

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. **12FE4M5**
American College of Rheumatology (RheumPAC)

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 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 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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2017 through [MM] / [DD] / [YYYY] 12 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Palmer, William, , Dr.,
Type or Print Name of Treasurer

Signature of Treasurer Palmer, William, , Dr., [Electronically Filed] Date [MM] / [DD] / [YYYY] 01 / 30 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2017"/>	<input type="text" value="259514.11"/>	<input type="text" value="259514.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="257750.82"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="70664.28"/>	<input type="text" value="133714.07"/>
(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="328415.10"/>	<input type="text" value="393228.18"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="53487.18"/>	<input type="text" value="118300.26"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="274927.92"/>	<input type="text" value="274927.92"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	59241.10	116041.10
(ii) Unitemized	9987.00	14552.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	69228.10	130593.10
(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)	69228.10	130593.10
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.).....	1436.18	3120.97
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)).....▶	70664.28	133714.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	70664.28	133714.07

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.....	44000.00	107000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	9487.18	11300.26
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	53487.18	118300.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53487.18	118300.26

DETAILED SUMMARY PAGE
of Disbursements

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)	69228.10	130593.10
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69228.10	130593.10
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 57
<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

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. Oza, Meera, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100, Kingsley Avenue
 City Orange Park State FL Zip Code 32073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis & Osteoporosis Treatment Cen Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 02 / 2017
Transaction ID : 14985455
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Yonker, Richard, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1424 Cedar Bay Lane
 City Sarasota State FL Zip Code 34231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Englewood Arthritis Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 14 / 2017
Transaction ID : 15011875
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Cruz, Nilsa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2901 W KK River Pkwy Ste. 301
 City Milwaukee State WI Zip Code 53215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Milwaukee Rheumatology Center Occupation (for Individual) Practice Admin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 07 / 17 / 2017
Transaction ID : 15015356
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4500.00
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 7 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Gewanter, Harry, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3805 Cutshaw Ave
Apt 510

City Richmond State VA Zip Code 23230-3940

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

Name of Employer (for Individual) Retired Occupation (for Individual) Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 19 / 2017
Transaction ID : 15015657

Amount of Each Receipt this Period 250.00

Memo Item

B. White, Douglas, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3111 Gundersen Dr

City Onalaska State WI Zip Code 54650

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

Name of Employer (for Individual) Onalaska Clinic Occupation (for Individual) Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 14 / 2017
Transaction ID : 15018452

Amount of Each Receipt this Period 200.00

Memo Item

C. Isaacs, Emily, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 909 9th Ave #300

City Fort Worth State TX Zip Code 76104

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

Name of Employer (for Individual) Forth Worth Clinic PA Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 23 / 2017
Transaction ID : 15018453

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Flood, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 751 Jaeger Street
 City Columbus State OH Zip Code 43206-2272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbus Arthritis Center Occupation (for Individual) Physician Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 03 / 2017**
Transaction ID : 15031877
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Palmer, William, Rodney, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9016 Harney
 City Omaha State NE Zip Code 68114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Westroads Rheumatology Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **08 / 07 / 2017**
Transaction ID : 15046464
 Amount of Each Receipt this Period 2000.00
 Memo Item

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

Date of Receipt **08 / 04 / 2017**
Transaction ID : 15046465
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Ashman, Robert, F, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 206 West Park Road

City Iowa City	State IA	Zip Code 52246-2308
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Iowa	Occupation (for Individual) Retired
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2017

Transaction ID : 15058753

Amount of Each Receipt this Period
225.00

Memo Item

B. White, Douglas, W, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3111 Gundersen Dr

City Onalaska	State WI	Zip Code 54650
------------------	-------------	-------------------

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

Name of Employer (for Individual) Onalaska Clinic	Occupation (for Individual) Rheumatologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2017

Transaction ID : 15058754

Amount of Each Receipt this Period
300.00

Memo Item

C. Epstein, Alan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1749 Country Club Dr.

City Cherry Hill	State NJ	Zip Code 08003
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Pennsylvania Hospital	Occupation (for Individual) 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
08		14		2017

Transaction ID : 15058758

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	825.00
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 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Borenstein, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2021 K Street NW
 Suite 300
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis and Rheumatism Assoc Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **09 / 01 / 2017**
Transaction ID : 15099146
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Beall, Ashley, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4601 Cheltenham Drive
 City Bethesda State MD Zip Code 20814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis and Rheumatism Associates, P Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 01 / 2017**
Transaction ID : 15112762
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Levin, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 Roundstone PI
 City Palm Harbor State FL Zip Code 34698
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Robert W. Levin MD PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 25 / 2017**
Transaction ID : 15112775
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 57
	<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	

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. Smith, Brett, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 562 Stone Villa Lane

City Farragut	State TN	Zip Code 37934
------------------	-------------	-------------------

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

Name of Employer (for Individual) East Tennessee Medical Group	Occupation (for Individual) 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
09		25		2017

Transaction ID : 15112778

Amount of Each Receipt this Period
200.00

Memo Item

B. Blumstein, Howard, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Rheumatology Associates of Long Is
315 Middle Country Rd

City Smithtown	State NY	Zip Code 11787
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rheum Associates of Long Island	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
518.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 15112782

