

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1800 Century Place  
Suite 250  
 Check if different than previously reported. (ACC)  
Atlanta GA 30345-4300

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

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

5. Covering Period 01 01 2009 through 06 30 2009

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

Type or Print Name of Treasurer Fred Dietz

Signature of Treasurer Electronically Filed by Fred Dietz Date 07 28 2009

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

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

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

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		49394.84
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	49394.84									
(c) Total Receipts (from Line 19) .....	42217.58	42217.58								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	91612.42	91612.42								
7. Total Disbursements (from Line 31) .....	8241.28	8241.28								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	83371.14	83371.14								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period: From:    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) .....	31950.00	31950.00
(ii) Unitemized .....	9364.00	9364.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	41314.00	41314.00
(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) .....	41314.00	41314.00
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.) .....	903.58	903.58
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	42217.58	42217.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	42217.58	42217.58

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	7000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	250.00	250.00
(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)) .....	250.00	250.00
29. Other Disbursements.....	991.28	991.28
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8241.28	8241.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8241.28	8241.28

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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 .....	41314.00	41314.00
34. Total Contribution Refunds (from Line 28(d)) .....	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41064.00	41064.00
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: PAGE 6 / 32

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Bruce I Hoffman

Mailing Address 164 Summit Lane

City State Zip Code  
Bala Cynwyd PA 19004

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

Name of Employer Self-Employed Occupation  
Physician

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

Date of Receipt

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

Transaction ID: 7572932

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 179 Edgewater Cv

City State Zip Code  
Belden MS 38826-9145

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

Name of Employer NMMCI Occupation  
Physician

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

Date of Receipt

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

Transaction ID: 7620961

Amount of Each Receipt this Period  
1000.00

**C.**

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

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 University of Minnesota Occupation  
Physician

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

Date of Receipt

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

Transaction ID: 7620964

Amount of Each Receipt this Period  
500.00

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

2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 32

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Samuel Pegram		Date of Receipt MM / DD / YYYY 02 / 05 / 2009		
	Mailing Address 44825 Alameda Rd		<b>Transaction ID:</b> 7678354		
	City Houston	State TX	Zip Code 77004-5655	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Information Requested		Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Karen Kolba		Date of Receipt MM / DD / YYYY 02 / 05 / 2009		
	Mailing Address 110 Erna Way		<b>Transaction ID:</b> 7678355		
	City Pismo Beach	State CA	Zip Code 93449	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	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 ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul Romain		Date of Receipt MM / DD / YYYY 02 / 18 / 2009		
	Mailing Address 80 Rangeley Road		<b>Transaction ID:</b> 7689586		
	City Chestnut Hill	State MA	Zip Code 02467	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Cambridge Health Alliance		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: PAGE 8 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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 Cleveland Clinic      Occupation Physician

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	0	/	2	0	0	9

**Transaction ID:** 7691548

Amount of Each Receipt this Period  
250.00

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

Mailing Address 62 Olde Field Road

City State Zip Code  
Newton Centre MA 02459

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

Name of Employer Mass General Physicians Org      Occupation Physician

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	0	/	2	0	0	9

**Transaction ID:** 7691549

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5320 Royal Lane

City State Zip Code  
Dallas TX 75229

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

Name of Employer Rheumatology Associates      Occupation Rheumatologist

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	0	/	2	0	0	9

**Transaction ID:** 7691550

Amount of Each Receipt this Period  
1000.00

**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: PAGE 9 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
David Fox

Mailing Address 200 Barton N. Dr

City State Zip Code  
Ann Arbor MI 48105

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

Name of Employer Occupation  
University of Michigan Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2009

**Transaction ID:** 7691935

Amount of Each Receipt this Period  
250.00

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

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  
MM / DD / YYYY  
02 / 20 / 2009

**Transaction ID:** 7692099

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 5447 Castlewood Dr

City State Zip Code  
Dallas TX 75229

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

Name of Employer Occupation  
Rheumatology Associates Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2009

