

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period  01 / 01 / 2011 through  06 / 30 / 2011

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 Ed Herzig

Signature of Treasurer Ed Herzig [Electronically Filed] Date  03 / 20 / 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		<input type="text" value="105004.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="105004.65"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="58396.18"/>	<input type="text" value="58396.18"/>
(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="163400.83"/>	<input type="text" value="163400.83"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="33160.95"/>	<input type="text" value="33160.95"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="130239.88"/>	<input type="text" value="130239.88"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	48499.00	48499.00
(ii) Unitemized .....	6861.00	6861.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	55360.00	55360.00
(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) .....	55360.00	55360.00
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.).....	3036.18	3036.18
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))..... ▶	58396.18	58396.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	58396.18	58396.18

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31000.00	31000.00
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 .....	2160.95	2160.95
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)) ..	33160.95	33160.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33160.95	33160.95

**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) .....	55360.00	55360.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	55360.00	55360.00
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 OF 45
	<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. Bobo Tanner**  
Full Name (Last, First, Middle Initial)

Mailing Address 2105 Hampton Ave

City Nashville State TN Zip Code 37215

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

Name of Employer Vanderbilt University Occupation Assistant Professor

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  
 05 / 08 / 2011

**Transaction ID : 10006959**

Amount of Each Receipt this Period  
 1000.00

**B. Linda Warnowicz**  
Full Name (Last, First, Middle Initial)

Mailing Address 1375 Owahgena Rd.

City Cazenovia State NY Zip Code 13035

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

Name of Employer Arthritis Health 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  
 05 / 08 / 2011

**Transaction ID : 10006960**

Amount of Each Receipt this Period  
 500.00

**C. Everett Allen**  
Full Name (Last, First, Middle Initial)

Mailing Address 19272 Stone Oak Pkwy, Ste. 101

City San Antonio State TX Zip Code 78258

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

Name of Employer Rheumatology Assoc. South Texas 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  
 05 / 09 / 2011

**Transaction ID : 10006963**

Amount of Each Receipt this Period  
 250.00

<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: (check only one)	PAGE 7 OF 45
<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. Michael D Kohen MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 568 Riverside Dr

City Ormond Beach State FL Zip Code 32176

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  
05 / 09 / 2011  
Transaction ID : 10007144

Amount of Each Receipt this Period  
250.00

**B. Muhammad Khan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1722 Coe's Post Run

City Westlake State OH Zip Code 44145

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

Name of Employer MetroHealth Occupation Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
05 / 09 / 2011  
Transaction ID : 10007228

Amount of Each Receipt this Period  
500.00

**C. Constantine Saadeh**  
Full Name (Last, First, Middle Initial)

Mailing Address 6842 Plum Creek

City Amarillo State TX Zip Code 79124

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

Name of Employer Plum Creek Health Care Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
05 / 10 / 2011  
Transaction ID : 10008106

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2750.00

**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 8 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mitchell Feinman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 477 Creek Landing St.  
 City Daniel Island State SC Zip Code 29492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arthritis & Osteoporosis Center Occupation Rheumatologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2000.00**

Date of Receipt **05 / 10 / 2011**  
**Transaction ID : 10008108**  
 Amount of Each Receipt this Period **2000.00**

**B. Lawrence Schanker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7510 Wyndale Road  
 City Chevy Chase State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rockville Internal Medicine Group Occupation Rheumatologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **225.00**

Date of Receipt **05 / 11 / 2011**  
**Transaction ID : 10012997**  
 Amount of Each Receipt this Period **100.00**

**C. Steven Eyanson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3805 Tama St. SE  
 City Cedar Rapids State IA Zip Code 52403-4557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physicians Clinic of Iowa Occupation Rheumatologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 24 / 2011**  
**Transaction ID : 10048477**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 9 OF 45  
(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. Abby Abelson**

Mailing Address 19000 South Woodland Rd

City State Zip Code  
 Shaker Hills OH 44122

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

Name of Employer Occupation  
 Cleveland Clinic physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2011  
**Transaction ID : 10055329**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Michael Thakor**

Mailing Address 1175 Picard Lane

City State Zip Code  
 Fort Collins CO 80526

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

Name of Employer Occupation  
 Arthritis/Rheumatology Clinic of CO Rheumatologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2011  
**Transaction ID : 10073635**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Adrian Jaffer**

