Image# 14953221117 PAGE 1 / 25

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If ty over the lines		12FE4M5	
American College of Rhe	eumatology (Rheu	mPAC)			1
ADDRESS (number and street)	2200 Lake Boulevard NE				
Check if different					
than previously reported. (ACC)	Atlanta			GA _	30319
2. FEC IDENTIFICATION NUM	<b>BER</b> ▼ C	ITY 🛦	,	STATE A	ZIP CODE ▲
C C00432823		IS THIS REPORT	NEW (N) <b>OR</b>	× AM (A)	IENDED
4. TYPE OF REPORT (Choose One)	Report	b 20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		ar 20 (M3)	Jun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		or 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	PRE-Election	Primary (		General (	
Cottober 15 Quarterly Report (Q3)	Report for the:	Conventio	n (12C)	Special (	125)
January 31 Year-End Report (YE)		ion on	/ D D /	Y   Y   Y   Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (	30G)	Runoff (3	0R) Special (30S)
Termination Report (TER)		ion on	/ D D /	Y = Y = Y = Y	in the State of
5. Covering Period 07	01 2014	through	n 09	30	2014
I certify that I have examined this	Report and to the best of	of my knowledge an	d belief it is tru	ue, correct and	d complete.
Type or Print Name of Treasurer	Herb Baraf				
Signature of Treasurer Herb Ba	raf	[Electronic	ally Filed]	Date 12	30 / 2014
NOTE: Submission of false, erroneou	us, or incomplete informati	on may subject the p	person signing th	nis Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

# 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: 07 01 2014 To: 09 30 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2014		168727.92
	(b) Cash on Hand at Beginning of Reporting Period	180734.85	
	(c) Total Receipts (from Line 19)	18551.09	86707.34
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	199285.94	255435.26
7.	Total Disbursements (from Line 31)	33966.60	90115.92
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	165319.34	165319.34
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

# American College of Rheumatology (RheumPAC)

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)	16304.00	75133.00
(ii) Unitemized	1495.00	6784.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	, 17799.00	81917.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	17799.00	81917.00
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
_		7
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	, , , ,	0.00
(Refunds, Rebates, etc.)		
· ·	0.00	0.00
(Carry Totals to Line 37, page 5)		0.00
to Federal Candidates and Other	0.00	2500.00
Political Committees	0.00	2500.00
Other Federal Receipts		2000.01
(Dividends, Interest, etc.)	752.09	2290.34
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	2.22	
(from Schedule H3)	0.00	0.00
Г	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00
() (	0.00	
(c) Total Transfers (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))▶	18551.09	86707.34
. Total Federal Receipts		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Calchaal Tour-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non Fodoud Chara	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00
Transfers to Affiliated/Other Party	0.00	0.00
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	33500.00	88000.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	7	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
·		
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To:	7	
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	466.60	2115.92
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(ii) Levin Share(b) Federal Election Activity Paid Entirely	3.00	
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	33966.60	90115.92
	7	
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	33966.60	90115.92
from Line 31)	33300.00	30113.92

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	17799.00	81917.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17799.00	81917.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

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### : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F3XA Transaction ID :

Amended report filed. \$250 cash contribution over the limit was unintentionally deposited in September by accounting department, instead of being returned. RheumPAC became aware of the cash deposit at a later date in December. PAC ordered a refund of the amount immediately upon becoming aware. A December refund will be reflected in year end report.

Form/Schedule: Transaction ID:

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 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) Full Name (Last, First, Middle Initial) Ellison Smith Date of Receipt Mailing Address 445 Biltmore Center, Suite 306 01 2014 City Zip Code State Transaction ID: 12555674 NC Asheville 28801 Amount of Each Receipt this Period FEC ID number of contributing 1054.00 federal political committee. Name of Employer Occupation Asheville Arthritis physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1054.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin Kempf Date of Receipt Mailing Address 19272 Stone Oak Pkwy, #101 07 02 2014 City State Zip Code Transaction ID: 12560945 TX San Antonio 78258 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Rheumatology Assoc. of So. TX rheumatologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gilbert Gelfand Date of Receipt Mailing Address 2723 Manning Ave 2014 07 06 City State Zip Code Transaction ID: 12560946 CA Los Angeles 90064 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Caremore Med Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1804.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER:					PAGE	8	OF	25	
(c	he	ck only							
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NAME OF COMMITTEE (In Full)  American College of Rheumato	ology (RheumPAC)	
Full Name (Last, First, Middle Initial)  Samuel Pegram  Mailing Address 44825 Almeda Rd  City  Houston  FEC ID number of contributing federal political committee.  Name of Employer  Information Requested  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 77004-5655  C  Occupation Information Requested  Aggregate Year-to-Date ▼	Date of Receipt  07 06 2014  Transaction ID: 12560947  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial)  Stephen L. Burnstein  Mailing Address 82 Lowell Dr.  City  Marlton  FEC ID number of contributing federal political committee.  Name of Employer  Arthritis, Rheumatic and Back Disease  Receipt For:  Primary  General  Other (specify)	State Zip Code NJ 08053  C  Occupation Rheumatologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  O7 01 2014  Transaction ID: 12560949  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Raymond Scalettar  Mailing Address 12433 Ansin Circle Drive  City Potmac  FEC ID number of contributing federal political committee.  Name of Employer George Washington University Receipt For:  Primary General Other (specify)	State Zip Code MD 20854  C  Occupation Clinical Professor  Aggregate Year-to-Date ▼	Date of Receipt  07 18 2014  Transaction ID: 12614843  Amount of Each Receipt this Period  500.00  RheumPAC 2014 Annual Renewal
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1750.00