**Transaction ID:** 7692821

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: PAGE 10 / 32

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Sherine Gabriel

Mailing Address 709 9th Ave SW

City State Zip Code  
Rochester MN 55902

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Mayo Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
0 2 / 2 0 / 2 0 0 9

**Transaction ID:** 7692823

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Leslie Crofford

Mailing Address 1809 Fairway Dr

City State Zip Code  
Lexington KY 40502

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
University of Kentucky Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
0 2 / 2 0 / 2 0 0 9

**Transaction ID:** 7692832

Amount of Each Receipt this Period 500.00

**C.**

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

Mailing Address 9016 Harney

City State Zip Code  
Omaha NE 68114

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Westroads Medical Group Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

**Transaction ID:** 7702753

Amount of Each Receipt this Period 0.00

**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: PAGE 11 / 32  
(check only one)

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

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

**A.**

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

Mailing Address 9016 Harney

City State Zip Code  
Omaha NE 68114

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

Name of Employer Westroads Medical Group Occupation Rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2009

**Transaction ID: 7702808**

Amount of Each Receipt this Period  
1500.00

**B.**

Full Name (Last, First, Middle Initial)  
Eileen Moynihan

Mailing Address 1304 Maple Ave

City State Zip Code  
Haddon Heights NJ 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  
MM / DD / YYYY  
02 / 27 / 2009

**Transaction ID: 7702829**

Amount of Each Receipt this Period  
1000.00

**C.**

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

Mailing Address 110 Erna Way

City State Zip Code  
Pismo Beach CA 93449

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

Name of Employer Self-Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2009

**Transaction ID: 7702830**

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 32

(check only one)

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

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

**A.**

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

Mailing Address 4485 Chippewa CT

City State Zip Code  
Bloomfield Hills MI 48301-1551

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

Name of Employer Occupation  
Self-Employed Physician-Rheumatologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: 7702865

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Audrey Nelson

Mailing Address 2105 Valkyrie Dr. NW

City State Zip Code  
Rochester MN 55901

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

Name of Employer Occupation  
Mayo Clinic Retired Physician

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

Date of Receipt

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

Transaction ID: 7706155

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
George Munoz

Mailing Address 12738 Equestrian Trail

City State Zip Code  
Davie FL 33330

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

Name of Employer Occupation  
Arthritis & Osteo Treatman physician

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

Date of Receipt

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

Transaction ID: 7740790

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 13 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1050 Roundstone Pl

City State Zip Code  
Palm Harbor FL 34698

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

Name of Employer Occupation  
Robert W. Levin MD PA Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 11 / 2009  
Transaction ID: 7740802  
Amount of Each Receipt this Period: 1000.00

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

Mailing Address 609 23rd Street

City State Zip Code  
Santa Monica CA 90402

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

Name of Employer Occupation  
Pacific Arthritis rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 11 / 2009  
Transaction ID: 7740812  
Amount of Each Receipt this Period: 500.00

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

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 ▼ 500.00

Date of Receipt: 03 / 11 / 2009  
Transaction ID: 7740813  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 32  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Edrick Lopez-Enriquez

Mailing Address PO Box 29

City State Zip Code  
Mayaguez PR 00681

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

Name of Employer self Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 11 / 2009  
Transaction ID: 7740817  
Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Timothy Laing

Mailing Address 5522 Warren Road

City State Zip Code  
Ann Arbor MI 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 ▼ 500.00

Date of Receipt: 03 / 11 / 2009  
Transaction ID: 7740818  
Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Elizabeth Tindall

Mailing Address 1255 SW Schaeffer Rd

City State Zip Code  
West Linn OR 97068

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 ▼ 600.00

Date of Receipt: 03 / 11 / 2009  
Transaction ID: 7740823  
Amount of Each Receipt this Period: 500.00

**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: PAGE 15 / 32

(check only one)

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

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

**A.**

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

Mailing Address 20 Crescent Ave

City State Zip Code  
Greenville SC 29605

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Piedmont Arthritis Center Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2009

**Transaction ID:** 7740824

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Max Hamburger

Mailing Address 6 Micole Ct

City State Zip Code  
Dix Hills NY 11746

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Rheum Assoc of Long Island Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2009