Mailing Address 9850 Genesee Ave. Ste 810

City State Zip Code  
 La Jolla CA 92037

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

Name of Employer Occupation  
 Allergy & Rheumatology Medical Center Rheumatologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2011  
**Transaction ID : 10091814**

Amount of Each Receipt this Period  
 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 45
	<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. Elizabeth Tindall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1255 SW Schaeffer Rd  
 City West Linn State OR Zip Code 97068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2011  
**Transaction ID : 10098004**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date  250.00

**B. Samuel Pegram**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44825 Alameda Rd  
 City Houston State TX Zip Code 77004-5655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : 10107721**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date  500.00

**C. Jonathan Kay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 62 Olde Field Road  
 City Newton Centre State MA Zip Code 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)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2011  
**Transaction ID : 9784851**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date  250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 45
	<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) <b>A. Karen Kolba</b>		Date of Receipt MM / DD / YYYY 01 / 22 / 2011 <b>Transaction ID : 9784852</b>
Mailing Address 110 Erna Way		Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. James O'Dell</b>		Date of Receipt MM / DD / YYYY 01 / 22 / 2011 <b>Transaction ID : 9784854</b>
Mailing Address 3534 Pine St		Amount of Each Receipt this Period 500.00
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: <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) <b>C. Cynthia Weaver MD</b>		Date of Receipt MM / DD / YYYY 01 / 24 / 2011 <b>Transaction ID : 9784858</b>
Mailing Address 2820 Mt Rushmore Rd		Amount of Each Receipt this Period 250.00
City Rapid City	State SD	Zip Code 57701
FEC ID number of contributing federal political committee. C		
Name of Employer Rapid City 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	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 45
	<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. Christopher Antolini MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 830 Fillmore Street  
 City Denver State CO Zip Code 80206-3850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Denver Arthritis Clinic Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 24 / 2011  
**Transaction ID : 9784862**  
 Amount of Each Receipt this Period  
 250.00

**B. Rebecca M Shepherd MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 311 Bowyer Lane  
 City Lititz State PA Zip Code 17543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LGA Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 25 / 2011  
**Transaction ID : 9788717**  
 Amount of Each Receipt this Period  
 249.00

**C. Eileen Moynihan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1304 Maple Ave  
 City Haddon Heights State NJ Zip Code 08035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 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  
 02 / 15 / 2011  
**Transaction ID : 9842695**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1499.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 45
	<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. Steven Cohen**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code  
TX

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

Name of Employer Occupation  
Trinity Clinic physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2011

**Transaction ID : 9845413**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5429 Vining Point Road

City State Zip Code  
Minnetonka MN 55345

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

Name of Employer Occupation  
University of Minnesota Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2011

**Transaction ID : 9850995**

Amount of Each Receipt this Period  
1000.00

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

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 / 25 / 2011

**Transaction ID : 9850997**

Amount of Each Receipt this Period  
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: (check only one)	PAGE 14 OF 45
	<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. Carlos J. Lozada**  
Full Name (Last, First, Middle Initial)

Mailing Address 2500 Monterey Ct.

City Weston State FL Zip Code 33327-1504

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

Name of Employer University of Miami Occupation Professor of Clinical Medicine

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  
 02 / 25 / 2011

**Transaction ID : 9850999**

Amount of Each Receipt this Period  
 250.00

**B. Joan Marie Von Feldt**  
Full Name (Last, First, Middle Initial)

Mailing Address 716 Taunton Road

City Wilmington State DE Zip Code 19803

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

Name of Employer University of Pennsylvania/Philadelphi Occupation Professor of Medicine

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2011

**Transaction ID : 9862891**

Amount of Each Receipt this Period  
 300.00

**C. Yvonne Sherrer**  
Full Name (Last, First, Middle Initial)

Mailing Address 21645 Fall River Drive

City Boca Raton State FL Zip Code 33428

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

Name of Employer Arthritis Center 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  
 03 / 03 / 2011

**Transaction ID : 9862892**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 45
<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. C. Ronald Mackenzie**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code  
NY

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

Name of Employer Occupation  
Hospital for Special Surgery 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  
03 / 03 / 2011

**Transaction ID : 9862894**

Amount of Each Receipt this Period  
250.00

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

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  
M M M / D D D / Y Y Y Y Y Y  
02 / 25 / 2011

