

**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"/>		<input type="text" value="168727.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="164469.34"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="39602.66"/>	<input type="text" value="129960.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="204072.00"/>	<input type="text" value="298687.92"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23148.97"/>	<input type="text" value="117764.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="180923.03"/>	<input type="text" value="180923.03"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	36150.00	114783.00
(ii) Unitemized	3335.00	10269.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	39485.00	125052.00
(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)	39485.00	125052.00
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.).....	117.66	2408.00
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))..... ▶	39602.66	129960.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	39602.66	129960.00

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
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.....	23000.00	115500.00
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	148.97	2264.89
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)) ..	23148.97	117764.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23148.97	117764.89

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)	39485.00	125052.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39485.00	125052.00
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. A. \$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. B. A \$200 credit card contribution was processed in November, but RheumPAC did not receive normal notification because of a technical error. Report corrected to reflect the transaction.

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:	PAGE 7 OF 32
	(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

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. Neal Birnbaum		Date of Receipt
Mailing Address 97 Carte Alejo		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City State Zip Code Greenbrag CA 94904		Transaction ID : 12836518
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Pacific Rheumatology Associate	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Joseph Laukaitis M.D.		Date of Receipt
Mailing Address 6909 Rannoch Road		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City State Zip Code Bethesda MD 20817		Transaction ID : 12836519
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Robert Lloyd		Date of Receipt
Mailing Address 3277 Rose Glen CT		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City State Zip Code Falls Church VA 22042		Transaction ID : 12842204
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Arthritis & Rheumatism Assoc.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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 32
	<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. David Goddard
Full Name (Last, First, Middle Initial)

Mailing Address 186 Joralemon Street

City State Zip Code
Brooklyn NY 11201

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

Name of Employer Occupation
YU Medical Williamsburg Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2014
Transaction ID : 12859280

Amount of Each Receipt this Period
500.00

B. Deborah D. Desir MD
Full Name (Last, First, Middle Initial)

Mailing Address 3018 Dixwell Ave.

City State Zip Code
Hamden CT 06518

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

Name of Employer Occupation
Arthritis and Osteoporosis PC Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 05 / 2014
Transaction ID : 12859282

Amount of Each Receipt this Period
500.00

C. Gary Feldman
Full Name (Last, First, Middle Initial)

Mailing Address 609 23rd Street

City State Zip Code
Santa Monica CA 90402

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

Name of Employer Occupation
Pacific Arthritis rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 06 / 2014
Transaction ID : 12859283

Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional).....▶	2200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 32
	<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)

Full Name (Last, First, Middle Initial) A. Angus Worthing MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2014 Transaction ID : 12859284
Mailing Address 5530 Wisconsin Ave #1150		Amount of Each Receipt this Period 500.00
City Chevy Chase	State MD	Zip Code 20815
FEC ID number of contributing federal political committee.	C	
Name of Employer Arthritis and Rheumatism Associates, P	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Steven J Klein MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2014 Transaction ID : 12877043
Mailing Address 346 Mill St.		Amount of Each Receipt this Period 3000.00
City Hagerstown	State MD	Zip Code 21740
FEC ID number of contributing federal political committee.	C	
Name of Employer Rheumatology Consultants	Occupation Rheumatologist	
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) C. Edward L. Morris		Date of Receipt M M / D D / Y Y Y Y Y 11 / 12 / 2014 Transaction ID : 12877044
Mailing Address 8511 topping Rd.		Amount of Each Receipt this Period 250.00
City Baltimore	State MD	Zip Code 21208
FEC ID number of contributing federal political committee.	C	
Name of Employer Greater Baltimore Medical Center	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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 32
<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. William St. Clair
Full Name (Last, First, Middle Initial)

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 ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2014

Transaction ID : 12897406

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 179 Edgewater Cv

City Belden State MS Zip Code 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 ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2014

Transaction ID : 12897407

Amount of Each Receipt this Period
 1000.00

C. Gary Bryant
Full Name (Last, First, Middle Initial)

Mailing Address 5429 Vining Point Road

City Minnetonka State MN Zip Code 55345

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

Name of Employer University of Minnesota 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
 11 / 18 / 2014

Transaction ID : 12897408

Amount of Each Receipt this Period
 500.00

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: (check only one)	PAGE 12 OF 32
	<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. Howard Blumstein
Full Name (Last, First, Middle Initial)

Mailing Address Rheumatology Associates of Long Is
315 Middle Country Rd

City Smithtown State NY Zip Code 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 ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2014

Transaction ID : 12897409

Amount of Each Receipt this Period
500.00

B. Jody K Hargrove MD
Full Name (Last, First, Middle Initial)

Mailing Address 7250 France Ave So
Suite 215

City Edina State MN Zip Code 55435

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

Name of Employer Arthritis & Rheumatology Consultants Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2014