Amount of Each Receipt this Period
518.00

Memo Item

C. Graham, Lee, Douglas, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2650 N. Lakeview, Apt. 2301

City Chicago	State IL	Zip Code 60614
-----------------	-------------	-------------------

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

Name of Employer (for Individual) DuPage Medical Group	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 15112784

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1718.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 57
<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

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. Holers, V, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1775 Aurora Ct.
 City Aurora State CO Zip Code 80045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Colorado School of Medic Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 10 / 2017
Transaction ID : 15133097
 Amount of Each Receipt this Period 300.00
 Memo Item
 Chk #3415

B. White, Douglas, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3111 Gundersen Dr
 City Onalaska State WI Zip Code 54650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Onalaska Clinic Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2017
Transaction ID : 15135679
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Marchetta, Paula, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Park Ave
 City New York State NY Zip Code 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Concorde Medical Group, PLLC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2017
Transaction ID : 15139660
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 57
	<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

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. DeMarco, Paul, J., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17620 Goose Creek Road

City Olney	State MD	Zip Code 20832-2161
---------------	-------------	------------------------

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

Name of Employer (for Individual) Arthritis & Rheumatism Association PC	Occupation (for Individual) 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
10		23		2017

Transaction ID : 15141285

Amount of Each Receipt this Period
1000.00

Memo Item

B. Dhar, Rajat, , , MD, FACR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 442 Commons Way

City Toms River	State NJ	Zip Code 08755
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Atlantic Coast Rheumatology PC	Occupation (for Individual) 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
10		19		2017

Transaction ID : 15154839

Amount of Each Receipt this Period
250.00

Memo Item

C. Furie, Richard, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 86 Andrew Road

City Manhasset	State NY	Zip Code 11030
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Northwell Health	Occupation (for Individual) 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
10		29		2017

Transaction ID : 15156690

Amount of Each Receipt this Period
250.00

Memo Item

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 14 OF 57
	<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	

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. Worthing, Angus, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5025 Sherier Place NW
 City Washington State DC Zip Code 20016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis and Rheumatism Associates, P Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2166.00

Date of Receipt 11 / 04 / 2017
Transaction ID : 15161908
 Amount of Each Receipt this Period 166.00
 Memo Item

B. Gewanter, Harry, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3805 Cutshaw Ave Apt 510
 City Richmond State VA Zip Code 23230-3940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 05 / 2017
Transaction ID : 15161911
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Beale, Donah, Zack, Mrs,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1417 Gentlemens Way
 City Dresher State PA Zip Code 19025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Arthritis Group Occupation (for Individual) Research Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 05 / 2017
Transaction ID : 15162211
 Amount of Each Receipt this Period 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	616.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

A. Alexander, Haddon, C, Dr, III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1206 Partridge Lane
 City Charlottesville State VA Zip Code 22901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2017
Transaction ID : 15162214
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Field, Richard, S, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3126 Exeter Road
 City Augusta State GA Zip Code 30909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Augusta Arthritis Center Inc Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2017
Transaction ID : 15162218
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Kennedy, Stacy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 644 Georgetown Drive NW
 City Concord State NC Zip Code 28027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rowan Diagnostic Clinic Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2017
Transaction ID : 15162228
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 16 OF 57
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Klein, Steven, J, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4207 Palomino Court

City Middletown	State MD	Zip Code 21769
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Klein & Associates, MD, PA	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2017

Transaction ID : 15162232

Amount of Each Receipt this Period
3000.00

Memo Item

B. Bergman, Martin, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Morton Ave
Ste 304

City Ridley Park	State PA	Zip Code 19078-2216
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Arthritis and Rheumatology	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2017

Transaction ID : 15162234

Amount of Each Receipt this Period
250.00

Memo Item

C. Evangelisto, Amy, M, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 528 Bartram Road

City Moorestown	State NJ	Zip Code 08057
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis, Rheumatic and Back Disease	Occupation (for Individual) Rheumatologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2017

Transaction ID : 15162247

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 57
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

A. Danila, Maria, Ioana, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3865 Ross Park Drive
 City Hoover State AL Zip Code 35226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAB Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2017
Transaction ID : 15162249
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Herzig, Edward, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2121 Alpine Place 703
 City Cincinnati State OH Zip Code 45206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 11 / 06 / 2017
Transaction ID : 15164997
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Silver, Arielle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Pawtucket Drive
 City Cherry Hill State NJ Zip Code 08003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis, Rheumatic and Back Disease Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2017
Transaction ID : 15164999
 Amount of Each Receipt this Period 250.00
 Memo Item

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 18 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

A. Weeks, Alicia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 813 Forest Park Dr.
 City Galloway State NJ Zip Code 08205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis, Rheumatic & Back Disease As Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : 15165001
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Gonter, Neil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 396 Terhune ave
 City Passaic State NJ Zip Code 07055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheumatology Associates of North Jerse Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : 15165008
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Feldman, Madelaine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 Amethyst St
 City New Orleans State LA Zip Code 70124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Rheumatology Group Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : 15165084
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 19 OF 57
	<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	

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. Sampson, Roy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2784 N Brookbury Xing

City Fayetteville	State AR	Zip Code 72703
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Washington Regional Medical Center	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2017