**Transaction ID : 9862982**

Amount of Each Receipt this Period  
1000.00

**C. Joseph Flood**  
Full Name (Last, First, Middle Initial)

Mailing Address 751 Jaeger Street

City State Zip Code  
Columbus OH 43206-2272

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

Name of Employer Occupation  
Musculoskeletal Med Specialist Physician 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  
02 / 25 / 2011

**Transaction ID : 9862983**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 45
	<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. Richard Furie**  
Full Name (Last, First, Middle Initial)

Mailing Address Division of Rheumatology  
2800 Marcus Ave

City Lake Success State NY Zip Code 11042

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

Name of Employer North Shore LIJ Health System Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 25 / 2011  
Transaction ID : 9862984

Amount of Each Receipt this Period  
250.00

**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 ▼  
1000.00

Date of Receipt  
02 / 25 / 2011  
Transaction ID : 9862985

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 5447 Castlewood Dr

City Dallas State TX Zip Code 75229

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

Name of Employer Rheumatology Associates Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 26 / 2011  
Transaction ID : 9862986

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**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 45
<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. Richard Olson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3324 Westminster Dr.

City Rockford State IL Zip Code 61107

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 ▼ 500.00

Date of Receipt 02 / 27 / 2011  
**Transaction ID : 9862990**

Amount of Each Receipt this Period 500.00

**B. Edward Fudman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1301 W 38th Street Suite 702

City Austin State TX Zip Code 78705

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

Name of Employer self Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2011  
**Transaction ID : 9862991**

Amount of Each Receipt this Period 250.00

**C. Alfred Denio**  
Full Name (Last, First, Middle Initial)

Mailing Address Center for Arthritis 300 Medical Parkway Ste 112

City Chesapeake State VA Zip Code 23320

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

Name of Employer Center for Arthritis Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2011  
**Transaction ID : 9862992**

Amount of Each Receipt this Period 250.00

**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 18 OF 45
	<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. Blake Roessler**  
Full Name (Last, First, Middle Initial)

Mailing Address Internal Medicine  
1150 W Medical Center Dr

City Ann Arbor State MI Zip Code 48109

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

Name of Employer University of Michigan Occupation professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 02 / 2011  
**Transaction ID : 9862993**

Amount of Each Receipt this Period  
500.00

**B. Peter Kent**  
Full Name (Last, First, Middle Initial)

Mailing Address 18430 Ridgewood Rd

City Wayzata State MN Zip Code 55391

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

Name of Employer Park Nicollet Clinic Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 04 / 2011  
**Transaction ID : 9866689**

Amount of Each Receipt this Period  
250.00

**C. Paul J. Borgmeier Jr., MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1801 Senate Blvd.  
Suite 315

City Indianapolis State IN Zip Code 46202

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

Name of Employer Indiana Clinic Occupation Rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 04 / 2011  
**Transaction ID : 9866690**

Amount of Each Receipt this Period  
250.00

**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 45
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Meera Oza</b>		Date of Receipt
Mailing Address 2574 Admirals Walk Dr S		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
City	State	Zip Code
Orange Park	FL	32073-6102
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self-Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : <b>9866856</b>
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. Alex Limanni</b>		Date of Receipt
Mailing Address 9201 Westeind Ct		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
City	State	Zip Code
Dallas	TX	75231
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Arthritis Centers of Texas	Rheumatologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : <b>9866868</b>
		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>

Full Name (Last, First, Middle Initial) <b>C. Fehmida Zahabi</b>		Date of Receipt
Mailing Address 6300 Stonewood Dr. #412		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
City	State	Zip Code
Plano	TX	75024
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Texas Rheumatology Care	Rheumatologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : <b>9866872</b>
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1800.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER:	PAGE 20 OF 45
(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. Prashanth Sunkureddi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 605 Ivory Stone Ln.  
City State Zip Code  
League City TX 77573  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
The University of Texas Medical Branch Rheumatologist  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 07 / 2011  
**Transaction ID : 9866878**  
Amount of Each Receipt this Period  
250.00

**B. John Willis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 712 N. Washington #300  
City State Zip Code  
Dallas TX 75246  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Arthritis Center of Texas Physician  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 07 / 2011  
**Transaction ID : 9866879**  
Amount of Each Receipt this Period  
250.00