FOR	PAGE		9	OF		25				
(check only one)										
×	11a		11b		11c		12			
	13		14		15		16	,		17

or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	g the name and address of any political committee	
American College of Rheum	atology (RheumPAC)	
Full Name (Last, First, Middle Initial) Dr. Diane C Narhi  Mailing Address 2925 N Sycamore Dr		Date of Receipt
Suite 109 City	State Zip Code	07 15 2014 Transaction ID : 12614930
Simi Valley	CA 93065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Osteoperosis Center Simi Valley	Occupation Rheumatologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  Patrick Schuette	'	Date of Receipt
Mailing Address 1334 West Arthur		08 18 2014
City Chicago	State Zip Code IL 60626	Transaction ID : 12692790  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Ullinois Bone and Joint Inst	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 2233 Winnetka Ave		08 27 2014
City Northfield	State Zip Code IL 60093-3154	Transaction ID : 12692796  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Illinois Bone and Joint Institute Receipt For:	Rheumatologist	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)	1250.00
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TOTAL This Period (last page this line nur	nber only)	

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for each category of the 12 Detailed Summary Page 14 13 15 16 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) Full Name (Last, First, Middle Initial) Mary Moran Date of Receipt Mailing Address 1152 Scott 2014 City State Zip Code Transaction ID: 12692797 Winnetka IL 60093 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Illinois Bone & Joint Inst Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gerald Eisenberg Date of Receipt Mailing Address 2003 Old Briar Road 80 18 2014 City State Zip Code Transaction ID: 12692799 IL Highland Park 60035 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Illinois Bone and Joint Instit Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mary Radia Date of Receipt Mailing Address 4800 Stonebridge Circle 2014 80 22 City State Zip Code Transaction ID: 12692802 IΑ W. Des Moines 50265 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Mercy Arthritis and Osteoporosis Center Rheumatologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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) Full Name (Last, First, Middle Initial) Max Hamburger Date of Receipt Mailing Address 315 Middle Co Rd 08 20 2014 City State Zip Code Transaction ID: 12692812 NY Smithtown 11787 Amount of Each Receipt this Period FEC ID number of contributing C 2250.00 federal political committee. Name of Employer Occupation Rheum Assoc of Long Island Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Martin Bergman Date of Receipt Mailing Address 8 Morton Ave Suite 304 80 26 2014 City State Zip Code Transaction ID: 12692826 PA Ridley Park 19078-2216 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation self physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Calvin R Brown Jr. Date of Receipt Mailing Address 2244 West Dickens 07 29 2014 City State Zip Code Transaction ID: 12694947 IL Chicago 60647 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any persibe name and address of any political committee to	
NAME OF COMMITTEE (In Full) American College of Rheumat	tology (RheumPAC)	
Full Name (Last, First, Middle Initial)  James Engelbrecht  Meiling Address 4004 Research		Date of Receipt
Mailing Address 4281 Rosemary Lane		07 28 2014
City	State Zip Code	Transaction ID : 12694949
Rapid City	SD 57702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Black Hills Orth and Spine Cen	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial)  3. Surekha Gangasani		Date of Receipt
Mailing Address 4004 Lost Hollow Ct.		07 15 2014
City	State Zip Code	Transaction ID: 12694950
Parker	TX 75002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	1
Texoma Arthritis Clinic P.A.	Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Stephanie J. Ott		Date of Receipt
Mailing Address 4133 Fieldstone Street		09 08 2014
City Carroll	State Zip Code OH 43112	Transaction ID : 12701749  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	-
Fairfield Medical Ctr	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
Other (specify)	300.00	
SUBTOTAL of Receipts This Page (optional).	·····	1000.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 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) Full Name (Last, First, Middle Initial) Edward Herzig Date of Receipt Mailing Address 2121 Alpine Place Apt. 703 2014 08 City State Zip Code Transaction ID: 12701750 OH 45206-3612 Cincinnati Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Herzig Krall Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nora Singer Date of Receipt Mailing Address 2500 Metrohealth Dr. 09 80 2014 City State Zip Code Transaction ID: 12701751 OH Cleveland 44109 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation MetroHealth Rheumatologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Emily Isaacs Date of Receipt Mailing Address 909 9th Ave #300 80 2014 09 City State Zip Code Transaction ID: 12701753 TX Fort Worth 76104 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Forth Worth Clinic PA physician Receipt For: Aggregate Year-to-Date ▼ Primary General 325.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	the name and address of any political committee t	
NAME OF COMMITTEE (In Full)	teles (DI ) DAC	
American College of Rheuma	itology (KheumPAC)	
Full Name (Last, First, Middle Initial)  Nancy J Ellis		Date of Receipt
Mailing Address 108 Crosswinds Street		09 11 2014
City	State Zip Code	Transaction ID : 12719376
Greer	SC 29650-2708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Piedmont Arthritis	Practice Administrator	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Robert Levin		Date of Receipt
Mailing Address 1050 Roundstone PI		09 17 2014
City	State Zip Code	Transaction ID : 12733211
Palm Harbor	FL 34698	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	250.00
Name of Employer	Occupation	7
Robert W. Levin MD PA	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Sue Olsson		Date of Receipt
Mailing Address 4201 Woodcrest Ct.		09 29 _2014 _
City	State Zip Code	Transaction ID : 12757617
Ypskantil	MI 48197	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
University of Michigan	Nurse	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	750.00
	,	
TOTAL This Period (last page this line numb	ber only)	