Transaction ID : 12897411

Amount of Each Receipt this Period
1000.00

C. Douglas Mund
Full Name (Last, First, Middle Initial)

Mailing Address 1575 Hillside Ave, Suite 102

City New Hyde Park State NY Zip Code 11040

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
11 / 18 / 2014

Transaction ID : 12897412

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 13 OF 32
	<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	<input type="checkbox"/> 17

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

A. Herbert Baraf
Full Name (Last, First, Middle Initial)

Mailing Address 2730 University Blvd W Ste 310

City Wheaton State MD Zip Code 20902

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

Name of Employer Arthritis & Rheumatism Associates, P.C. Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2014

Transaction ID : 12897413

Amount of Each Receipt this Period
2000.00

B. Douglas W White
Full Name (Last, First, Middle Initial)

Mailing Address 3111 Gundersen Dr

City Onalaska State WI Zip Code 54650

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

Name of Employer Onalaska Clinic Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : 12899085

Amount of Each Receipt this Period
250.00

C. Rajat Dhar
Full Name (Last, First, Middle Initial)

Mailing Address 442 Bldg D Commons Way

City Toms River State NJ Zip Code 08755

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

Name of Employer self employed Occupation rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : 12899094

Amount of Each Receipt this Period
1000.00

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: (check only one)	PAGE 14 OF 32
	<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. Eric Ruderman
Full Name (Last, First, Middle Initial)

Mailing Address 2036 Orrington Ave.

City Evanston State IL Zip Code 60201

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

Name of Employer Northwestern University School Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt
11 / 18 / 2014

Transaction ID : 12900837

Amount of Each Receipt this Period
1000.00

B. Stacy Kennedy
Full Name (Last, First, Middle Initial)

Mailing Address 327 Mocksville

City Salisbury State NC Zip Code 28144

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

Name of Employer Novant Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
11 / 18 / 2014

Transaction ID : 12900840

Amount of Each Receipt this Period
250.00

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

Mailing Address 9201 Westeind Ct

City Dallas State TX Zip Code 75231

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

Name of Employer Arthritis Centers of Texas Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
11 / 18 / 2014

Transaction ID : 12900841

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)..... **1650.00**

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 32
<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)

Full Name (Last, First, Middle Initial) A. Gwenesta B Melton		Date of Receipt 11 / 18 / 2014 Transaction ID : 12900842
Mailing Address 443 Harlow Dr		Amount of Each Receipt this Period 1000.00
City LaFayetteville	State NC	Zip Code 28314
FEC ID number of contributing federal political committee. C	Name of Employer LaFayetteville Clinic Occupation Rheumatologist	
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. Adrienne Hollander		Date of Receipt 11 / 18 / 2014 Transaction ID : 12900844
Mailing Address 2309 Evesham Rd. Suite 101		Amount of Each Receipt this Period 500.00
City Voorhees	State NJ	Zip Code 08043
FEC ID number of contributing federal political committee. C	Name of Employer Arthritis Rheumatic and Back Disease Occupation Rheumatology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Amy M Evangelisto		Date of Receipt 11 / 18 / 2014 Transaction ID : 12900846
Mailing Address 528 Bartram Road		Amount of Each Receipt this Period 500.00
City Moorestown	State NJ	Zip Code 08057
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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 16 OF 32
<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. Sean Fahey MD
Full Name (Last, First, Middle Initial)

Mailing Address 157 - A Professional Park Dr.

City Mooresville	State NC	Zip Code 28117
---------------------	-------------	-------------------

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

Name of Employer Piedmont Healthcare	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2014

Transaction ID : 12900848

Amount of Each Receipt this Period
250.00

B. Dr. Neil Gonter
Full Name (Last, First, Middle Initial)

Mailing Address 396 Terhune

City Passaic	State NJ	Zip Code 07055
-----------------	-------------	-------------------

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

Name of Employer RANJ	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
11	/	18	/	2014

Transaction ID : 12900850

Amount of Each Receipt this Period
250.00

C. William Palmer
Full Name (Last, First, Middle Initial)

Mailing Address 9016 Harney

City Omaha	State NE	Zip Code 68114
---------------	-------------	-------------------

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

Name of Employer Westroads Medical Group	Occupation Rheumatologist
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2014

Transaction ID : 12900851

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: (check only one)	PAGE 17 OF 32
	<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. Harry Gewanter
Full Name (Last, First, Middle Initial)

Mailing Address 8116 Buford Oaks Dr

City Richmond State VA Zip Code 23235-4683

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

Name of Employer Pediatric & Adolescent Health Partners Occupation rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 18 / 2014
Transaction ID : 12900852