**C. Gloria Higgins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2202 Bryden Rd.  
City State Zip Code  
Columbus OH 43209  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Ohio State University and Pediatric Ac physician  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 07 / 2011  
**Transaction ID : 9872612**  
Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 45
	<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. Cathy Chapman**  
Full Name (Last, First, Middle Initial)

Mailing Address 5210 Poplar Ave, Ste. 150

City	State	Zip Code
Memphis	TN	38119

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

Name of Employer	Occupation
Rheumatology & Derm Assoc.	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
03	/	08	/	2011

**Transaction ID : 9873232**

Amount of Each Receipt this Period  
1000.00

**B. Ana Ballester-Fiallo**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 Inwood Point

City	State	Zip Code
San Antonio	TX	78248

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

Name of Employer	Occupation
self employed	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
03	/	08	/	2011

**Transaction ID : 9873233**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4281 Rosemary Lane

City	State	Zip Code
Rapid City	SD	57702

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

Name of Employer	Occupation
Black Hills Orth and Spine Cen	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2011

**Transaction ID : 9879618**

Amount of Each Receipt this Period  
500.00

<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: (check only one)	PAGE 23 OF 45
	<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. 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 ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2011

**Transaction ID : 9898703**

Amount of Each Receipt this Period  
500.00

**B. Joseph Huffstutter**  
Full Name (Last, First, Middle Initial)

Mailing Address 4229 Leedy Moutain Lane

City State Zip Code  
Signal Moutain TN 37377

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

Name of Employer Occupation  
Arthritis Associates Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID : 9898708**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2730 University Blvd W Ste 310

City State Zip Code  
Wheaton MD 20902

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID : 9898709**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<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 24 OF 45  
(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)**

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

Mailing Address 609 23rd Street

City Santa Monica	State CA	Zip Code 90402
----------------------	-------------	-------------------

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

Name of Employer Pacific Arthritis	Occupation rheumatologist
---------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	14	/	2011

**Transaction ID : 9898710**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Jeffrey Lawson**

Mailing Address 20 Crescent Ave

City Greenville	State SC	Zip Code 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  

M M	/	D D	/	Y Y Y Y
03	/	14	/	2011

**Transaction ID : 9898711**

Amount of Each Receipt this Period  
2000.00

Full Name (Last, First, Middle Initial)  
**C. Kathleen Price**

Mailing Address 6410 Waterway Drive

City Falls Church	State VA	Zip Code 22044
----------------------	-------------	-------------------

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

Name of Employer Falls Church Medical Center	Occupation physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	14	/	2011

**Transaction ID : 9898713**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<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 25 OF 45
	(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. Timothy Laing**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5522 Warren Road  
City Ann Arbor State MI Zip Code 48105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Michigan Occupation MD  
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  
03 / 14 / 2011  
**Transaction ID : 9898714**  
Amount of Each Receipt this Period  
2000.00

**B. 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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 14 / 2011  
**Transaction ID : 9898716**  
Amount of Each Receipt this Period  
250.00

**C. Deborah D. Desir MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3018 Dixwell Ave.  
City Hamden State CT Zip Code 06518  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Arthritis and Osteoporosis PC Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 14 / 2011  
**Transaction ID : 9898718**  
Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<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 26 OF 45  
(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. Mary Radia**

Mailing Address 4800 Stonebridge Circle

City State Zip Code  
W. Des Moines IA 50265

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

Name of Employer Occupation  
Mercy Arthritis andOsteoporosis Center 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  
 03 / 15 / 2011  
**Transaction ID : 9898731**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Rodolfo Molina**

Mailing Address 125 E. King's Highway

City State Zip Code  
San Antonio TX 78212

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

Name of Employer Occupation  
Arthritis Associates PA 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  
 03 / 15 / 2011  
**Transaction ID : 9898734**

Amount of Each Receipt this Period  
2000.00

Full Name (Last, First, Middle Initial)  
**C. Gerald T Rosenberg MD**

Mailing Address 45 Donore Square

City State Zip Code  
San Antonio TX 78229

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

Name of Employer Occupation  
Arthritis Associates, PA Rheumatologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2011  
**Transaction ID : 9898737**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2550.00