Transaction ID : 15165088

Amount of Each Receipt this Period
200.00

Memo Item

B. Limanni, Alex, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9201 Westwind Court

City Dallas	State TX	Zip Code 75231
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2017

Transaction ID : 15165090

Amount of Each Receipt this Period
500.00

Memo Item

C. Wright, Grace, C, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 345 37th Street
Suite #303C

City New York	State NY	Zip Code 10016-3256
------------------	-------------	------------------------

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

Name of Employer (for Individual) Grace C Wright MD PC	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2017

Transaction ID : 15165097

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 57
<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

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. Starz, Terence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 179 Woodshire Drive
 City Pittsburgh State PA Zip Code 15215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pittsburgh Medical Centre Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 07 / 2017
Transaction ID : 15168189
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Bass, Anne, R, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital for Special Surgery Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2017
Transaction ID : 15171583
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Gordon, Judith, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2121 Klockner Road
 City Hamilton State NJ Zip Code 08690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Richard D Gordon MD PA Occupation (for Individual) Practice Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 13 / 2017
Transaction ID : 15189416
 Amount of Each Receipt this Period 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 57
<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

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. Zahabi, Fehmida, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6300 Stonewood Dr. #412

City Plano	State TX	Zip Code 75024
---------------	-------------	-------------------

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

Name of Employer (for Individual) Texas Rheumatology Care	Occupation (for Individual) Rheumatologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2017

Transaction ID : 15189604

Amount of Each Receipt this Period
1000.00

Memo Item

B. Kassin, Stuart, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9940 E Progress Cir

City Greenwood Village	State CO	Zip Code 80111
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) Colorado Arthritis Associates	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2017

Transaction ID : 15189605

Amount of Each Receipt this Period
2000.00

Memo Item

C. Hauptman, Howard, Warren, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1504 Pinnacle Rd

City Baltimore	State MD	Zip Code 21286
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rheumatology Associates of Baltimore	Occupation (for Individual) Physician
---	--

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
11	/	20	/	2017

Transaction ID : 15190939

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 57
	<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	

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. White, Stephen, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Stirrup Lane

City Bell Canyon	State CA	Zip Code 91307
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Stephen White, MD	Occupation (for Individual) Rheumatologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2017

Transaction ID : 15204728

Amount of Each Receipt this Period
250.00

Memo Item

B. Marinescu, Luiziana, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Jefferson Landing Circle

City Jefferson	State NY	Zip Code 11777
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rheumatology Associates of Long Island	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2017

Transaction ID : 15204730

Amount of Each Receipt this Period
500.00

Memo Item

C. Pearson, Mark, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 W. Lodgewood Ct.

City Milwaukee	State WI	Zip Code 53217
-------------------	-------------	-------------------

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

Name of Employer (for Individual) West Suburban Center for Arthritis	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2017

Transaction ID : 15204732

Amount of Each Receipt this Period
1000.00

Memo Item

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 23 OF 57
	<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

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. Hollander, Adrienne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2309 Evesham Rd.
 Suite 101
 City Voorhees State NJ Zip Code 08043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis Rheumatic and Back Disease Occupation (for Individual) Rheumatology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 28 / 2017**
Transaction ID : 15204734
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Friedman, Alan, W, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1651 Daybreak Dr
 City Libertyville State IL Zip Code 60048-4283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AbbVie Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 29 / 2017**
Transaction ID : 15204751
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Kolasinski, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 545 Hansell Road
 City Wynnewood State PA Zip Code 19096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pennsylvania Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 29 / 2017**
Transaction ID : 15204864
 Amount of Each Receipt this Period 500.00
 Memo Item

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 24 OF 57
	<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

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. Kazi, Salahuddin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4029 Stanford Ave
 City Dallas State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Southwestern Occupation (for Individual) 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
 11 / 29 / 2017
Transaction ID : 15204988
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Bridges, S. Louis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2920 Balmoral Rd
 City Birmingham State AL Zip Code 35223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Alabama at Birmingham Occupation (for Individual) MD, PhD - Director
 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
 11 / 29 / 2017
Transaction ID : 15204990
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Thomas, Nicole, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6630 McLean CT
 City McLean State VA Zip Code 22101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis & Rheumatism Associate Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2017
Transaction ID : 15204995
 Amount of Each Receipt this Period 500.00
 Memo Item

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 25 OF 57
<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

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. Cush, John, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 N. Central Expressway
 City Dallas State TX Zip Code 75231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor Research Institute Occupation (for Individual) Director Clinical Rheumatology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 29 / 2017
Transaction ID : 15204997
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Phillips, Christopher, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 Pershing Way
 City Paducah State KY Zip Code 42001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paducah Rheumatology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 29 / 2017
Transaction ID : 15205003
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Schweitz, Michael, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7721 Pine Tree LN
 City West Palm Beach State FL Zip Code 33406-7833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 30 / 2017
Transaction ID : 15205976
 Amount of Each Receipt this Period 500.00
 Memo Item

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 26 OF 57
	<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

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. Dilorio, Emma, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14995 Shady Grove Road
Suite 250

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis & Rheumatism Associates	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

Transaction ID : 15206199

Amount of Each Receipt this Period
250.00

Memo Item

B. Kenney, Howard, M, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 W 8th Ave

City Spokane	State WA	Zip Code 99204
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis Northwest	Occupation (for Individual) Rheumatologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