**Transaction ID:** 7740826

Amount of Each Receipt this Period 1000.00

**C.**

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

Mailing Address 419 Reilly Road

City State Zip Code  
Cincinnati OH 45215

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Herzig Krall Medical Group Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2009

**Transaction ID:** 7740828

Amount of Each Receipt this Period 1000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 32  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Meera Oza		Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <span style="border: 1px solid black; padding: 2px;">03 / 11 / 2009</span>
Mailing Address 2574 Admirals Walk Dr S		<b>Transaction ID:</b> 7740831
City State Zip Code Orange Park FL 32073-6102	Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span>	
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		
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 ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span>	

**B.**

Full Name (Last, First, Middle Initial) James Engelbrecht		Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <span style="border: 1px solid black; padding: 2px;">03 / 16 / 2009</span>
Mailing Address 4281 Rosemary Lane		<b>Transaction ID:</b> 7744595
City State Zip Code Rapid City SD 57702	Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span>	
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		
Name of Employer Black Hills Orth and Spine Cen	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span>	

**C.**

Full Name (Last, First, Middle Initial) Michael C Schweitz		Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <span style="border: 1px solid black; padding: 2px;">03 / 16 / 2009</span>
Mailing Address 7721 Pine Tree LN		<b>Transaction ID:</b> 7744612
City State Zip Code West Palm Beach FL 33406-7833	Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span>	
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 32

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Fredrick Dietz

Mailing Address 4003 Cushman Close

City State Zip Code  
Rockford IL 61114

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

Name of Employer Occupation  
Rockford Health System Rheumatologist

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

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 16 / 2009

Transaction ID: 7744613

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
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

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

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 16 / 2009

Transaction ID: 7744615

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Raymond Scalettar

Mailing Address 12433 Ansin Circle Drive

City State Zip Code  
Potmac MD 20854

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

Name of Employer Occupation  
George Washington University Clinical Professor

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

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2009

Transaction ID: 7834076

Amount of Each Receipt this Period

250.00

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
James O'Dell

Mailing Address Dept of Internal Medicine  
3534 Pine Street

City State Zip Code  
Omaha NE 68105

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

Name of Employer University of Nebraska Med Ctr      Occupation Rheumatologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 19 / 2009  
Transaction ID: 7875709  
Amount of Each Receipt this Period: 1000.00

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

Mailing Address 3633 Clement

City State Zip Code  
San Francisco CA 94121

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

Name of Employer      Occupation

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 20 / 2009  
Transaction ID: 7876065  
Amount of Each Receipt this Period: 250.00

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

Mailing Address 1752 Walden LN SW

City State Zip Code  
Rochester MN 55902

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

Name of Employer Mayo Clinic      Occupation MD

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 20 / 2009  
Transaction ID: 7876072  
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: PAGE 19 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Audrey Nelson  
Mailing Address 2105 Valkyrie Dr. NW  
City State Zip Code  
Rochester MN 55901  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Mayo Clinic Retired Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt: 05 / 20 / 2009  
Transaction ID: 7876073  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Neil M Sullivan  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Sentara physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt: 05 / 28 / 2009  
Transaction ID: 7882511  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Steven Eyanson  
Mailing Address 3805 Tama St. SE  
City State Zip Code  
Cedar Rapids IA 52403-4557  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Physicians Clinic of Iowa Rheumatologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt: 06 / 01 / 2009  
Transaction ID: 7896183  
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 20 / 32

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mary Moran

Mailing Address 1152 Scott

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Occupation  
Illinois Bone & Joint Inst Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: 7920100

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Amanda Kay Myers

Mailing Address 807 Davis St., Unit 2008

City State Zip Code  
Evanston IL 60201-7103

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

Name of Employer Occupation

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: 7920102

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Patrick Schuette

Mailing Address 1334 West Arthur

City State Zip Code  
Chicago IL 60626

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

Name of Employer Occupation  
Illinois Bone and Joint Inst Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: 7920103