**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 27 OF 45
<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) <b>A. Jose Roldan</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2011 <b>Transaction ID : 9899815</b>
Mailing Address 230 Blackjack Oak		Amount of Each Receipt this Period 250.00
City San Antonio	State TX	Zip Code 78230
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Taraneh Mehrani</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2011 <b>Transaction ID : 9900898</b>
Mailing Address 147 Republic St Ste 203		Amount of Each Receipt this Period 250.00
City Madison	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C		
Name of Employer self employed	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Edward Herzig</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2011 <b>Transaction ID : 9900899</b>
Mailing Address 419 Reilly Road		Amount of Each Receipt this Period 1000.00
City Cincinnati	State OH	Zip Code 45215
FEC ID number of contributing federal political committee. C		
Name of Employer Herzig Krall Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 45
	<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) <b>A. Rita Egan</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2011 <b>Transaction ID : 9901101</b>
Mailing Address Arthritis Center of Lexington 330 Waller Ave Ste 100		Amount of Each Receipt this Period 500.00
City Lexington State KY Zip Code 40504	FEC ID number of contributing federal political committee. C	
Name of Employer ACL Occupation Physician	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) <b>B. Karla B. Jones</b>		Date of Receipt MM / DD / YYYY 03 / 22 / 2011 <b>Transaction ID : 9906572</b>
Mailing Address 700 Childrens Dr		Amount of Each Receipt this Period 250.00
City Columbus State OH Zip Code 43205-2692	FEC ID number of contributing federal political committee. C	
Name of Employer Nationwide Children's Hospital Occupation Pediatric Nurse Practitioner	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) <b>C. Michael C Schweitz</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2011 <b>Transaction ID : 9918818</b>
Mailing Address 7721 Pine Tree LN		Amount of Each Receipt this Period 1000.00
City West Palm Beach State FL Zip Code 33406-7833	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed 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 29 OF 45
	(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. Yusuf Yazici**  
Full Name (Last, First, Middle Initial)

Mailing Address 13 Riverpointe Rd

City State Zip Code  
Hastings on Hudson NY 10706

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

Name of Employer Occupation  
Brooklyn Heights Arthritis Associates 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  
03 / 26 / 2011  
**Transaction ID : 9918820**

Amount of Each Receipt this Period  
250.00

**B. Guillermo Valenzuela**  
Full Name (Last, First, Middle Initial)

Mailing Address 140 SW 84th Ave #B

City State Zip Code  
Plantation FL 33324

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

Name of Employer Occupation  
self employed 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  
03 / 25 / 2011  
**Transaction ID : 9918822**

Amount of Each Receipt this Period  
250.00

**C. Jeff Peterson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1112 1st St.

City State Zip Code  
Kirkland WA 98033

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

Name of Employer Occupation  
The Seattle Arthritis Clinic 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  
03 / 29 / 2011  
**Transaction ID : 9930068**

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 30 OF 45  
(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)**

Full Name (Last, First, Middle Initial)  
**A. Stephanie Ott**

Mailing Address 4133 Fieldstone Street

City State Zip Code  
Carroll OH 43112

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

Name of Employer Occupation  
Fairfield Medical Ctr physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2011

**Transaction ID : 9943491**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 44825 Alameda Rd

City State Zip Code  
Houston TX 77004-5655

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

Name of Employer Occupation  
Information Requested Information Requested

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  
04 / 04 / 2011

**Transaction ID : 9943492**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. 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:  
 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  
04 / 05 / 2011

**Transaction ID : 9958661**

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 45
	<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. Erin Arnold**  
Full Name (Last, First, Middle Initial)

Mailing Address 1331 Greenwood

City Wilmette State IL Zip Code 60091

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

Name of Employer Illinois Bone and Joint Inst. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
03 / 10 / 2011  
Transaction ID : 9959121

Amount of Each Receipt this Period  
1000.00

**B. Arielle Silver**  
Full Name (Last, First, Middle Initial)

Mailing Address 1420 Locus Street Apt 15T

City Philadelphia State PA Zip Code 19102

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

Name of Employer Arthritis, Rheumatic and Back Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
04 / 08 / 2011  
Transaction ID : 9964838