Transaction ID : 15206206

Amount of Each Receipt this Period
1000.00

Memo Item

C. Edgerton, Colin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 927 Blue Crab Way

City Mount Pleasant	State SC	Zip Code 29464
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Articularis Healthcare	Occupation (for Individual) Physician
---	--

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
12	/	02	/	2017

Transaction ID : 15206399

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Tindall, Elizabeth, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1255 SW Schaeffer Road

City West Linn	State OR	Zip Code 97068
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rheumatology Consultants of Oregon, LL	Occupation (for Individual) 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
12		03		2017

Transaction ID : 15206402

Amount of Each Receipt this Period
500.00

Memo Item

B. Worthing, Angus, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5025 Sherier Place NW

City Washington	State DC	Zip Code 20016
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis and Rheumatism Associates, P	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2332.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2017

Transaction ID : 15209003

Amount of Each Receipt this Period
166.00

Memo Item

C. Winkler, Anne, E, , MD, PhD, M
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1621 S Delaware Ave

City Springfield	State MO	Zip Code 65804
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Winkler Medical Practice LLC	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2017

Transaction ID : 15209048

Amount of Each Receipt this Period
750.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1416.00
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 28 OF 57
<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

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. Lechner, Benjamin, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2163 NE 203 Terrace

City Miami	State FL	Zip Code 33009
---------------	-------------	-------------------

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

Name of Employer (for Individual) Benjamin Lechner, MD, FACP	Occupation (for Individual) 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
12		04		2017

Transaction ID : 15209132

Amount of Each Receipt this Period
500.00

Memo Item

B. Gewanter, Harry, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3805 Cutshaw Ave
Apt 510

City Richmond	State VA	Zip Code 23230-3940
------------------	-------------	------------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) Rheumatologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2017

Transaction ID : 15209141

Amount of Each Receipt this Period
100.00

Memo Item

C. Herzig, Edward, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2121 Alpine Place
703

City Cincinnati	State OH	Zip Code 45206
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) Rheumatologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3184.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2017

Transaction ID : 15209681

Amount of Each Receipt this Period
184.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	784.00
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 29 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Flood, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 751 Jaeger Street
 City Columbus State OH Zip Code 43206-2272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbus Arthritis Center Occupation (for Individual) Physician Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 434.00

Date of Receipt 12 / 05 / 2017
Transaction ID : 15209702
 Amount of Each Receipt this Period 184.00
 Memo Item

B. Desir, Deborah, D., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3018 Dixwell Ave.
 City Hamden State CT Zip Code 06518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis and Osteoporosis PC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 05 / 2017
Transaction ID : 15209748
 Amount of Each Receipt this Period 100.00
 Memo Item

c. Worthing, Angus, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5025 Sherier Place NW
 City Washington State DC Zip Code 20016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis and Rheumatism Associates, P Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2480.00

Date of Receipt 12 / 05 / 2017
Transaction ID : 15210096
 Amount of Each Receipt this Period 148.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	432.00
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 30 OF 57
<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

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. Sivaraman, Padmapriya, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5811 Waters Edge Drive
 City Irving State TX Zip Code 75039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheumatology Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 05 / 2017
Transaction ID : 15210106
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Blumstein, Howard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Rheumatology Associates of Long Is 315 Middle Country Rd
 City Smithtown State NY Zip Code 11787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheum Associates of Long Island Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.00

Date of Receipt 12 / 05 / 2017
Transaction ID : 15210108
 Amount of Each Receipt this Period 148.00
 Memo Item

C. Blumstein, Howard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Rheumatology Associates of Long Is 315 Middle Country Rd
 City Smithtown State NY Zip Code 11787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheum Associates of Long Island Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 676.00

Date of Receipt 12 / 05 / 2017
Transaction ID : 15210112
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	258.00
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 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. King II, Charles, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 179 Edgewater Cv
 City Belden State MS Zip Code 38826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Mississippi Medical Center Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2092.00

Date of Receipt 12 / 06 / 2017
Transaction ID : 15210258
 Amount of Each Receipt this Period 92.00
 Memo Item

B. Gewanter, Harry, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3805 Cutshaw Ave Apt 510
 City Richmond State VA Zip Code 23230-3940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 792.00

Date of Receipt 12 / 06 / 2017
Transaction ID : 15210260
 Amount of Each Receipt this Period 92.00
 Memo Item

C. Huston, Kent, Kwas, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2517 W. 118th St.
 City Leawood State KS Zip Code 66211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kansas City Physician Partners Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 12 / 06 / 2017
Transaction ID : 15210281
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	334.00
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 57
	<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	

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. Majjhoo, Amar, Q, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1084 Jefferson Drive
 City Troy State MI Zip Code 48084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shores Rheumatology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 08 / 2017
Transaction ID : 15221445
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Sharma, Anu, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5500 Friendship Blvd 1103N
 City Chevy Chase State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center of Rheumatic Diseases Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 08 / 2017
Transaction ID : 15221490
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Morris, Christopher, Richard, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 Hanover Ct
 City Kingsport State TN Zip Code 37660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 08 / 2017
Transaction ID : 15221586
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
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 33 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Kuhn, Kristine, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Mail Stop B115
1775 Aurora Court, Room 3102C

