

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
American College of Rheumatology (RheumPAC)

ADDRESS (number and street)   
Check if different than previously reported. (ACC)   
Atlanta GA 30319

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

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

5. Covering Period  07 / 01 / 2014 through  09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Herb Baraf

Signature of Treasurer *Herb Baraf* [Electronically Filed] Date  12 / 30 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	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
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	752.09	2290.34
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	18551.09	86707.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18551.09	86707.34

**DETAILED SUMMARY PAGE**  
of Disbursements

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

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	17799.00	81917.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17799.00	81917.00
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**American College of Rheumatology (RheumPAC)**

**A. Ellison Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 445 Biltmore Center, Suite 306

City Asheville	State NC	Zip Code 28801
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FEC ID number of contributing federal political committee. **C**

Name of Employer Asheville Arthritis	Occupation physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1054.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2014

**Transaction ID : 12555674**

Amount of Each Receipt this Period  
1054.00

**B. Kevin Kempf**  
Full Name (Last, First, Middle Initial)

Mailing Address 19272 Stone Oak Pkwy, #101

City San Antonio	State TX	Zip Code 78258
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FEC ID number of contributing federal political committee. **C**

Name of Employer Rheumatology Assoc. of So. TX	Occupation rheumatologist
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2014

**Transaction ID : 12560945**

Amount of Each Receipt this Period  
500.00

**C. Gilbert Gelfand**  
Full Name (Last, First, Middle Initial)

Mailing Address 2723 Manning Ave

City Los Angeles	State CA	Zip Code 90064
---------------------	-------------	-------------------

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

Name of Employer Caremore Med Group	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2014

**Transaction ID : 12560946**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1804.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American College of Rheumatology (RheumPAC)**

**A. Samuel Pegram**  
Full Name (Last, First, Middle Initial)

Mailing Address 44825 Almeda Rd

City Houston	State TX	Zip Code 77004-5655
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FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
07 / 06 / 2014  
**Transaction ID : 12560947**

Amount of Each Receipt this Period  
1000.00

**B. Stephen L. Burnstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 82 Lowell Dr.

City Marlton	State NJ	Zip Code 08053
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FEC ID number of contributing federal political committee. **C**

Name of Employer Arthritis, Rheumatic and Back Disease	Occupation Rheumatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
07 / 01 / 2014  
**Transaction ID : 12560949**

Amount of Each Receipt this Period  
250.00

**C. Raymond Scalettar**  
Full Name (Last, First, Middle Initial)

Mailing Address 12433 Ansin Circle Drive

City Potmac	State MD	Zip Code 20854
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FEC ID number of contributing federal political committee. **C**

Name of Employer George Washington University	Occupation Clinical Professor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
07 / 18 / 2014  
**Transaction ID : 12614843**

Amount of Each Receipt this Period  
500.00

RheumPAC 2014 Annual Renewal

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American College of Rheumatology (RheumPAC)**

**A. Dr. Diane C Narhi**  
Full Name (Last, First, Middle Initial)

Mailing Address 2925 N Sycamore Dr  
Suite 109

City State Zip Code  
Simi Valley CA 93065

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

Name of Employer Occupation  
Osteoperosis Center Simi Valley Rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
07 / 15 / 2014  
**Transaction ID : 12614930**

Amount of Each Receipt this Period  
250.00

**B. Patrick Schuette**  
Full Name (Last, First, Middle Initial)

Mailing Address 1334 West Arthur

City State Zip Code  
Chicago IL 60626

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

Name of Employer Occupation  
Ullinois Bone and Joint Inst Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
08 / 18 / 2014  
**Transaction ID : 12692790**

Amount of Each Receipt this Period  
500.00

**C. Ami Kurani Kothari MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2233 Winnetka Ave

City State Zip Code  
Northfield IL 60093-3154

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

Name of Employer Occupation  
Illinois Bone and Joint Institute Rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
08 / 27 / 2014  
**Transaction ID : 12692796**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American College of Rheumatology (RheumPAC)**

**A. Mary Moran**  
Full Name (Last, First, Middle Initial)

Mailing Address 1152 Scott

City Winnetka State IL Zip Code 60093

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

Name of Employer Illinois Bone & Joint Inst Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2014

**Transaction ID : 12692797**

Amount of Each Receipt this Period  
 500.00

**B. Gerald Eisenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 2003 Old Briar Road

City Highland Park State IL Zip Code 60035

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

Name of Employer Illinois Bone and Joint Instit Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2014

**Transaction ID : 12692799**

Amount of Each Receipt this Period  
 1000.00

**C. Mary Radia**  
Full Name (Last, First, Middle Initial)

Mailing Address 4800 Stonebridge Circle

City W. Des Moines State IA Zip Code 50265

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

Name of Employer Mercy Arthritis andOsteoporosis Center Occupation Rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2014

**Transaction ID : 12692802**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American College of Rheumatology (RheumPAC)**