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for each category of the Detailed Summary Page 13 14 15 16 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) Full Name (Last, First, Middle Initial) Joseph Flood Date of Receipt Mailing Address 751 Jaeger Street 2014 City Zip Code State Transaction ID: 12757632 OH Columbus 43206-2272 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Physician Rheumatologist Columbus Arthritis Center Receipt For: Aggregate Year-to-Date ▼ Primary General 2054.00 Other (specify) Full Name (Last, First, Middle Initial) B. Neil M Sullivan Date of Receipt Mailing Address 850 Kempsville Rd. 09 29 2014 City State Zip Code Transaction ID: 12757633 Norfolk VA 23502 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Sentara Medical Group physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Demarco Date of Receipt Mailing Address 2730 University Blvd W 2014 80 25 City Zip Code State Transaction ID: 12784368 MD Wheaton 20902 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 С federal political committee. Name of Employer Occupation Arthritis and Rheumatism Associates Rheumatologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 3250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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(check only	one)						
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	is and Statements may not be sold or used by any per- sing the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American College of Rheu	ımatology (RheumPAC)	
Full Name (Last, First, Middle Initial)  A. Sue Olsson		Date of Receipt
Mailing Address 4201 Woodcrest Ct.		09 17 2014
City	State Zip Code	Transaction ID : 12988988
Ypskantil	MI 48197	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
University of Michigan	Nurse	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	Aggregate real to bate v	
Other (specify) ▼	0.00	
Full Name (Last, First, Middle Initial)  3.		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
reaerai ponticai committee.		7
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Respire this Paried
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SURTOTAL of Receipts This Page (opti	onal)	250.00
CODITION OF THE CORPUS THIS Page (Opti	Onai)	
TOTAL This Period (last page this line	number only)	16304.00
(		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 OF 25 (check only one)  11a 11b 11c 12 13 14 15 16 X 17
or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Rheumat	tology (Rhe	eumPAC)	
Full Name (Last, First, Middle Initial)  American College of Rheumatology  Mailing Address 2200 Lake Boulevard NE			Date of Receipt
City	01-1	7in On to	07 24 2014
City Atlanta	State GA	Zip Code 30319	Transaction ID : 12784529
FEC ID number of contributing federal political committee.	С	00010	Amount of Each Receipt this Period 403.15
Name of Employer	Occupation	1	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1941.40	
Full Name (Last, First, Middle Initial)  American College of Rheumatolog	ЭУ		Date of Receipt
Mailing Address 2200 Lake Boulevard NE  City	State	Zip Code	08 29 2014
Atlanta	State GA	21p Code 30319	Transaction ID : 12784531  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		224.68
Name of Employer	Occupation	ו	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼  2166.08	
Full Name (Last, First, Middle Initial)  C. American College of Rheumatol	ogy		Date of Receipt
Mailing Address 2200 Lake Boulevard NE			09 17 2014
City Atlanta	State GA	Zip Code 30319	Transaction ID : 12784541
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	1	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼  2290.34	]
SUBTOTAL of Receipts This Page (optional).			752.09

