

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2200 Lake Boulevard NE  
 Check if different than previously reported. (ACC)  
Atlanta GA 30319

2. **FEC IDENTIFICATION NUMBER** C00432823  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly 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 (12G)  
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 01 01 2010 through 03 31 2010

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 Fred Dietz

Signature of Treasurer Electronically Filed by Fred Dietz Date 04 09 2010

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		89718.72
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	89718.72									
(c) Total Receipts (from Line 19) .....	28694.13	28694.13								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	118412.85	118412.85								
7. Total Disbursements (from Line 31) .....	3199.05	3199.05								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	115213.80	115213.80								
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

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	22900.00	22900.00
(ii) Unitemized .....	5084.00	5084.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	27984.00	27984.00
(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) .....	27984.00	27984.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	710.13	710.13
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 Transfer (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)) .....	28694.13	28694.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	28694.13	28694.13

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	699.05	699.05
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3199.05	3199.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3199.05	3199.05

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	27984.00	27984.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27984.00	27984.00
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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Blake Roessler		Date of Receipt MM / DD / YYYY 01 / 11 / 2010		
	Mailing Address Internal Medicine 1150 W Medical Center Dr		<b>Transaction ID:</b> 8868696		
	City Ann Arbor	State MI	Zip Code 48109	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Michigan		Occupation professor		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Leo Stern		Date of Receipt MM / DD / YYYY 01 / 14 / 2010		
	Mailing Address 7143 Aberdeen Ave		<b>Transaction ID:</b> 8886569		
	City Dallas	State TX	Zip Code 75230	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rheumatology Associates		Occupation Rheumatologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Gary Bryant		Date of Receipt MM / DD / YYYY 01 / 25 / 2010		
	Mailing Address 5429 Vining Point Road		<b>Transaction ID:</b> 8903223		
	City Minnetonka	State MN	Zip Code 55345	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Minnesota		Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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: PAGE 7 / 22

(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.**

Full Name (Last, First, Middle Initial)  
David Borenstein

Mailing Address 10505 Scarboro Lane

City State Zip Code  
Potomac MD 20850

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

Name of Employer Occupation  
Arthritis and Rheumatism Assoc Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 0 / 2 0 1 0

Transaction ID: 8964919

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
David Daikh

Mailing Address 3633 Clement

City State Zip Code  
San Francisco CA 94121

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

Name of Employer Occupation  
UCSF/VA Medical Center Rheumatologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 0 / 2 0 1 0

Transaction ID: 8964921

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Chad Deal

Mailing Address 21099 Colby Rd

City State Zip Code  
Shaker Heights OH 44122

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

Name of Employer Occupation  
Cleveland Clinic Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 0 / 2 0 1 0

Transaction ID: 8964923

Amount of Each Receipt this Period

300.00

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

1550.00

**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 8 / 22  
(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.**

Full Name (Last, First, Middle Initial) Stanley Cohen		Date of Receipt MM / DD / YYYY 02 / 20 / 2010
Mailing Address 5447 Castlewood Dr		<b>Transaction ID:</b> 8964925
City Dallas	State TX	Zip Code 75229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Rheumatology Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Joseph Flood		Date of Receipt MM / DD / YYYY 02 / 20 / 2010
Mailing Address 751 Jaeger Street		<b>Transaction ID:</b> 8964927
City Columbus	State OH	Zip Code 43206-2272
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Musculoskeletal Med Specialist	Occupation Physician Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Audrey Uknis		Date of Receipt MM / DD / YYYY 02 / 20 / 2010
Mailing Address 11 Jacqueline Circle		<b>Transaction ID:</b> 8964939
City Richboro	State PA	Zip Code 18954
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Temple University	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<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: PAGE 9 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
William Rigby  
Mailing Address 10 Elm Road  
City Etna State NH Zip Code 03750  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dartmouth College Occupation Professor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 02 / 23 / 2010  
Transaction ID: 8965639  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
James O'Dell  
Mailing Address 3534 Pine St  
City Omaha State NE Zip Code 68105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Univ. of Nebraska Med Center Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 02 / 23 / 2010  
Transaction ID: 8965655  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
William St. Clair  
Mailing Address 11 West Haven Place  
City Durham State NC Zip Code 27705  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Duke Medical Center Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 02 / 23 / 2010  
Transaction ID: 8965657  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00  
**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 10 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Sharad Lakhanpal

Mailing Address 5320 Royal Lane

City State Zip Code  
Dallas TX 75229

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

Name of Employer Occupation  
Rheumatology Associates Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2010

**Transaction ID:** 8965669

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Hayes Wilson

Mailing Address 2001 Peachtree Rd NE Ste 205

City State Zip Code  
Atlanta GA 30309-1476

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

Name of Employer Occupation  
Piedmont Rheumatology Consultants rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2010

**Transaction ID:** 8966712

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Eric Matteson

Mailing Address 1752 Walden LN SW

City State Zip Code  
Rochester MN 55902

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

Name of Employer Occupation  
Mayo Clinic MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2010