Amount of Each Receipt this Period  
250.00

**C. Cathy Chapman**  
Full Name (Last, First, Middle Initial)

Mailing Address 5210 Poplar Ave, Ste. 150

City Memphis State TN Zip Code 38119

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

Name of Employer Rheumatology & Derm Assoc. Occupation rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
04 / 12 / 2011  
Transaction ID : 9966422

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 32 OF 45
	<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) <b>A. Evelyn Hess</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2011 <b>Transaction ID : 9978584</b>
Mailing Address 2916 Grandin Road		Amount of Each Receipt this Period 500.00
City Cincinnati	State OH	Zip Code 45208
FEC ID number of contributing federal political committee. C	Name of Employer Un Cincinnati Medical School	Occupation Physician and Rheumatologist
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) <b>B. Charles Arkin</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2011 <b>Transaction ID : 9980779</b>
Mailing Address 3242 Piper Glen Cove		Amount of Each Receipt this Period 250.00
City Memphis	State TN	Zip Code 38125
FEC ID number of contributing federal political committee. C	Name of Employer Rheumatology and Osteoporosis Center	Occupation Rheumatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. M. Eric Gershwin</b>		Date of Receipt MM / DD / YYYY 04 / 20 / 2011 <b>Transaction ID : 9986508</b>
Mailing Address 415 E Hlth Sci Dr		Amount of Each Receipt this Period 250.00
City Davis	State CA	Zip Code 95616
FEC ID number of contributing federal political committee. C	Name of Employer Division of Rheumatology/Allergy/Unive	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).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 45
	<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. Elizabeth Perkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 757 Jasmine Way  
City Birmingham State AL Zip Code 35226-4215  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rheumatology Care Center Occupation Rheumatologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2011  
**Transaction ID : 9987834**  
Amount of Each Receipt this Period 250.00

**B. Frederick Dietz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4003 Cushman Close  
City Rockford State IL Zip Code 61114  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rockford Health System Occupation Rheumatologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 22 / 2011  
**Transaction ID : 9987849**  
Amount of Each Receipt this Period 500.00

**C. Aliya Khan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3075 Governor's Pl. Blvd.  
City Dayton State OH Zip Code 45409  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dayton Arthritis & Allergy Center Occupation Rheumatologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 25 / 2011  
**Transaction ID : 9988416**  
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: (check only one)	PAGE 34 OF 45
	<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) <b>A. David Daikh</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2011 <b>Transaction ID : 9991993</b>
Mailing Address 3633 Clement		Amount of Each Receipt this Period 250.00
City San Francisco	State CA	Zip Code 94121
FEC ID number of contributing federal political committee. C	Name of Employer UCSF/VA 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	

Full Name (Last, First, Middle Initial) <b>B. Audrey Uknis</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2011 <b>Transaction ID : 9992485</b>
Mailing Address 11 Jacqueline Circle		Amount of Each Receipt this Period 1000.00
City Richboro	State PA	Zip Code 18954
FEC ID number of contributing federal political committee. C	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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. V.Michael Holers</b>		Date of Receipt MM / DD / YYYY 05 / 01 / 2011 <b>Transaction ID : 9993456</b>
Mailing Address 1775 Aurora Ct.		Amount of Each Receipt this Period 500.00
City Aurora	State CO	Zip Code 80045
FEC ID number of contributing federal political committee. C	Name of Employer University of Colorado School of Medic	Occupation Rheumatologist
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).....▶	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 35 OF 45
(check only one)	
<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"/>	<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. Charles Pritchard**

Mailing Address 2400 Maryland Road  
Suite 40

City Willow Grove State PA Zip Code 19090

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

Name of Employer Rheumatic Disease Associates Occupation Rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 03 / 2011  
**Transaction ID : 9993485**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Donald Eugene Thomas Jr.**

Mailing Address 7300 Hanover Dr. Ste. 201

City Greenbelt State MD Zip Code 20770

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

Name of Employer Arthritis & Pain Associates Occupation Rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 03 / 2011  
**Transaction ID : 9993487**

Amount of Each Receipt this Period  
500.00

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

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	48499.00

**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 36 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. 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 ▼  
2141.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2011  
**Transaction ID : 10055203**

Amount of Each Receipt this Period  
753.17

February and March credit card fees

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
3036.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : 10117466**

Amount of Each Receipt this Period  
895.17

April & May credit card fees

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
655.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 25 / 2011  
**Transaction ID : 9788712**