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

752.09

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 18 OF 25
ITEMIZED DISBURSEMENTS	Use separate schedule(	s) (check only	
	for each category of the Detailed Summary Page		22 🗶 23 24 25 26
	Botanoa Gammary Fage	27	28a 28b 28c 29 30b
Any information copied from such Reports and State			
or for commercial purposes, other than using the na	me and address of any pol	itical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American College of Rheumatolog	y (RheumPAC)		
/			
Full Name (Last, First, Middle Initial)			D
A. Alaskans For Begich 2014			Date of Disbursement
Mailing Address 4004 MAL d. L. 4005			M M / D D / Y Y Y Y
Mailing Address 1231 W Northern Lts #605			08 14 2014
City	State Zip Code		
Anchorage	AK 99503		Transaction ID: 12690669
Purpose of Disbursement			
		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Sen. Mark Begich		Type	1000.00
Office Sought: House Disburse	ment For: 2014	-	
▼ Senate	Primary X General		
President	Other (specify) ▼		
State: AK District:			
Full Name (Last, First, Middle Initial)			
B. Friends Of Erik Paulsen			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. Box 44369			08 14 2014
250 Prairie Center Drive	01-1- 7'- 0-1-		
City	State Zip Code		Transaction ID: 12690670
Eden Prairie	MN 55311	1	
Eden Prairie Purpose of Disbursement	MN 55344		
Eden Prairie Purpose of Disbursement	MN 55344	011	Amount of Each Disbursement this Period
	MN 55344		Amount of Each Disbursement this Period
Purpose of Disbursement  Candidate Name	MN 55344	011 Category/ Type	Amount of Each Disbursement this Period
Purpose of Disbursement  Candidate Name  Rep. Erik Paulsen	MN 55344  ment For: 2014	Category/	
Purpose of Disbursement  Candidate Name  Rep. Erik Paulsen		Category/	
Purpose of Disbursement  Candidate Name  Rep. Erik Paulsen  Office Sought: House Disburse	ment For: 2014	Category/	
Purpose of Disbursement  Candidate Name  Rep. Erik Paulsen  Office Sought:    House   Disburse	ment For: 2014 Primary X General	Category/	
Candidate Name  Rep. Erik Paulsen  Office Sought:    March   March   Disburse   Senate   President	ment For: 2014 Primary X General	Category/	
Candidate Name Rep. Erik Paulsen  Office Sought:    House   Disburse	ment For: 2014 Primary X General	Category/	
Purpose of Disbursement  Candidate Name  Rep. Erik Paulsen  Office Sought:  Senate  President  State: MN  District: 03  Full Name (Last, First, Middle Initial)	ment For: 2014 Primary X General	Category/	1000.00
Purpose of Disbursement  Candidate Name  Rep. Erik Paulsen  Office Sought:  Senate  President  State: MN  District: 03  Full Name (Last, First, Middle Initial)	ment For: 2014 Primary X General	Category/	Date of Disbursement
Candidate Name Rep. Erik Paulsen  Office Sought:  State: MN District: 03  Full Name (Last, First, Middle Initial)  C. Mckinley For Congress  Mailing Address PO Box 642	ment For: 2014 Primary ∑ General Other (specify) ▼	Category/	Date of Disbursement
Candidate Name Rep. Erik Paulsen  Office Sought:  State: MN District: 03  Full Name (Last, First, Middle Initial)  C. Mckinley For Congress  Mailing Address PO Box 642  City	ment For: 2014 Primary General Other (specify)   State Zip Code	Category/	Date of Disbursement
Purpose of Disbursement  Candidate Name Rep. Erik Paulsen  Office Sought:  House Senate President State: MN District: 03  Full Name (Last, First, Middle Initial)  C. Mckinley For Congress  Mailing Address PO Box 642  City Morgantown	ment For: 2014 Primary ∑ General Other (specify) ▼	Category/	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name Rep. Erik Paulsen  Office Sought:  State: MN District: 03  Full Name (Last, First, Middle Initial)  C. Mckinley For Congress  Mailing Address PO Box 642  City	ment For: 2014 Primary General Other (specify)   State Zip Code	Category/ Type	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement  Candidate Name Rep. Erik Paulsen  Office Sought:  House Senate President State: MN District: 03  Full Name (Last, First, Middle Initial)  C. Mckinley For Congress  Mailing Address PO Box 642  City Morgantown	ment For: 2014 Primary General Other (specify)   State Zip Code	Category/ Type	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement  Candidate Name  Rep. Erik Paulsen  Office Sought:  Senate President State: MN District: 03  Full Name (Last, First, Middle Initial)  C. Mckinley For Congress  Mailing Address PO Box 642  City Morgantown Purpose of Disbursement  Candidate Name	ment For: 2014 Primary General Other (specify)   State Zip Code	Category/ Type  011 Category/	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name Rep. Erik Paulsen  Office Sought:  State: MN District: 03  Full Name (Last, First, Middle Initial)  C. Mckinley For Congress  Mailing Address PO Box 642  City Morgantown Purpose of Disbursement  Candidate Name Rep. David McKinley	ment For: 2014 Primary General Other (specify)   State Zip Code	Category/ Type	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name Rep. Erik Paulsen  Office Sought:  State: MN District: 03  Full Name (Last, First, Middle Initial)  C. Mckinley For Congress  Mailing Address PO Box 642  City Morgantown Purpose of Disbursement  Candidate Name Rep. David McKinley	ment For: 2014 Primary General Other (specify)   State Zip Code WV 26507	Category/ Type  011 Category/	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name Rep. Erik Paulsen  Office Sought:  State: MN  District: 03  Full Name (Last, First, Middle Initial)  C. Mckinley For Congress  Mailing Address PO Box 642  City  Morgantown Purpose of Disbursement  Candidate Name  Rep. David McKinley  Office Sought:  House  Disburse	ment For: 2014 Primary General Other (specify)   State Zip Code WV 26507  ment For: 2014	Category/ Type  011 Category/	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name Rep. Erik Paulsen  Office Sought:  State: MN  District: 03  Full Name (Last, First, Middle Initial)  C. Mckinley For Congress  Mailing Address PO Box 642  City  Morgantown Purpose of Disbursement  Candidate Name  Rep. David McKinley  Office Sought:  House Senate  Disburse  Disburse  Disburse  Senate	ment For: 2014 Primary General Other (specify)   State Zip Code WV 26507  ment For: 2014 Primary General	Category/ Type  011 Category/	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement  Candidate Name Rep. Erik Paulsen  Office Sought:  Senate President State: MN District: 03  Full Name (Last, First, Middle Initial)  C. Mckinley For Congress  Mailing Address PO Box 642  City Morgantown Purpose of Disbursement  Candidate Name Rep. David McKinley  Office Sought:  House Senate President  Disburse Senate President	ment For: 2014 Primary General Other (specify)   State Zip Code WV 26507  ment For: 2014 Primary General	Category/ Type  011 Category/	Date of Disbursement  M M / P P P / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement  Candidate Name Rep. Erik Paulsen  Office Sought:  Senate President State: MN District: 03  Full Name (Last, First, Middle Initial)  C. Mckinley For Congress  Mailing Address PO Box 642  City Morgantown Purpose of Disbursement  Candidate Name Rep. David McKinley  Office Sought:  House Senate President  Disburse Senate President	ment For: 2014 Primary General Other (specify)   State Zip Code WV 26507  ment For: 2014 Primary General Other (specify)   Other (specify)	Category/ Type  011  Category/ Type	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement  Candidate Name Rep. Erik Paulsen  Office Sought:  State: MN District: 03  Full Name (Last, First, Middle Initial)  C. Mckinley For Congress  Mailing Address PO Box 642  City Morgantown Purpose of Disbursement  Candidate Name Rep. David McKinley  Office Sought:  House Senate President State: WV District: 01	ment For: 2014 Primary General Other (specify)   State Zip Code WV 26507  ment For: 2014 Primary General Other (specify)   Other (specify)	Category/ Type  011  Category/ Type	Date of Disbursement  M M / 22 / 2014  Transaction ID : 12690827  Amount of Each Disbursement this Period 2000.00