Amount of Each Receipt this Period

1000.00

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

3000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 32  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) C.A. Olson</p> <p>Mailing Address 9000 Waukegan Road</p> <p>City State Zip Code Morton Grove IL 60053</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Illinois Bone and Joint Rheumatologist</p> <p>Occupation Rheumatologist</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 08 / 2009</span></p> <p><b>Transaction ID:</b> 7920105</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) William Arnold</p> <p>Mailing Address 751 Michigan Ave</p> <p>City State Zip Code Wilmette IL 60091</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Illinois Bone and Joint Inst</p> <p>Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 08 / 2009</span></p> <p><b>Transaction ID:</b> 7920106</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
---	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Gerald Eisenberg</p> <p>Mailing Address 2003 Old Briar Road</p> <p>City State Zip Code Highland Park IL 60035</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Illinois Bone and Joint Instit</p> <p>Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 08 / 2009</span></p> <p><b>Transaction ID:</b> 7920107</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">3000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 22 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Roy Fleischmann

Mailing Address 3401 Lee Pkwy Apt 903

City State Zip Code  
Dallas TX 75219

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

Name of Employer Occupation  
Rheumatology Associates Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2009

**Transaction ID:** 7924992

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3701 E Union St.

City State Zip Code  
Seattle WA 98122-3456

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2009

**Transaction ID:** 7924995

Amount of Each Receipt this Period  
300.00

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

Mailing Address 1753 NW 126 Dr.

City State Zip Code  
Coral Springs FL 33071

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

Name of Employer Occupation  
Arthritis Specialists, PA Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2009

**Transaction ID:** 7987800

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 32		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary L. Olsen		Date of Receipt MM / DD / YYYY 06 / 23 / 2009		
	Mailing Address 2550 Ashley Ave		<b>Transaction ID:</b> 7990054		
	City Beaumont	State TX	Zip Code 77702	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer self Occupation Rheumatologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Charles Franklin		Date of Receipt MM / DD / YYYY 06 / 23 / 2009		
	Mailing Address 606 Meadowview CT		<b>Transaction ID:</b> 7990326		
	City Ambler	State PA	Zip Code 19002	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Rheumatic Disease Assoc Occupation Rheumatologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Neal Birnbaum		Date of Receipt MM / DD / YYYY 06 / 26 / 2009		
	Mailing Address 97 Carte Alejo		<b>Transaction ID:</b> 8010692		
	City Greenbrag	State CA	Zip Code 94904	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
	Name of Employer Pacific Rheumatology Asso- ciate Occupation Rheumatologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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: PAGE 24 / 32

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven Eyanson	Date of Receipt MM / DD / YYYY 06 / 26 / 2009
	Mailing Address 3805 Tama St. SE	<b>Transaction ID:</b> 8010695
	City State Zip Code Cedar Rapids IA 52403-4557	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Physicians Clinic of Iowa	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Cathy Chapman	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 5210 Poplar Ave, Ste. 150	<b>Transaction ID:</b> 8014910
	City State Zip Code Memphis TN 38119	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Rheumatology & Derm Assoc.	Occupation rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Everett Allen	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 19272 Stone Oak Pkwy, Ste. 101	<b>Transaction ID:</b> 8014917
	City State Zip Code San Antonio TX 78258	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer	Occupation	
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) .....	<b>850.00</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 25 / 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2009

**Transaction ID:** 8091860

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Samuel Pegram

Mailing Address 44825 Almeda Rd

City State Zip Code  
Houston TX 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) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2009

**Transaction ID:** 8093808

Amount of Each Receipt this Period  
0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B  
Totaling \$250.00 This changes the YTD Total to \$0.-00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	31950.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 32  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

**A.**

Full Name (Last, First, Middle Initial)  
American College of Rheumatology

Mailing Address

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 ▼  
227.15

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2009

**Transaction ID:** 7706168

Amount of Each Receipt this Period  
156.37

**B.**

Full Name (Last, First, Middle Initial)  
American College of Rheumatology

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 ▼  
310.79

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 7781176

Amount of Each Receipt this Period  
83.64

**C.**

Full Name (Last, First, Middle Initial)  
American College of Rheumatology

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 ▼  
858.03

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2009

**Transaction ID:** 7920641

Amount of Each Receipt this Period  
547.24

reconcile April and May

**SUBTOTAL** of Receipts This Page (optional) ..... ► **787.25**

**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 27 / 32	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) American College of Rheumatology		Date of Receipt
Mailing Address		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID:</b> 8014908
Name of Employer		Amount of Each Receipt this Period <input type="text" value="45.55"/>
Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="903.58"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="45.55"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="832.80"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 32