City Aurora	State CO	Zip Code 80045
----------------	-------------	-------------------

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

Name of Employer (for Individual) University of Colorado, Denver	Occupation (for Individual) 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
12		08		2017

Transaction ID : 15221599

Amount of Each Receipt this Period
250.00

Memo Item

B. Plata, Carlos, A, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7812 Lindsey Lane

City Amarillo	State TX	Zip Code 79121-1931
------------------	-------------	------------------------

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

Name of Employer (for Individual) Amarillo Medical Specialists	Occupation (for Individual) 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
12		10		2017

Transaction ID : 15221797

Amount of Each Receipt this Period
500.00

Memo Item

C. Siegel, Evan, L, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10821 Willow Run Court

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis and Rheumatism Associates, p	Occupation (for Individual) 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
12		11		2017

Transaction ID : 15227556

Amount of Each Receipt this Period
250.00

Memo Item

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 34 OF 57
<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

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. Melton, Gwenesta, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 443 Harlow Dr
 City Fayetteville State NC Zip Code 28314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LaFayetteville Clinic Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 12 / 12 / 2017
Transaction ID : 15227804
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Baraf, Herbert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2730 University Blvd W Ste 310
 City Wheaton State MD Zip Code 20902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis & Rheumatism Associates, P.C Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1698.00

Date of Receipt 12 / 14 / 2017
Transaction ID : 15228070
 Amount of Each Receipt this Period 198.00
 Memo Item

C. Baraf, Herbert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2730 University Blvd W Ste 310
 City Wheaton State MD Zip Code 20902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis & Rheumatism Associates, P.C Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3198.00

Date of Receipt 12 / 14 / 2017
Transaction ID : 15228072
 Amount of Each Receipt this Period 1500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1998.00
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 35 OF 57
	<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

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. Potter, Jeffrey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10300 Brookmoor Drive

City Silver Spring	State MD	Zip Code 20901
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis & Rheumatism Associates	Occupation (for Individual) 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
12		14		2017

Transaction ID : 15228075

Amount of Each Receipt this Period
250.00

Memo Item

B. Upchurch, Katherine, S, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 207 Musketaquid Road

City Concord	State MA	Zip Code 01742
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UMass Memorial Medical Center	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1076.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : 15233724

Amount of Each Receipt this Period
826.00

Memo Item

C. Smith, Brett, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 562 Stone Villa Lane

City Farragut	State TN	Zip Code 37934
------------------	-------------	-------------------

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

Name of Employer (for Individual) East Tennessee Medical Group	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
434.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2017

Transaction ID : 15233735

Amount of Each Receipt this Period
184.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1260.00
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 36 OF 57
	<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	

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. Masi, Alfonse, T., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Illini Dr.
PO Box 1649

City Peoria State IL Zip Code 61656

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

Name of Employer (for Individual) University of Illinois Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 04 / 2017**

Transaction ID : 15233773

Amount of Each Receipt this Period 250.00

Memo Item

Chk #8843

B. Cruz, Nilsa, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2901 W KK River Pkwy
Ste. 301

City Milwaukee State WI Zip Code 53215

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

Name of Employer (for Individual) Milwaukee Rheumatology Center Occupation (for Individual) Practice Admin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2420.00

Date of Receipt **12 / 18 / 2017**

Transaction ID : 15235100

Amount of Each Receipt this Period 170.00

Memo Item

C. Fahey, Sean, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Steeplechase Ave

City Mooresville State NC Zip Code 28117

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

Name of Employer (for Individual) Piedmont HealthCare Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 19 / 2017**

Transaction ID : 15239456

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	670.00
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 37 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Wise, Barton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1115 Los Robles St
 City Davis State CA Zip Code 95618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of California Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 12 / 20 / 2017
Transaction ID : 15239836
 Amount of Each Receipt this Period 525.00
 Memo Item

B. Robinson, William, , Dr., MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 269 Campus Drive
 City Stanford State CA Zip Code 94305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stanford University School of Medicine Occupation (for Individual) Associate Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1276.00

Date of Receipt 12 / 20 / 2017
Transaction ID : 15244846
 Amount of Each Receipt this Period 276.00
 Memo Item

C. Jessee, Edgar, F, Dr, Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 Johnston Willis Dr S 1200
 City Richmond State VA Zip Code 23235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis Specialists LTD Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 20 / 2017
Transaction ID : 15244850
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1051.00
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 38 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Kolba, Karen, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 Erna Way

City Pismo Beach	State CA	Zip Code 93449
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2017

Transaction ID : 15244875

Amount of Each Receipt this Period
100.00

Memo Item

B. Brown, Calvin, R, , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2314 W Palmer

City Chicago	State IL	Zip Code 60647
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) 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
12	/	22	/	2017

Transaction ID : 15246449

Amount of Each Receipt this Period
250.00

Memo Item

C. Chapman, Cathy, M, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 432 Williamsburg Lane

City Memphis	State TN	Zip Code 38117
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Rheumatology and Dermatology Associate	Occupation (for Individual) 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
12	/	22	/	2017

Transaction ID : 15246456

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 39 OF 57
<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

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. Rosenberg, Robert, Lawrence, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6425 Goldleaf Drive
 City Bethesda State MD Zip Code 20817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis and Rheumatism Associates Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 24 / 2017
Transaction ID : 15246459
 Amount of Each Receipt this Period 1500.00
 Memo Item