SCHEDULE B (FEC Form 3X)	Han announts only the	FOR LINE	NUMBER:	PAGE 19 OF 25
ITEMIZED DISBURSEMENTS	Use separate schedule( for each category of the	(oneon only	•	
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30
Any information copied from such Reports and Sta				
or for commercial purposes, other than using the	name and address of any po	nucai committee to	SUIICIT CONTRIBUTIONS fr	om such committee.
NAME OF COMMITTEE (In Full)	201/ (Dk 2111 D 1 0)			
American College of Rheumatology	ogy (KneumPAC)			
Full Name (Last, First, Middle Initial)	_			
$^{f A_c}$ MICHAEL BURGESS FOR CON	IGRESS		Date of Disburseme	ent
Mailing Address PO Box 2334			08 26	2014
City	State Zip Code			
Denton	TX 76202		Transaction ID: 1	12690832
Purpose of Disbursement				
Condidate News		011	Amount of Each Di	sbursement this Period
Candidate Name		Category/		2500.00
Michael C. Burgess	coment For 2011	Туре		
Office Sought: House Disbut	rsement For: 2014	,	l	
Senate President	Primary	u .	l	
State: TX District: 00	Outer (Specify) \			
Full Name (Last, First, Middle Initial)				
B. Friends Of John Barrow			Date of Disburseme	ent
i nondo Oi donii Danow			M M / D D	/ Y Y Y Y
Mailing Address PO Box 8166			08 26	2014
City	State Zip Code		Transaction ID : 1	12692269
Savannah	GA 31412			
Purpose of Disbursement		011	Amount of Fact D	sbursement this Period
Candidate Name		011	Amount of Each Di	Spursement this Period
Rep. John Barrow		Category/		1000.00
	rsement For: 2014	Type		7
Senate Disbut	Primary Seneral	,		
President	Other (specify)		İ	
State: GA District: 12	<b>▼</b>			
Full Name (Last, First, Middle Initial)				
C. Hagan For Us Senate Inc			Date of Disburseme	ent
Matter A. I. I			M M / D D	/
Mailing Address PO Box 29103			08 26	2014
City	State Zip Code			1000007
Greensboro	NC 27429		Transaction ID: 1	12692271
Purpose of Disbursement				
		011	Amount of Each Di	sbursement this Period
Candidate Name		Category/		2500.00
Sen. Kay Hagan		Type		2500.00
	rsement For: 2014			
Senate  President	Primary General	1	l	
President Pictriot:	Other (specify)		İ	
State: NC District:				
	0			6000.00
SUBTOTAL of Disbursements This Page (optional	al)			0000.00
TOTAL This Desired float are 11.1.1.	nlu)			
TOTAL This Period (last page this line number o	nıy)			