**A. Max Hamburger**  
Full Name (Last, First, Middle Initial)

Mailing Address 315 Middle Co Rd

City Smithtown State NY Zip Code 11787

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

Name of Employer Rheum Assoc of Long Island Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : 12692812**

Amount of Each Receipt this Period  
 2250.00

**B. Martin Bergman**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Morton Ave Suite 304

City Ridley Park State PA Zip Code 19078-2216

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

Name of Employer self Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2014

**Transaction ID : 12692826**

Amount of Each Receipt this Period  
 250.00

**C. Calvin R Brown Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2244 West Dickens

City Chicago State IL Zip Code 60647

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2014

**Transaction ID : 12694947**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American College of Rheumatology (RheumPAC)**

**A. James Engelbrecht**  
Full Name (Last, First, Middle Initial)

Mailing Address 4281 Rosemary Lane

City State Zip Code  
Rapid City SD 57702

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

Name of Employer Occupation  
Black Hills Orth and Spine Cen Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
**07 / 28 / 2014**

**Transaction ID : 12694949**

Amount of Each Receipt this Period  
**250.00**

**B. Surekha Gangasani**  
Full Name (Last, First, Middle Initial)

Mailing Address 4004 Lost Hollow Ct.

City State Zip Code  
Parker TX 75002

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

Name of Employer Occupation  
Texoma Arthritis Clinic P.A. Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**07 / 15 / 2014**

**Transaction ID : 12694950**

Amount of Each Receipt this Period  
**250.00**

**c. Dr. Stephanie J. Ott**  
Full Name (Last, First, Middle Initial)

Mailing Address 4133 Fieldstone Street

City State Zip Code  
Carroll OH 43112

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

Name of Employer Occupation  
Fairfield Medical Ctr physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**09 / 08 / 2014**

**Transaction ID : 12701749**

Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American College of Rheumatology (RheumPAC)**

Full Name (Last, First, Middle Initial) <b>A. Edward Herzig</b>		Date of Receipt MM / DD / YYYY 09 / 08 / 2014 <b>Transaction ID : 12701750</b>
Mailing Address 2121 Alpine Place Apt. 703		Amount of Each Receipt this Period 1000.00
City Cincinnati	State OH	Zip Code 45206-3612
FEC ID number of contributing federal political committee. C		
Name of Employer Herzig Krall Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Nora Singer</b>		Date of Receipt MM / DD / YYYY 09 / 08 / 2014 <b>Transaction ID : 12701751</b>
Mailing Address 2500 Metrohealth Dr.		Amount of Each Receipt this Period 250.00
City Cleveland	State OH	Zip Code 44109
FEC ID number of contributing federal political committee. C		
Name of Employer MetroHealth	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Emily Isaacs</b>		Date of Receipt MM / DD / YYYY 09 / 08 / 2014 <b>Transaction ID : 12701753</b>
Mailing Address 909 9th Ave #300		Amount of Each Receipt this Period 250.00
City Fort Worth	State TX	Zip Code 76104
FEC ID number of contributing federal political committee. C		
Name of Employer Forth Worth Clinic PA	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American College of Rheumatology (RheumPAC)**

**A. Nancy J Ellis**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Crosswinds Street

City Greer State SC Zip Code 29650-2708

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

Name of Employer Piedmont Arthritis Occupation Practice Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 09 / 11 / 2014  
**Transaction ID : 12719376**

Amount of Each Receipt this Period  
 250.00

**B. Robert Levin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1050 Roundstone PI

City Palm Harbor State FL Zip Code 34698

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

Name of Employer Robert W. Levin MD PA Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 09 / 17 / 2014  
**Transaction ID : 12733211**

Amount of Each Receipt this Period  
 250.00

**C. Sue Olsson**  
Full Name (Last, First, Middle Initial)

Mailing Address 4201 Woodcrest Ct.

City Ypskantil State MI Zip Code 48197

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

Name of Employer University of Michigan Occupation Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 09 / 29 / 2014  
**Transaction ID : 12757617**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American College of Rheumatology (RheumPAC)**

**A. Joseph Flood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 751 Jaeger Street  
City Columbus State OH Zip Code 43206-2272  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Columbus Arthritis Center Occupation Physician Rheumatologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2054.00**

Date of Receipt **09 / 29 / 2014**  
**Transaction ID : 12757632**  
Amount of Each Receipt this Period **1000.00**

**B. Neil M Sullivan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 850 Kempsville Rd.  
City Norfolk State VA Zip Code 23502  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sentara Medical Group Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 29 / 2014**  
**Transaction ID : 12757633**  
Amount of Each Receipt this Period **250.00**

**C. Paul Demarco**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2730 University Blvd W  
City Wheaton State MD Zip Code 20902  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Arthritis and Rheumatism Associates Occupation Rheumatologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2000.00**

Date of Receipt **08 / 25 / 2014**  
**Transaction ID : 12784368**  
Amount of Each Receipt this Period **2000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **3250.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 16 OF 25  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American College of Rheumatology (RheumPAC)**