**Transaction ID:** 8967538

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

**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 11 / 22

(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.**

Full Name (Last, First, Middle Initial)  
Karen Kolba

Mailing Address 110 Erna Way

City State Zip Code  
Pismo Beach CA 93449

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

Name of Employer Self-Employed 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  
0 2 / 2 3 / 2 0 1 0

Transaction ID: 8967539

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Neal Birnbaum

Mailing Address 97 Carte Alejo

City State Zip Code  
Greenbrag CA 94904

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

Name of Employer Pacific Rheumatology Asso- ciate 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  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 8993873

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Charles King

Mailing Address 179 Edgewater Cv

City State Zip Code  
Belden MS 38826-9145

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

Name of Employer NMMCI 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  
0 3 / 1 4 / 2 0 1 0

Transaction ID: 9032935

Amount of Each Receipt this Period

500.00

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

1250.00

**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 12 / 22  
(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.**

Full Name (Last, First, Middle Initial)  
Jonathan Kay

Mailing Address 62 Olde Field Road

City State Zip Code  
Newton Centre MA 02459

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

Name of Employer  
Mass General Physicians  
Org  
Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** 9032937

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Howard Blumstein

Mailing Address Rheumatology Associates of Long Is  
315 Middle Country Rd

City State Zip Code  
Smithtown NY 11787

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

Name of Employer  
Rheum Associates of Long  
Island  
Occupation  
physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** 9032939

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey Lawson

Mailing Address 20 Crescent Ave

City State Zip Code  
Greenville SC 29605

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

Name of Employer  
Piedmont Arthritis Center  
Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** 9032940

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

**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 13 / 22

(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.**

Full Name (Last, First, Middle Initial)  
Edward Herzig

Mailing Address 419 Reilly Road

City State Zip Code  
Cincinnati OH 45215

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

Name of Employer Occupation  
Herzig Krall Medical Group Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2010

Transaction ID: 9032941

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Betty Harmon

Mailing Address 1803 Woodwind Drive

City State Zip Code  
Greenville NC 27858

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

Name of Employer Occupation  
Carolina Arthritis Center physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2010

Transaction ID: 9032943

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Linda Merritt

Mailing Address 122 Business Park Drive #1

City State Zip Code  
Utica NY 13502

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

Name of Employer Occupation  
Martin Morrel practice administrator

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2010

Transaction ID: 9032945

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: PAGE 14 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Lois Bonetti  
Mailing Address 114 Lehigh  
City Williston Park State NY Zip Code 11596  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Winthrop University Hospital Occupation RN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 15 / 2010  
Transaction ID: 9032947  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
David Goddard  
Mailing Address 186 Joralemon Street  
City Brooklyn State NY Zip Code 11201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation Rheumatologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 15 / 2010  
Transaction ID: 9032950  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Joseph Flood  
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 Musculoskeletal Med Specialist Occupation Physician Rheumatologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 03 / 15 / 2010  
Transaction ID: 9032951  
Amount of Each Receipt this Period 1000.00

**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: PAGE 15 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Matthew Mundwiler

Mailing Address 324 Crestwood

City State Zip Code  
Mount Prospect IL 60056

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

Name of Employer: Rockford Orthopedic Associates  
Occupation: physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 03 / 15 / 2010  
**Transaction ID: 9032953**  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Laurie Savage

Mailing Address 14918 Simonds Street

City State Zip Code  
Mission Hills CA 91345

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

Name of Employer: Spondylitis Association of Ame  
Occupation: CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 03 / 15 / 2010  
**Transaction ID: 9032955**  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Sharon Stotsky

Mailing Address 64-C Concord St

City State Zip Code  
Wilmington MA 01887

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

Name of Employer: Rheum & Int Med Associated PC  
Occupation: physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt: 03 / 15 / 2010  
**Transaction ID: 9032956**  
 Amount of Each Receipt this Period: 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

**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 / 22  
(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.**

Full Name (Last, First, Middle Initial) daksha mehta		Date of Receipt MM / DD / YYYY 03 / 15 / 2010	
Mailing Address 584 Westport Rd, Ste 101		Transaction ID: 9033495	
City Elizabethtown	State KY	Zip Code 42701	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Center for Arthritis and Osteoporosis	Occupation rheumatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

**B.**

Full Name (Last, First, Middle Initial) Joseph Huffstutter		Date of Receipt MM / DD / YYYY 03 / 15 / 2010	
Mailing Address 4229 Leedy Moutain Lane		Transaction ID: 9033497	
City Signal Moutain	State TN	Zip Code 37377	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Arthritis Associates	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

**C.**

Full Name (Last, First, Middle Initial) Rodolfo Molina		Date of Receipt MM / DD / YYYY 03 / 15 / 2010	
Mailing Address 125 E. King's Highway		Transaction ID: 9033498	
City San Antonio	State TX	Zip Code 78212	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Arthritis Associates PA	Occupation Rheumatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<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: PAGE 17 / 22