SCHEDULE B (FEC Form 3X)	Lleo congreto cohodule/e)	FOR LINE I		= 25
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one)  22 X 23 24 25 28 28 29	30
Any information copied from such Reports and Stater or for commercial purposes, other than using the name	nents may not be sold or us ne and address of any politic	ed by any perso	on for the purpose of soliciting contribution solicit contributions from such committee	ons e.
NAME OF COMMITTEE (In Full)				
American College of Rheumatology	y (RheumPAC)			
Full Name (Last, First, Middle Initial)				
A. Tim Bishop For Congress			Date of Disbursement	
Mailing Address PO Box 437			08 26 2014	4
City	State Zip Code		Transaction ID : 12692273	
Farmingville	NY 11738		Halisaction ID . 12092273	
Purpose of Disbursement		011	Amount of Each Disbursement this Pe	eriod
Candidate Name		Category/		_
Rep. Tim Bishop		Type	1000.0	00
	nent For: 2014  Primary General  Other (specify)			
Full Name (Last, First, Middle Initial)  Friends For Jim Mcdermott			Date of Disbursement	
Mailing Address PO Box 21786			08 26 7 2014	
City	State Zip Code			
Seattle	WA 98111		Transaction ID: 12692310	
Purpose of Disbursement		011	Amount of Each Dishuragment this Bo	oriod
Candidate Name		011	Amount of Each Disbursement this Pe	erioa
		Category/	1000.0	00
Rep. Jim McDermott  Office Sought:  House Disburser	nent For: 2014	Туре	7	
Senate President	Primary			
State: WA District: 07  Full Name (Last, First, Middle Initial)				
Dr. Raul Ruiz For Congress			Date of Disbursement	
Mailing Address PO Box 6116			09 15 2014	_
City	State Zip Code		T // ID 40707070	
	CA 92248		Transaction ID: 12727076	
Purpose of Disbursement				
Candidate Name		011	Amount of Each Disbursement this Pe	eriod
Rep. Raul Ruiz MD		Category/	2500.0	00
Office Sought: House Disburser	nent For: 2014 Primary \times General	Туре	7	_
President State: CA District: 36	Other (specify) ▼			
			4500.0	00
SUBTOTAL of Disbursements This Page (optional)			1330.0	÷
TOTAL This Period (last page this line number only)		·····		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21h	22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)  American College of Rheumatology			
Full Name (Last, First, Middle Initial)			
A. Renee Ellmers For Congress Com	mittee		Date of Disbursement
Mailing Address PO Box 99567			09 15 2014
,	State Zip Code		Transaction ID : 12727077
Raleigh	NC 27624		Transaction is . 12727077
Purpose of Disbursement		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Renee Ellmers RN  Office Sought:  House Disbursen	nont For: 0044	Туре	1000.00
	nent For: 2014  Primary		
Full Name (Last, First, Middle Initial)			
B. Van Hollen For Congress			Date of Disbursement
Mailing Address 10537 St. Paul St.			09 15 2014
City S Kensington	State Zip Code MD 20895		Transaction ID : 12727078
Purpose of Disbursement		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Chris Van Hollen		Type	2500.00
Senate	nent For: 2014 Primary		
Full Name (Last, First, Middle Initial)  C. Tim Murphy For Congress			Date of Disbursement
Mailing Address P.O. Box 24551			09 16 / 2014
,	State Zip Code PA 15234		Transaction ID: 12732495
Pittsburgh Purpose of Disbursement	PA 15234		
•		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Tim Murphy	and Fam	Туре	1000.00
	nent For: 2014 Primary		
President	Other (specify)		
	Other (specify) ▼		6000.00

SCHEDULE B (FEC Form 3X)	Haraman L. I. (A)	FOR LINE I	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 2 28a 28b 28c 29 3
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)			
American College of Rheumatolog	y (RheumPAC)		
Full Name (Last, First, Middle Initial)			
A. Castor For Congress			Date of Disbursement
Mailing Address 301 W Platt Street, #385			09 17 2014
City	State Zip Code		Transaction ID : 12732826
Tampa	FL 33606		Transaction ID . 12732020
Purpose of Disbursement		011	Amount of Each Disbursement this Period
Candidate Name		Category/	4000.00
Rep. Katherine Castor		Type	1000.00
Office Sought:    House   Disburser	nent For: 2014 Primary		
Full Name (Last, First, Middle Initial)  B. Mcconnell Senate Committee '14			Date of Disbursement
Mailing Address PO Box 1496			09 17 2014
	State Zip Code		Transaction ID: 12732827
Louisville Purpose of Disbursement	KY 40201		
		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Sen. Mitch McConnell		Туре	2500.00
Office Sought:  House Senate President  State: KY District:	nent For: 2014 Primary		
Full Name (Last, First, Middle Initial)			Data of Dishursoment
C. Nunnelee For Congress			Date of Disbursement
Mailing Address 438 East Main St PO Box 7092			09 17 2014
City	State Zip Code		Transaction ID: 12732828
Tupelo	MS 38802		
Purpose of Disbursement		044	
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Alan Nunnelee		Category/	1000.00
	ment For: 2014	Туре	
Senate Disburser	Primary Seneral		
President	Other (specify)		
State: MS District: 01	- · · · · · · · · · · · · · · · · · · ·		
- "			
SUBTOTAL of Disbursements This Page (optional)		·····	4500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Liea caparata cabadula(a)	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one)  22 X 23 24 25 2 28a 28b 28c 29 3
Any information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
American College of Rheumatolog	y (RheumPAC)		
Full Name (Last, First, Middle Initial)			
A. Pallone For Congress			Date of Disbursement
Mailing Address PO Box 3176			09 18 2014
	State Zip Code		Transaction ID : 12744381
Long Branch	NJ 07740		1141134341011 15 . 12744001
Purpose of Disbursement		011	Amount of Each Disbursement this Period
Candidate Name		Category/	0500.00
Rep. Frank Pallone Jr.		Type	2500.00
Senate President	ment For: 2014 Primary		
State: NJ District: 06			
Full Name (Last, First, Middle Initial)  Scott Peters For Congress			Date of Disbursement
Mailing Address PO Box 70980			09 23 2014
			00 20 2014
City Washington	State Zip Code DC 20024		Transaction ID: 12750748
Purpose of Disbursement	20024		
'		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Scott Peters		Type	1000.00
Office Sought:    House   Disburse	ment For: 2014 Primary		
Full Name (Last, First, Middle Initial)	1		Date of Disbursement
- Texans For Senator John Cornyn	inc		M M / D D / Y Y Y Y
Mailing Address 6850 Austin Centre Blvd Suite 180			09 24 2014
City	State Zip Code		Transaction ID: 12751945
Austin	TX 78731		
Purpose of Disbursement		044	
Candidate Name		011	Amount of Each Disbursement this Period
Sen. John Cornyn		Category/ Type	2500.00
	ment For: 2014  Primary General  Other (specify)	Туре	
State: TX District:	•		
SUBTOTAL of Disbursements This Page (optional)			6000.00
TOTAL This Period (last page this line number only	)	·····	