B. Birnbaum, Neal, S, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 97 Corte Alejo
 City Greenbrae State CA Zip Code 94904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 24 / 2017
Transaction ID : 15246463
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Coutlakis, Peter, J, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10005 Ashbridge Place
 City Richmond State VA Zip Code 23238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis Specialists Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 26 / 2017
Transaction ID : 15246685
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 57
<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

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. Gelfand, Gilbert, F., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2723 Manning Ave

City Los Angeles	State CA	Zip Code 90064-4354
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Gilbert F. Gelfand, MD	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

Transaction ID : 15246687

Amount of Each Receipt this Period
250.00

Memo Item

B. Boackle, Susan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2275 Hudson Street

City Denver	State CO	Zip Code 80207-3847
----------------	-------------	------------------------

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

Name of Employer (for Individual) University of Colorado School of Medic	Occupation (for Individual) Academic 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
12	/	29	/	2017

Transaction ID : 15253067

Amount of Each Receipt this Period
250.00

Memo Item

C. Oza, Meera, R., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2100, Kingsley Avenue

City Orange Park	State FL	Zip Code 32073
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis & Osteoporosis Treatment Cen	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2184.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

Transaction ID : 15253095

Amount of Each Receipt this Period
184.10

Memo Item

SUBTOTAL of Receipts This Page (optional).....	684.10
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 41 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Hargrove, Jody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1293 Yukon Court N
 City Golden Valley State MN Zip Code 55427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis and Rheumatology Consultants Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2230.00

Date of Receipt 12 / 29 / 2017
Transaction ID : 15253189
 Amount of Each Receipt this Period 230.00
 Memo Item

B. Daikh, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3633 Clement St
 City San Francisco State CA Zip Code 94121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCSF Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 29 / 2017
Transaction ID : 15253234
 Amount of Each Receipt this Period 250.00
 Memo Item

C. May, Jennifer, K, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3809 Ponderosa Court
 City Rapid City State SD Zip Code 57702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 29 / 2017
Transaction ID : 15253250
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	730.00
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 42 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Sinha, Jayashree, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 Sandpiper Ct
 City Clovis State NM Zip Code 88101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jayashree Sinha, MD Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 30 / 2017
Transaction ID : 15253307
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Von Feldt, Joan Marie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 716 Taunton Road
 City Wilmington State DE Zip Code 19803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pennsylvania/Philadelphi Occupation (for Individual) Professor of Medicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1092.00

Date of Receipt 12 / 31 / 2017
Transaction ID : 15253315
 Amount of Each Receipt this Period 92.00
 Memo Item

C. Carrasco, Ruy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2105 Antone ST
 City Austin State TX Zip Code 78723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Dell Medical School Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2017
Transaction ID : 15253323
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	842.00
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 43 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Kimmel, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5330 N. 37th Street
 City Hollywood State FL Zip Code 33021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Broward Rheumatology Occupation (for Individual) Physician
 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
 12 / 31 / 2017
Transaction ID : 15253326
 Amount of Each Receipt this Period
 2000.00
 Memo Item

B. Schulman, Paul, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Tavern Way
 City Setauket State NY Zip Code 11733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheumatology Associates of Long Island Occupation (for Individual) 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
 12 / 31 / 2017
Transaction ID : 15253332
 Amount of Each Receipt this Period
 250.00
 Memo Item

c. Singer, Nora, G, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 PEPPER CREEK DRIVE
 City PEPPER PIKE State OH Zip Code 44124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Metrohealth System Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : 15253335
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2275.00
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 44 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Mullins, William, W., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8722 Hickory Bend Trail

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Center for Rheumatic Disease & Osteopo	Occupation (for Individual) Fellow
---	---------------------------------------

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
12		31		2017

Transaction ID : 15253337

Amount of Each Receipt this Period
2000.00

Memo Item

B. Kassin, Stuart, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9940 E Progress Cir

City Greenwood Village	State CO	Zip Code 80111
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) Colorado Arthritis Associates	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2148.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2017

Transaction ID : 15255986

Amount of Each Receipt this Period
148.00

Memo Item

Chk #9554

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2148.00
TOTAL This Period (last page this line number only).....	59241.10

**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 45 OF 57
<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

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. American College of Rheumatology
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) _____ Occupation (for Individual) _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2641.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

Transaction ID : 15025097

Amount of Each Receipt this Period
956.77

Memo Item

B. American College of Rheumatology
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) _____ Occupation (for Individual) _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2760.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

Transaction ID : 15235006

Amount of Each Receipt this Period
119.05

Memo Item

Chk #098906

C. American College of Rheumatology
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) _____ Occupation (for Individual) _____

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2920.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

Transaction ID : 15235065

Amount of Each Receipt this Period
159.83

Memo Item

Chk #099099

SUBTOTAL of Receipts This Page (optional).....	1235.65
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 46 OF 57
<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

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. American College of Rheumatology
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3014.08

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2017

Transaction ID : 15235066

Amount of Each Receipt this Period
93.64

Memo Item

Chk #099370

B. American College of Rheumatology
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3120.97

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2017

Transaction ID : 15235067

Amount of Each Receipt this Period
106.89

Memo Item

Chk #100399

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.53
TOTAL This Period (last page this line number only).....	1436.18