Amount of Each Receipt this Period 200.00

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

Mailing Address 10505 Scarboro Lane

City Potomac State MD Zip Code 20850

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

Name of Employer Arthritis and Rheumatism Assoc Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 18 / 2014
Transaction ID : 12900854

Amount of Each Receipt this Period 2000.00

C. Kristin M Gowin
Full Name (Last, First, Middle Initial)

Mailing Address 4 Vanderbilt Park Drive

City Asheville State NC Zip Code 28803

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 ▼ 1000.00

Date of Receipt 11 / 18 / 2014
Transaction ID : 12900855

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3200.00
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 OF 32
	(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)

A. Dr. Maria I Danila
Full Name (Last, First, Middle Initial)

Mailing Address 1530 Third Ave South

City Birmingham State AL Zip Code 35294

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

Name of Employer UAB 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
 11 / 18 / 2014

Transaction ID : 12900858

Amount of Each Receipt this Period
 250.00

B. Jennifer May MD
Full Name (Last, First, Middle Initial)

Mailing Address 3809 Ponderosa Court

City Rapid City State SD Zip Code 57702

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

Name of Employer Black Hills Orthopedic & Spine Center 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
 11 / 18 / 2014

Transaction ID : 12900860

Amount of Each Receipt this Period
 250.00

C. Arthur Huppert
Full Name (Last, First, Middle Initial)

Mailing Address 245 N Broad St Ste 403

City Philadelphia State PA Zip Code 19107-1518

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

Name of Employer Self-Employed 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
 11 / 18 / 2014

Transaction ID : 12911457

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Chandrakabt Mehta

Mailing Address 29798 Haun Rd. # 301

City State Zip Code
 Menifee CA 92586

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

Name of Employer Occupation
 Southland Arthritis & Osteoporosis Cen Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2014
Transaction ID : 12911461

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Stanley Cohen

Mailing Address 5447 Castlewood Dr

City State Zip Code
 Dallas TX 75229

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

Name of Employer Occupation
 Rheumatology Associates 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
 11 / 18 / 2014
Transaction ID : 12911525

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2723 Manning Ave

City State Zip Code
 Los Angeles CA 90064

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

Name of Employer Occupation
 Caremore Med Group Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2014
Transaction ID : 12911810

Amount of Each Receipt this Period
 500.00

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 20 OF 32
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Karen Kolba		Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2014 Transaction ID : 12911811
Mailing Address 110 Erna Way		Amount of Each Receipt this Period 100.00
City Pismo Beach	State CA	Zip Code 93449
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. Dr. Madelaine T Feldman		Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2014 Transaction ID : 12911812
Mailing Address 2663 Napoleon Ave. #530		Amount of Each Receipt this Period 250.00
City New Orleans	State LA	Zip Code 70115
FEC ID number of contributing federal political committee. C		
Name of Employer Wilson and Sanders	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) C. Anupama Sharma		Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2014 Transaction ID : 12911813
Mailing Address 10215 Fernwood Rd.		Amount of Each Receipt this Period 300.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C		
Name of Employer Center for Rheumatic Diseases	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 21 OF 32
	(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) A. Robert Rosenberg		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014
Mailing Address 6425 Goldleaf Dr.		Transaction ID : 12911814
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Arthritis & Rheumatism Association	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Amanda Walaliyadda		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014
Mailing Address 1448 E Center St, Ste E		Transaction ID : 12911815
City Pocatello	State ID	Zip Code 83201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Self	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Michael Guma		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014
Mailing Address 289 Woodfield Road		Transaction ID : 12911816
City TWP of Washington	State NJ	Zip Code 07676
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NOJRA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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 22 OF 32
	<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. Guada R Respicio
Full Name (Last, First, Middle Initial)

Mailing Address 2730 university Blvd. Ste 310

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 ▼ 250.00

Date of Receipt 11 / 19 / 2014
Transaction ID : 12911830

Amount of Each Receipt this Period 250.00

B. Richard S Gordon MD
Full Name (Last, First, Middle Initial)

Mailing Address 4000 14th Street

City Riverside State CA Zip Code 92506

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 ▼ 250.00

Date of Receipt 11 / 19 / 2014
Transaction ID : 12911831

Amount of Each Receipt this Period 250.00

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

Mailing Address 6570 Deer Island Drive

City Cherry Valley State IL Zip Code 61016

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 ▼ 1000.00

Date of Receipt 11 / 21 / 2014
Transaction ID : 12911834

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1000.00

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 23 OF 32
	<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. John A Goldman
Full Name (Last, First, Middle Initial)

Mailing Address 5800 Timberlane Terrace

City Atlanta State GA Zip Code 30328

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

Name of Employer John A Gold MAN MD PC Occupation Rheumatologist

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
 11 / 21 / 2014

Transaction ID : 12911836

Amount of Each Receipt this Period
 250.00

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

Mailing Address 9624 Windy Terrace Dr.