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)  Full Name (Last, First, Middle Initial)  A. Bill Cassidy For Us Senate  Mailing Address PO Box 80505  City State Zip Code  Baton Rouge LA 70998  Purpose of Disbursement  Candidate Name  William Cassidy  Office Sought: House President State: Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House President State: Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House President State: Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Sonate President State: Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Sonate President State: Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Sonate President State: Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Sonate President State: Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Sonate President Other (specify) ▼  Amount of Each Disbursement This Perior Category' Type  Office Sought: House Disbursement For: Sonate President Other (specify) ▼  Amount of Each Disbursement This Perior Category' Type  Office Sought: House Disbursement For: Sonate President Other (specify) ▼  Office Sought: House Disbursement For: Sonate President Other (specify) ▼  Office Sought: House Disbursement For: Other (specify) ▼  Office Sought: House Disbursement For: Other (specify) ▼	SCHEDULE B (FEC Form 3X)	Han conserts asherbit (1)	FOR LINE	-	PAGE 24 OF 25
Detailed Summary Page 27 28 28 28 28 28 20 20 20 20 20 20 20 20 20 20 20 20 20	TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(oricon oriny	,	
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)  Full Name (Last, First, Middle Initial)  A. Bill Cassidy For Us Senate  Mailing Address PO Box 80505  City State Zip Code Baton Rouge LA 70898  Purpose of Disbursement  Candidate Name  William Cassidy Office Sought:   House   Disbursement For: 2014  Senate   President   District:   Primary   General   Purpose of Disbursement   District:   Date of Disbursement this Pering   Category'   Type    Office Sought:   House   Disbursement For:   Date of Disbursement   Candidate Name   District:   Date of Disbursement   Category'   Type    Office Sought:   House   Disbursement For:   Date of Disbursement   Candidate Name   Disbursement   Date of Disbursement   Category'   Date of Disbursement   Date of Disbursement   Category'   Date of Disbursement   Date of Disburseme					
NAME OF COMMITTEE (in Full) American College of Rheumatology (RheumPAC)  Full Name (Last, First, Middle Initial) 3. Bill Cassidy For Us Senate  Mailing Address  City State Zip Code Baton Rouge Purpose of Disbursement Candidate Name  William Cassidy Office Sought: Full Name (Last, First, Middle Initial) Candidate Name  Office Sought: Full Name (Last, First, Middle Initial) State: City State Zip Code Purpose of Disbursement  Candidate Name  Office Sought: Full Name (Last, First, Middle Initial) Candidate Name  Office Sought: Full Name (Last, First, Middle Initial) Candidate Name  Office Sought: Full Name (Last, First, Middle Initial) Candidate Name  Office Sought: Full Name (Last, First, Middle Initial) Candidate Name  Office Sought: Full Name (Last, First, Middle Initial) Candidate Name  Office Sought: Full Name (Last, First, Middle Initial) Candidate Name  Office Sought: Full Name (Last, First, Middle Initial) City Category' Type  Office Sought: Full Name (Last, First, Middle Initial) Candidate Name  Office Sought: Full Name (Last, First, Middle Initial) City Category' Type  Office Sought: Full Name (Last, First, Middle Initial) City Category' Type  Office Sought: Full Name (Last, First, Middle Initial) City Category' Type  Office Sought: Full Name (Last, First, Middle Initial) City Category' Type  Office Sought: Full Name (Last, First, Middle Initial) Candidate Name  Office Sought: Full Name (Last, First, Middle Initial) Coher (specify) ▼  Office Sought: Full Name (Last, First, Middle Initial) Category' Type  Office Sought: Full Name (Last, First, Middle Initial) Category' Type  Office Sought: Full Name (Last, First, Middle Initial) Category' Type  Office Sought: Full Name (Last, First, Middle Initial) Category' Type  Office Sought: Full Name (Last, First, Middle Initial) Category' Type  Office Sought: Full Name (Last, First, Middle Initial) Category' Type  Office Sought: Full Name (Last, First, Middle Initial) Category' Type  Office Sought: Full Name (Last, First, Middle Initial) Category' Type  Office Sough	Any information copied from such Reports and Staten	nents may not be sold or us	sed by any perso	on for the purpose of	soliciting contributions
American College of Rheumatology (RheumPAC)  Full Name (Last, First, Middle Initial)  A. Bill Cassidy For Us Senate  Mailing Address PO Box 80505  City  State Zip Code Baton Rouge LA 70898  Purpose of Disbursement  Candidate Name  William Cassidy  Office Sought: House President State Zip Code President President  State Zip Code  LA 70898  Transaction ID : 12759175  Amount of Each Disbursement this Periodent State: LA District:  Full Name (Last, First, Middle Initial)  B. Date of Disbursement  Candidate Name  Office Sought: House Disbursement For: 2014  Purpose of Disbursement  Candidate Name  Office Sought: President State: Disbursement For: Primary General President State: District:  City  State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: President State: Disbursement For: Category/ Type  Office Sought: President State: Disbursement For: Category/ Type  Office Sought: President State: Disbursement Candidate Name  Office Sought: President State: Disbursement  Candidate Name  Office Sought: President State: Disbursement Candidate Name  Office Sought: President State: Disbursement For: Category/ Type  Office Sought: President State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: President State Zip Code  Purpose of Disbursement Candidate Name  Office Sought: President State Zip Code  Purpose of Disbursement Candidate Name  Office Sought: President State Zip Code		ne and address of any politi	cal committee to	solicit contributions fr	om such committee.
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Mailing Address PO Box 80505  City State Zip Code Baton Rouge LA 70898  Purpose of Disbursement  Candidate Name  William Cassidy  Office Sought: House President Primary General President  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Disbursement For: 2014  Primary General Primary General Primary General Primary General President  State: LA District:  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Perion Category/ Type  Disbursement  Candidate Name  Category/ Type  Disbursement For: Senate Primary General Primary General President  Category/ Type  Date of Disbursement this Perion Category/ Type  Amount of Each Disbursement this Perion Category/ Type  Date of Disbursement this Perion Category/ Type  Amount of Each Disbursement this Perion Category/ Type  Date of Disbursement this Perion Category/ Type  Date of Disbursement this Perion Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: President Disbursement For: Senate Primary General President Category/ Type  Office Sought: President Disbursement For: Senate Primary General President Disbursement this Perion Category/ Type  Office Sought: President Disbursement For: Senate Primary General President Disbursement this Perion Category/ Type	_			D . (D).	
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Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼					
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Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought:  House Senate Primary Other (specify)  Other (specify)	Mailing Address				
Candidate Name  Category/ Type  Office Sought:  House Senate Primary Other (specify) ▼  Amount of Each Disbursement this Period  General Other (specify) ▼	City	State Zip Code			
Candidate Name  Category/ Type  Office Sought:  House Senate Primary President  Other (specify)  Other (specify)  Category/ Type	Purpose of Disbursement				
Office Sought:  House Senate President  Disbursement For: Primary General Other (specify)				Amount of Each Di	sbursement this Period
Office Sought:     House     Disbursement For:       Senate     Primary     General       President     Other (specify)     ▼	Candidate Name		Category/		
Senate Primary General Other (specify) ▼	Office Sought: House Disbursen	nent For	Туре		7
	President	Other (specify) ▼			
State: District:	State: District:				
SURTOTAL of Dishursements This Page (entional)					2500.00
SUBTOTAL of Disbursements This Page (optional)	SUBTUTAL of Disbursements This Page (optional)		<u> </u>	-	2000.00
TOTAL This Period (last page this line number only)	TOTAL This Period (last page this line number only)				33500.00