Amount of Each Receipt this Period  
655.42

Oct, Nov, Dec CC fees

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2303.76
<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 37 OF 45  
(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. 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 ▼  
1387.84

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2011  
**Transaction ID : 9902239**

Amount of Each Receipt this Period  
732.42

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

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	732.42
<b>TOTAL</b> This Period (last page this line number only).....▶	3036.18

**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. Marsha Blackburn For Congress Inc.**

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement  
May 16 event in Nashville

011

Candidate Name

**Rep. Marsha Blackburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TN District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 10 / 2011

**Transaction ID : 10012573**

Amount of Each Disbursement this Period

2500.00

May 16 event in Nashville

Full Name (Last, First, Middle Initial)

**B. Friends Of John Barrow**

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement

011

Candidate Name

**Rep. John Barrow**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 12

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 10 / 2011

**Transaction ID : 10012574**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends Of Sherrod Brown**

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement

011

Candidate Name

**Sen. Sherrod Brown**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 01 / 2011

**Transaction ID : 10056583**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Butterfield For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2011
Mailing Address PO Box 2571		<b>Transaction ID : 10117460</b>
City Wilson	State NC	
Zip Code 27894	Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Rep. George Butterfield</b>	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 01		

Full Name (Last, First, Middle Initial) <b>B. Hatch Election Committee Inc</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2011
Mailing Address 175 South West Temple Suite 650		<b>Transaction ID : 9792660</b>
City Salt Lake City	State UT	
Zip Code 84101	Purpose of Disbursement February 7 event in Washington DC	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>Sen. Orrin Hatch</b>	Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	February 7 event in Washington DC
State: UT District:		

Full Name (Last, First, Middle Initial) <b>C. Tim Murphy For Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2011
Mailing Address P.O. Box 24551		<b>Transaction ID : 9849932</b>
City Pittsburgh	State PA	
Zip Code 15234	Purpose of Disbursement	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Rep. Tim Murphy</b>	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 18		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8000.00
<b>TOTAL</b> 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. Jim Gerlach For Congress Committee**

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. James Gerlach**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2011

**Transaction ID : 9849933**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Gingrey For Congress**

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Phil Gingrey M.D.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2011

**Transaction ID : 9849934**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Michael C. Burgess**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		02		2011

**Transaction ID : 9853882**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Joe Pitts**

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

011

Candidate Name  
**Rep. Joseph Pitts**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 16

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2011

**Transaction ID : 9883848**

Amount of Each Disbursement this Period

2500.00

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  
State: CT District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2011

**Transaction ID : 9883849**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Berkley for Congress**

Mailing Address 7500 W. Lake Mead Blvd.  
Box9-306

City Las Vegas State NV Zip Code 89128

Purpose of Disbursement

011

Candidate Name  
**Shelley Berkley**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NV District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2011

**Transaction ID : 9883850**

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

**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 Jack Kingston**

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement

011

Candidate Name

**Rep. Jack Kingston**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2011

**Transaction ID : 9883851**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Committee To Re-Elect Ed Towns**

Mailing Address 438 Lewis Avenue

City Brooklyn State NY Zip Code 11233

Purpose of Disbursement  
April 28 event in Brooklyn

011

Candidate Name

**Rep. Edolphus Towns**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2011

**Transaction ID : 9991681**

Amount of Each Disbursement this Period

1500.00

April 28 event in Brooklyn

Full Name (Last, First, Middle Initial)

**C. Friends Of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement  
May 11 Event in DC

011

Candidate Name

**Rep. John Boehner**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2011

**Transaction ID : 9994385**

Amount of Each Disbursement this Period

2500.00

May 11 Event in DC

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

5000.00

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

31000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank Charges**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
April credit card fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 10096687**

Amount of Each Disbursement this Period

April credit card fees

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank Charges**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
May credit card fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 10096688**

Amount of Each Disbursement this Period

May credit card fees

Full Name (Last, First, Middle Initial)

**C. SunTrust Bank Charges**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
June credit card fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 10150452**

Amount of Each Disbursement this Period

June credit card fees

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

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

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

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank Charges**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
February credit card fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9981206**

Amount of Each Disbursement this Period

February credit card fees

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank Charges**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
March credit card fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9981241**

Amount of Each Disbursement this Period

March credit card fees

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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