**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"/> 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)

A. Roskam For Congress Committee

Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement 011 Category/Type

Candidate Name
Roskam, Peter, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 06

Date of Disbursement: 11 / 13 / 2017

FEC Identification Number: **C00410969**
Transaction ID : 15278065
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Cathy McMorris Rodgers For Congress

Full Name (Last, First, Middle Initial)
Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement 011 Category/Type

Candidate Name
McMorris Rodgers, Cathy, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: WA District: 05

Date of Disbursement: 11 / 09 / 2017

FEC Identification Number: **C00390476**
Transaction ID : 15278069
Amount of Each Disbursement this Period: 1500.00

Memo Item

C. Hoyer For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 700 13th Street, Nw Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement 011 Category/Type

Candidate Name
Hoyer, Steny, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MD District: 05

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: **C00140715**
Transaction ID : 15278070
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)

Full Name (Last, First, Middle Initial)

A. Guthrie For Congress

Mailing Address PO Box 9639

City
Bowling Green

State
KY

Zip Code
42102

Purpose of Disbursement

011

Category/
Type

Candidate Name

Guthrie, S., , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

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

FEC Identification Number

C C00445023

Transaction ID : 15278071

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ruiz For Congress

Mailing Address PO Box 3433

City
Palm Desert

State
CA

Zip Code
92261

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ruiz, Raul, , Rep., MD

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CA District: 36

Date of Disbursement

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

FEC Identification Number

C C00502575

Transaction ID : 15278072

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bera For Congress

Mailing Address Post Office Box 582496

City
Elk Grove

State
CA

Zip Code
95758

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bera, Amerish, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

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

FEC Identification Number

C C00461061

Transaction ID : 15278073

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

5000.00

**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 checked="" type="checkbox"/> 23	<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)

A. Hatch Election Committee Inc

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 175 South West Temple Suite 650

M M M	/	D D D	/	Y Y Y Y Y
12		22		2017

City Salt Lake City State UT Zip Code 84101

FEC Identification Number

Purpose of Disbursement

011
Category/ Type

C	C00104752
---	-----------

Transaction ID : 15278074

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

Hatch, Orrin, , Sen.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: UT District:

B. Friends Of Chris Murphy

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 127

M M M	/	D D D	/	Y Y Y Y Y
10		17		2017

City Cheshire State CT Zip Code 06410

FEC Identification Number

Purpose of Disbursement

011
Category/ Type

C	C00492645
---	-----------

Transaction ID : 15279947

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

Murphy, Christopher, , Mr.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CT District:

C. Scott Peters For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 70980

M M M	/	D D D	/	Y Y Y Y Y
09		29		2017

City Washington State DC Zip Code 20024

FEC Identification Number

Purpose of Disbursement

011
Category/ Type

C	C00503110
---	-----------

Transaction ID : 15279948

Amount of Each Disbursement this Period

1500.00

Memo Item

Candidate Name

Peters, Scott, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 52

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

6500.00

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

--

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)

Full Name (Last, First, Middle Initial)

A. George Holding For Congress Inc.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			06			2017					

Mailing Address PO Box 97187

FEC Identification Number

C C00499236

Transaction ID : 15279949

Amount of Each Disbursement this Period

2500.00

Memo Item

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011
Category/
Type

Candidate Name

Holding, George, , Rep.,

Office Sought: House Senate President
State: NC District: 02

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Volunteers For Shimkus

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
08			09			2017					

Mailing Address P.O. Box 661
PO Box 5458

FEC Identification Number

C C00258855

Transaction ID : 15279950

Amount of Each Disbursement this Period

1500.00

Memo Item

City Collinsville State IL Zip Code 62234

Purpose of Disbursement

011
Category/
Type

Candidate Name

Shimkus, John, , Rep.,

Office Sought: House Senate President
State: IL District: 19

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Upton For All Of Us

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
08			10			2017					

Mailing Address P.O. Box 490

FEC Identification Number

C C00200584

Transaction ID : 15279951

Amount of Each Disbursement this Period

1500.00

Memo Item

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

011
Category/
Type

Candidate Name

Upton, Frederick, , Rep.,

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

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

5500.00

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"/> 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)

Full Name (Last, First, Middle Initial)
A. Stabenow For Us Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	15	/	2017

Mailing Address P.O. Box 4945

FEC Identification Number

C C00344473

City East Lansing State MI Zip Code 48826

Transaction ID : 15279952

Purpose of Disbursement

011
Category/
Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Stabenow, Debbie, , Sen.,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: MI District:

Memo Item

Full Name (Last, First, Middle Initial)
B. Morgan Griffith For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	02	/	2017

Mailing Address PO Box 361

FEC Identification Number

C C00477240

City Christiansburg State VA Zip Code 24068

Transaction ID : 15279953

Purpose of Disbursement

011
Category/
Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Griffith, Morgan, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: VA District: 09

Memo Item

Full Name (Last, First, Middle Initial)
C. Lance For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	14	/	2017

Mailing Address PO Box 225

FEC Identification Number

C C00444224

City Colonia State NJ Zip Code 07067

Transaction ID : 15279954

Purpose of Disbursement

011
Category/
Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Lance, Leonard, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: NJ District: 07