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	•
Any information copied from such Reports and State or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)  American College of Rheumatolog	me and address of any politica		
Full Name (Last, First, Middle Initial)  A. SunTrust Bank Charges  Mailing Address PO Box 622227			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Orlando	State         Zip Code           FL         32862-2227		Transaction ID : 12692773
Purpose of Disbursement July Bank Fees  Candidate Name  Office Sought: House Disburse Senate	ment For: Primary General	001 Category/ Type	Amount of Each Disbursement this Period  224.68
State: President  State: District:  Full Name (Last, First, Middle Initial)	Other (specify)		July Bank Fees
B. SunTrust Bank Charges  Mailing Address PO Box 622227			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Orlando Purpose of Disbursement August Bank Fees Candidate Name	State         Zip Code           FL         32862-2227	001 Category/ Type	Transaction ID: 12719690  Amount of Each Disbursement this Period  124.26
Senate President District:	ment For: Primary General Other (specify) ▼		August Bank Fees
Full Name (Last, First, Middle Initial)  C. SunTrust Bank Charges			Date of Disbursement
Mailing Address PO Box 622227	Chata Zin Coda		09 30 2014
City Orlando Purpose of Disbursement	State         Zip Code           FL         32862-2227	001	Transaction ID: 12788556
Candidate Name		001 Category/ Type	Amount of Each Disbursement this Period 117.66
Office Sought:  House Senate President State: District:	ment For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	466.60
TOTAL This Period (last page this line number only	)		466.60