**A. Sue Olsson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4201 Woodcrest Ct.  
City Ypskantil State MI Zip Code 48197  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Michigan Occupation Nurse  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 17 / 2014  
**Transaction ID : 12988988**  
Amount of Each Receipt this Period  
250.00

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	16304.00



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 25
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American College of Rheumatology (RheumPAC)**

Full Name (Last, First, Middle Initial) <b>A. American College of Rheumatology</b>		Date of Receipt
Mailing Address 2200 Lake Boulevard NE		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Atlanta	GA	30319
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 12784529</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="403.15"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1941.40"/>	

Full Name (Last, First, Middle Initial) <b>B. American College of Rheumatology</b>		Date of Receipt
Mailing Address 2200 Lake Boulevard NE		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Atlanta	GA	30319
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 12784531</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="224.68"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2166.08"/>	

Full Name (Last, First, Middle Initial) <b>C. American College of Rheumatology</b>		Date of Receipt
Mailing Address 2200 Lake Boulevard NE		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Atlanta	GA	30319
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 12784541</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="124.26"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2290.34"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="752.09"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="752.09"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American College of Rheumatology (RheumPAC)**

Full Name (Last, First, Middle Initial)

**A. Alaskans For Begich 2014**

Mailing Address 1231 W Northern Lts #605

City Anchorage State AK Zip Code 99503

Purpose of Disbursement

011

Candidate Name

**Sen. Mark Begich**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	14	/	2014

**Transaction ID : 12690669**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends Of Erik Paulsen**

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Candidate Name

**Rep. Erik Paulsen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	14	/	2014

**Transaction ID : 12690670**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Mckinley For Congress**

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement

011

Candidate Name

**Rep. David McKinley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2014

**Transaction ID : 12690827**

Amount of Each Disbursement this Period

2000.00
---------

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

4000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American College of Rheumatology (RheumPAC)**

Full Name (Last, First, Middle Initial)

**A. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO Box 2334

City State Zip Code  
Denton TX 76202

Purpose of Disbursement

011

Candidate Name

**Michael C. Burgess**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	26	/	2014

**Transaction ID : 12690832**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends Of John Barrow**

Mailing Address PO Box 8166

City State Zip Code  
Savannah GA 31412

Purpose of Disbursement

011

Candidate Name

**Rep. John Barrow**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	26	/	2014

**Transaction ID : 12692269**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Hagan For Us Senate Inc**

Mailing Address PO Box 29103

City State Zip Code  
Greensboro NC 27429

Purpose of Disbursement

011

Candidate Name

**Sen. Kay Hagan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	26	/	2014

**Transaction ID : 12692271**

Amount of Each Disbursement this Period

2500.00
---------

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

6000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American College of Rheumatology (RheumPAC)**

Full Name (Last, First, Middle Initial)

**A. Renee Ellmers For Congress Committee**

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Renee Ellmers RN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

**Transaction ID : 12727077**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Van Hollen For Congress**

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Chris Van Hollen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

**Transaction ID : 12727078**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Tim Murphy For Congress**

Mailing Address P.O. Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Tim Murphy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : 12732495**

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American College of Rheumatology (RheumPAC)**

Full Name (Last, First, Middle Initial)

**A. Castor For Congress**

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Katherine Castor**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

**Transaction ID : 12732826**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. McConnell Senate Committee '14**

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Mitch McConnell**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

**Transaction ID : 12732827**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Nunnelee For Congress**

Mailing Address 438 East Main St  
PO Box 7092

City Tupelo State MS Zip Code 38802

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Alan Nunnelee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MS District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

**Transaction ID : 12732828**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American College of Rheumatology (RheumPAC)**

Full Name (Last, First, Middle Initial)

**A. Pallone For Congress**

Mailing Address PO Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement

011

Candidate Name  
**Rep. Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	4

**Transaction ID : 12744381**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Scott Peters For Congress**

Mailing Address PO Box 70980

City State Zip Code  
Washington DC 20024

Purpose of Disbursement

011

Candidate Name  
**Rep. Scott Peters**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 52

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

**Transaction ID : 12750748**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Texans For Senator John Cornyn Inc**

Mailing Address 6850 Austin Centre Blvd  
Suite 180

City State Zip Code  
Austin TX 78731

Purpose of Disbursement

011

Candidate Name  
**Sen. John Cornyn**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	4

**Transaction ID : 12751945**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American College of Rheumatology (RheumPAC)**

Full Name (Last, First, Middle Initial)

**A. Bill Cassidy For Us Senate**

Mailing Address PO Box 80505

City State Zip Code  
Baton Rouge LA 70898

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**William Cassidy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : 12759175**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2500.00

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

33500.00



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American College of Rheumatology (RheumPAC)**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank Charges**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
July Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 12692773**

Amount of Each Disbursement this Period

July Bank Fees

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank Charges**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
August Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 12719690**

Amount of Each Disbursement this Period

August Bank Fees

Full Name (Last, First, Middle Initial)

**C. SunTrust Bank Charges**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 12788556**

Amount of Each Disbursement this Period

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

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