City Dallas State TX Zip Code 75231

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

Name of Employer Rheumatology Associates 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
 11 / 19 / 2014

Transaction ID : 12911837

Amount of Each Receipt this Period
 500.00

C. Prashanth Sunkureddi
Full Name (Last, First, Middle Initial)

Mailing Address 605 Ivory Stone Ln.

City League City State TX Zip Code 77573

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

Name of Employer The University of Texas Medical Branch Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2014

Transaction ID : 12911838

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: (check only one)	PAGE 24 OF 32
	<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. Surekha Gangasani
 Full Name (Last, First, Middle Initial)
 Mailing Address 4004 Lost Hollow Ct.
 City Parker State TX Zip Code 75002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texoma Arthritis Clinic P.A. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **11 / 19 / 2014**
Transaction ID : 12911839
 Amount of Each Receipt this Period **500.00**

B. Lisa Shanahan
 Full Name (Last, First, Middle Initial)
 Mailing Address 10208 Cerny Street
 City Raleigh State NC Zip Code 27617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shanahan Rheumatology & Immunotherapy Occupation Rheumatology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 19 / 2014**
Transaction ID : 12911930
 Amount of Each Receipt this Period **150.00**

C. David Fox
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Barton N. Dr
 City Ann Arbor State MI Zip Code 48105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Michigan Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 19 / 2014**
Transaction ID : 12912081
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional).....	950.00
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 25 OF 32
(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. Trinh Tran
Full Name (Last, First, Middle Initial)
Mailing Address 5712 Pebblestone Ct
City Carmel State IN Zip Code 46033
FEC ID number of contributing federal political committee. **C**
Name of Employer AllCarerRheumatology LLC 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
11 / 21 / 2014
Transaction ID : 12915106
Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	36150.00

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

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

FOR LINE NUMBER: PAGE 26 OF 32
(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)
American College of Rheumatology

Mailing Address 2200 Lake Boulevard NE

City Atlanta State GA Zip Code 30319

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2408.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : 12836523

Amount of Each Receipt this Period
117.66

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

SUBTOTAL of Receipts This Page (optional).....▶	117.66
TOTAL This Period (last page this line number only).....▶	117.66

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

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

FOR LINE NUMBER:
(check only one)

<input 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. Levin For Congress

Mailing Address PO Box 37

City State Zip Code
Roseville MI 48066

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Sander Levin

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2014			

Transaction ID : 12836604

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Mckinley For Congress

Mailing Address PO Box 642

City State Zip Code
Morgantown WV 26507

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. David McKinley

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2014			

Transaction ID : 12836605

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Hal Rogers For Congress

Mailing Address P.O. Box 1214

City State Zip Code
Somerset KY 42502

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Hal Rogers

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2014			

Transaction ID : 12836606

Amount of Each Disbursement this Period

1000.00

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

3000.00

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. 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 Y
10 / 24 / 2014

Transaction ID : 12836607

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Brady For Congress

Mailing Address PO Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

011

Candidate Name

Rep. Kevin Brady

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 12836608

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Al Franken For Senate 2014

Mailing Address PO Box 583144

City Minneapolis State MN Zip Code 55458

Purpose of Disbursement

011

Candidate Name

Sen. Al Franken

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 12836609

Amount of Each Disbursement this Period

2000.00

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

6500.00

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. Bera For Congress

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement

011

Category/
Type

Candidate Name

Amerish Bera

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : 12836610

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. Shaheen For Senate

Mailing Address 105 N State Street

City Concord State NH Zip Code 03301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Jeanne Shaheen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : 12836611

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Whitfield For Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Edward Whitfield

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : 12836612

Amount of Each Disbursement this Period

1000.00

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

5500.00

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. Friends Of Dick Durbin

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement

011

Candidate Name

Sen. Richard Durbin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : 12836613

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Rosa DeLauro

Mailing Address 12 Trumbull Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement

011

Candidate Name

Rep. Rosa DeLauro

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : 12836614

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Capito For West Virginia

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement

011

Candidate Name

Shelley Capito

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : 12836615

Amount of Each Disbursement this Period

2000.00

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

4500.00

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. Enzi For Us Senate

Mailing Address PO Box 2775

City State Zip Code
Cody WY 82414

Purpose of Disbursement

011

Candidate Name

Sen. Mike Enzi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 29 / 2014

Transaction ID : 12854814

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Capuano For Congress Committee

Mailing Address PO Box 440305

City State Zip Code
Somerville MA 02144

Purpose of Disbursement

011

Candidate Name

Rep. Michael Capuano

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 29 / 2014

Transaction ID : 12854815

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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)..... ▶

3500.00

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

23000.00

**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 62227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 12949368

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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