26 30b
		y Information copied from such Reports a for commercial purposes, other than using																
		NAME OF COMMITTEE (In Full) American College of Rheumatolog	ıy (Rheun	nPAC)														
Α.		Full Name (Last, First, Middle Initial) Samuel Pegram Mailing Address 44825 Almeda F	ld								-		isburs	-	760298 ent / Y		0 ð 9	Y
		City Houston	-	State FX	Zip C 770	ode 04-5655					Amo	unt o	f Each	n Dis	burser			eriod
		Purpose of Disbursement						01	0		L.					2	50.00	
		Candidate Name					С	ateg Typ	jory/ e									
		Office Sought: House Senate President		nent For: Primary Other (spe		General												
		State: District:			., .													

	SUBTOTAL of Disbursements This Page (optional)	•	250.00
	TOTAL This Period (last page this line number only)	►	250.00
i	FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			R LINE		R:			PA	GE	25 /	26
		Detailed Summary Page			21b 27	22 28a	X	23 28b		24 28c		25 29	23
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam												5
Ľ.	NAME OF COMMITTEE (In Full)									0			
$\left \right\rangle$	American College of Rheumatology (Rheu	ImPAC)											
,	Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc							on ID isburs		78224 ient	08		
	Mailing Address 6850 Austin Centre Blvd Suite 180					0 ^M 4	М	/ D	09	/ Y	ž	0 ð 9	9 Y
	City Austin	StateZip CodeTX78731				Amou	int o	f Eacl	n Di	isburse	-		
	Purpose of Disbursement			01		L.				<u> </u>	20	00.00)
	Candidate Name Sen. John Cornyn		С	ateg Typ	-								
	Office Sought: House Disburse X Senate President	ement For: 2009 Primary X General Other (specify) ▼											
	State: TX District:												
	Full Name (Last, First, Middle Initial) Boucher For Congress Committee					Date	of D	isburs	sem		15		
	Mailing Address PO Box 2000				0 ^M 4 ^M / ^D 2 ⁷		/ Y	Ý 2009					
	City Abingdon	StateZip CodeVA24212				Amount of Each Disbursement t							
	Purpose of Disbursement			01		L.					10	00.00)
	Candidate Name Rep. Rick Boucher		С	ateg Typ									
	Office Sought: X House Disburse Senate President	ement For: 2009 Primary X General Other (specify) ▼											
	State: VA District: 09												
	Full Name (Last, First, Middle Initial) Richard Burr Committee; The					Date	of D	isburs	sem		46		
	Mailing Address Post Office Box 5928					0 ^M 5	М	/ D	07	· / Y	ž	0 ð 9) [^]
	City Winston-Salem	State Zip Code NC 27113				Amou	int o	f Eacl	n Di	isburse	-		
	Purpose of Disbursement		011 Category/ Type		L.					10	00.00)	
	Candidate Name Sen. Richard Burr				-								
	Office Sought: House Disburst X Senate President	ement For: 2009 Primary X General Other (specify) ▼											
_	State: NC District:												
s	UBTOTAL of Disbursements This Page (optional)				►						400	00.00)
т	OTAL This Period (last page this line number only)											
	111000		_		-		~ ~			n / -			

FE6AN026

FEC Schedule B (Form 3X) (Revised 02/2003)

S	CHEDULE B (FEC Form 3X)			NUMBER: PAGE 26/26
	· · ·	Use separate schedule	s) (check onl	
1	TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
	ny Information copied from such Reports and Stater			
0	r for commercial purposes, other than using the nam	ne and address of any politic	al committee to sc	licit contributions from such committee
	NAME OF COMMITTEE (In Full) American College of Rheumatology (Rheu	umPAC)		
. –	Full Name (Last, First, Middle Initial)			Transaction ID: 7896562
Α.	Friends Of Blanche Lincoln			Date of Disbursement
	Mailing Address PO Box 3197			$\begin{bmatrix} M & M \\ O & G \end{bmatrix} \begin{pmatrix} D & D \\ O & D \end{bmatrix} \begin{pmatrix} Y & Y & Y & O & O & Y \\ Y & Y & O & O & Y \end{bmatrix}$
	City Little Rock	StateZip CodeAR72203		Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 General		011	1000.00
	Candidate Name Sen. Blanche Lincoln		Category/ Type	
	Office Sought: House Disburs X Senate President State: AR District:	ement For: 2009 Primary X Genera Other (specify) ▼	I	2010 General
	Full Name (Last, First, Middle Initial)			
В.	Price For Congress			Transaction ID: 7920181 Date of Disbursement
	Mailing Address P.O. Box 425			$ \overset{M}{\overset{O}}{\overset{O}{\overset{O}}{\overset{O}{}}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{{\overset{O}{{}}{\overset{O}{{O}}{$
	City Roswell	StateZip CodeGA30077	_	Amount of Each Disbursement this Period
	Purpose of Disbursement		011	1000.00
	Candidate Name Rep. Thomas Price, M.D.		Category/ Type	
	Senate President	ement For: 2009 Primary X Genera Other (specify) ▼	I	
	State: GA District: 06			

TOTAL This Period (last page this line number only)	►	6000.00
SUBTOTAL of Disbursements This Page (optional)	►	2000.00

FE6AN026

FEC Schedule B (Form 3X) (Revised 02/2003)