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)  
Samuel Pegram

Mailing Address 44825 Almeda Rd

City Houston State TX Zip Code 77004-5655

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 7602989  
Date of Disbursement

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

Amount of Each Disbursement this Period

250.00
--------

010  
Category/  
Type

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

250.00

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

250.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 32

<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

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc</p> <p>Mailing Address 6850 Austin Centre Blvd Suite 180</p> <p>City Austin State TX Zip Code 78731</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Sen. John Cornyn</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District:</p>	<p><b>Transaction ID:</b> 7822408 <b>Date of Disbursement</b> 04 / 09 / 2009</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2000.00</span></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Boucher For Congress Committee</p> <p>Mailing Address PO Box 2000</p> <p>City Abingdon State VA Zip Code 24212</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Rick Boucher</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 09</p>	<p><b>Transaction ID:</b> 7833115 <b>Date of Disbursement</b> 04 / 27 / 2009</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Richard Burr Committee; The</p> <p>Mailing Address Post Office Box 5928</p> <p>City Winston-Salem State NC Zip Code 27113</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Sen. Richard Burr</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:</p>	<p><b>Transaction ID:</b> 7844946 <b>Date of Disbursement</b> 05 / 07 / 2009</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>

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

**4000.00**

**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)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln Mailing Address PO Box 3197 City Little Rock State AR Zip Code 72203 Purpose of Disbursement 2010 General Candidate Name Sen. Blanche Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7896562 Date of Disbursement 06 / 02 / 2009
	Amount of Each Disbursement this Period 1000.00
	2010 General
	Category/ Type 011

<b>B.</b> Full Name (Last, First, Middle Initial) Price For Congress Mailing Address P.O. Box 425 City Roswell State GA Zip Code 30077 Purpose of Disbursement Candidate Name Rep. Thomas Price, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7920181 Date of Disbursement 06 / 08 / 2009
	Amount of Each Disbursement this Period 1000.00
	2010 General
	Category/ Type 011

<b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln Mailing Address PO Box 3197 City Little Rock State AR Zip Code 72203 Purpose of Disbursement July 8 Event Candidate Name Sen. Blanche Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8048849 Date of Disbursement 06 / 30 / 2009
	Amount of Each Disbursement this Period 1000.00
	July 8 Event
	Category/ Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	7000.00

**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)

A.	Full Name (Last, First, Middle Initial) SunTrust Bank Charges	Transaction ID: 8076869 Date of Disbursement
	Mailing Address PO Box 622227	<input type="text" value="02"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="101.26"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SunTrust Bank Charges	Transaction ID: 8076870 Date of Disbursement
	Mailing Address PO Box 622227	<input type="text" value="03"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement March credit card fees	<input type="text" value="293.86"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SunTrust Bank Charges	Transaction ID: 8076872 Date of Disbursement
	Mailing Address PO Box 622227	<input type="text" value="05"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement May credit card fees	<input type="text" value="45.55"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="440.67"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

PAGE 32 / 32

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

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

A.

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

Transaction ID: 8076873  
Date of Disbursement

Mailing Address PO Box 622227

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

City Orlando State FL Zip Code 32862-2227

Amount of Each Disbursement this Period

140.86
--------

Purpose of Disbursement  
June credit card fees

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

June credit card fees

State: District:

B.

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

Transaction ID: 8076875  
Date of Disbursement

Mailing Address PO Box 622227

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

City Orlando State FL Zip Code 32862-2227

Amount of Each Disbursement this Period

253.38
--------

Purpose of Disbursement  
April credit card fees

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

April credit card fees

State: District:

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

394.24
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TOTAL This Period (last page this line number only) ..... ►

834.91
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