(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.**

Full Name (Last, First, Middle Initial)  
Joseph J Weiss

Mailing Address 4485 Chippewa CT

City State Zip Code  
Bloomfield Hills MI 48301-1551

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

Name of Employer Occupation  
Self-Employed Physician-Rheumatologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2010

Transaction ID: 9033508

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert Levin

Mailing Address 1050 Roundstone PI

City State Zip Code  
Palm Harbor FL 34698

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

Name of Employer Occupation  
Robert W. Levin MD PA Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2010

Transaction ID: 9033514

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Alex Limanni

Mailing Address 9201 Westeind Ct

City State Zip Code  
Dallas TX 75231

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

Name of Employer Occupation  
Arthritis Centers of Texas Rheumatologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2010

Transaction ID: 9033520

Amount of Each Receipt this Period  
500.00

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

1700.00

**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 18 / 22

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Olson		Date of Receipt MM / DD / YYYY 03 / 18 / 2010		
	Mailing Address 3324 Westminster Dr.		<b>Transaction ID:</b> 9033526		
	City Rockford	State IL	Zip Code 61107	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Rockford Orthopedic Associates	Occupation physician	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Cathy Chapman		Date of Receipt MM / DD / YYYY 03 / 16 / 2010		
	Mailing Address 5210 Poplar Ave, Ste. 150		<b>Transaction ID:</b> 9033530		
	City Memphis	State TN	Zip Code 38119	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Rheumatology & Derm Assoc.	Occupation rheumatologist	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Yvonne Sherrer		Date of Receipt MM / DD / YYYY 03 / 18 / 2010		
	Mailing Address 21645 Fall River Drive		<b>Transaction ID:</b> 9037207		
	City Boca Raton	State FL	Zip Code 33428	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer	Occupation	Aggregate Year-to-Date 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

1150.00

**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 19 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Timothy Gensler

Mailing Address 200 Spruce St #100

City State Zip Code  
Denver CO 80230

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

Name of Employer Occupation  
Denver Arthritis Clinic 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  
03 / 23 / 2010

**Transaction ID:** 9038627

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Gwenesta B Melton

Mailing Address 443 Harlow Dr

City State Zip Code  
LaFayetteville NC 28314

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

Name of Employer Occupation  
LaFayetteville Clinic 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  
03 / 25 / 2010

**Transaction ID:** 9039891

Amount of Each Receipt this Period  
250.00

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

Mailing Address 12433 Ansin Circle Drive

City State Zip Code  
Potmac MD 20854

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

Name of Employer Occupation  
George Washington University Clinical Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 25 / 2010

**Transaction ID:** 9042972

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) ..... ▶ **22900.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 22
	(check only one)	
<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)

**A.**

Full Name (Last, First, Middle Initial) American College of Rheumatology		Date of Receipt MM / DD / YYYY 01 / 12 / 2010
Mailing Address 2200 Lake Boulevard NE		<b>Transaction ID:</b> 8878602
City Atlanta	State GA	Zip Code 30319
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 483.28
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 483.28	

**B.**

Full Name (Last, First, Middle Initial) American College of Rheumatology		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 2200 Lake Boulevard NE		<b>Transaction ID:</b> 9044962
City Atlanta	State GA	Zip Code 30319
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 226.85
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 710.13	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	710.13
<b>TOTAL</b> This Period (last page this line number only) .....	710.13

**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)

PAGE 21 / 22

<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)

A.

Full Name (Last, First, Middle Initial)  
Friends Of Blanche Lincoln

Transaction ID: 9038280  
Date of Disbursement

Mailing Address PO Box 3197

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

City Little Rock State AR Zip Code 72203

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Event or one-on-one in AR in April

011
Category/ Type

Candidate Name  
Sen. Blanche Lincoln

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

Event or one-on-one in AR  
in April

State: AR District:

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

2500.00
---------

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

2500.00
---------

**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)

PAGE 22 / 22

<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)

**A.**

Full Name (Last, First, Middle Initial)  
SunTrust Bank Charges

**Transaction ID:** 9044272  
**Date of Disbursement**

Mailing Address PO Box 622227

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	0

City Orlando State FL Zip Code 32862-2227

Amount of Each Disbursement this Period

98.99
-------

Purpose of Disbursement  
February credit card fees

001
-----

Category/  
Type

Candidate Name

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

February credit card fees

**B.**

Full Name (Last, First, Middle Initial)  
SunTrust Bank Charges

**Transaction ID:** 9069043  
**Date of Disbursement**

Mailing Address PO Box 622227

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

City Orlando State FL Zip Code 32862-2227

Amount of Each Disbursement this Period

472.20
--------

Purpose of Disbursement  
March credit card fees

001
-----

Category/  
Type

Candidate Name

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

March credit card fees

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

571.19
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**TOTAL** This Period (last page this line number only) ..... ►

571.19
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