Memo Item

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"/> 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)

Full Name (Last, First, Middle Initial) A. Joe Kennedy For Congress		Date of Disbursement MM / DD / YYYY 08 / 29 / 2017
Mailing Address PO Box 590464		FEC Identification Number C00512970 Transaction ID : 15279955
City Newton	State MA	Zip Code 02459
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name Kennedy, Joseph, , Mr.,	Disbursement For: 2018	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA District: 04		

Full Name (Last, First, Middle Initial) B. Charlie Crist For Congress		Date of Disbursement MM / DD / YYYY 08 / 07 / 2017
Mailing Address PO Box 1547		FEC Identification Number C00590067 Transaction ID : 15279956
City St. Petersburg	State FL	Zip Code 33731
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Crist, Charles, , Rep., Jr.	Disbursement For: 2018	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 13		

Full Name (Last, First, Middle Initial) C. Buddy Carter For Congress		Date of Disbursement MM / DD / YYYY 07 / 24 / 2017
Mailing Address PO Box 10570		FEC Identification Number C00543967 Transaction ID : 15279957
City Savannah	State GA	Zip Code 31412
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Carter, Buddy, , Rep.,	Disbursement For: 2018	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 01		

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"/> 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)

Full Name (Last, First, Middle Initial) A. Anna Eshoo For Congress		Date of Disbursement MM / DD / YYYY 08 / 04 / 2017	
Mailing Address 555 Capitol Mall, Suite 1425			
City Sacramento	State CA	Zip Code 95814	
Purpose of Disbursement		FEC Identification Number C C00258475 Transaction ID : 15279958 Amount of Each Disbursement this Period 2500.00	
Candidate Name Eshoo, Anna, , Rep.,		Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 14	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Andy Harris For Congress		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address PO Box 604			
City Bel Air	State MD	Zip Code 21014	
Purpose of Disbursement		FEC Identification Number C C00435974 Transaction ID : 15279959 Amount of Each Disbursement this Period 2500.00	
Candidate Name Harris, Andy, , Rep.,		Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MD District: 01	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Walden For Congress		Date of Disbursement MM / DD / YYYY 07 / 10 / 2017	
Mailing Address PO Box 1091			
City Hood River	State OR	Zip Code 97031	
Purpose of Disbursement		FEC Identification Number C C00333427 Transaction ID : 15279960 Amount of Each Disbursement this Period 2500.00	
Candidate Name Walden, Greg, , Rep.,		Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OR District: 02	<input type="checkbox"/> Memo Item		

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

7500.00

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"/> 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)

Full Name (Last, First, Middle Initial)

A. Bill Cassidy For Us Senate

Mailing Address PO Box 80505

City
Baton Rouge

State
LA

Zip Code
70898

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cassidy, William, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: LA

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 05 / 2017

FEC Identification Number

C C00543983

Transaction ID : 15279961

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

2500.00

44000.00

**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"/> 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

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

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

Full Name (Last, First, Middle Initial) A. SunTrust Bank Charges		Date of Disbursement MM / DD / YYYY 07 / 10 / 2017	
Mailing Address PO Box 622227		FEC Identification Number C [REDACTED] Transaction ID : 15234942 Amount of Each Disbursement this Period [REDACTED] 119.05	
City Orlando	State FL	Zip Code 32862-2227	Category/ Type 001
Purpose of Disbursement		Memo Item <input type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. SunTrust Bank Charges		Date of Disbursement MM / DD / YYYY 08 / 15 / 2017	
Mailing Address PO Box 622227		FEC Identification Number C [REDACTED] Transaction ID : 15234943 Amount of Each Disbursement this Period [REDACTED] 159.83	
City Orlando	State FL	Zip Code 32862-2227	Category/ Type 001
Purpose of Disbursement		Memo Item <input type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. SunTrust Bank Charges		Date of Disbursement MM / DD / YYYY 09 / 15 / 2017	
Mailing Address PO Box 622227		FEC Identification Number C [REDACTED] Transaction ID : 15234944 Amount of Each Disbursement this Period [REDACTED] 93.64	
City Orlando	State FL	Zip Code 32862-2227	Category/ Type 001
Purpose of Disbursement		Memo Item <input type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 372.52
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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"/> 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

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

NAME OF COMMITTEE (In Full)

American College of Rheumatology (RheumPAC)

Full Name (Last, First, Middle Initial)

A. SunTrust Bank Charges

Mailing Address PO Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2017			

FEC Identification Number

C

Transaction ID : 15234945

Amount of Each Disbursement this Period

106.89

Memo Item

Full Name (Last, First, Middle Initial)

B. Cision US Inc.

Mailing Address 12051 Indian Creek Court

City
Beltsville

State
MD

Zip Code
20705

Purpose of Disbursement

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2017			

FEC Identification Number

C

Transaction ID : 15280203

Amount of Each Disbursement this Period

8400.00

Memo Item

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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2017			

FEC Identification Number

C

Transaction ID : 15291620

Amount of Each Disbursement this Period

124.99

Memo Item

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

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

<input type="text"/>	8631.88
----------------------	---------

<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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank Charges

Mailing Address PO Box 62227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 21 / 2017

FEC Identification Number

Transaction ID : 15291621
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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