

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2008 APR 11 AM 9:31

Office Use Only

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

American College of Rheumatology (RHEUMPAC)

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00432823

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

| | | | |
|-------------|-------------|--------------|---------------------------------------|
| Feb 20 (M2) | May 20 (M5) | Aug 20 (M8) | Nov 20 (M11) (Non-Election Year Only) |
| Mar 20 (M3) | Jun 20 (M6) | Sep 20 (M9) | Dec 20 (M12) (Non-Election Year Only) |
| Apr 20 (M4) | Jul 20 (M7) | Oct 20 (M10) | Jan 31 (YE) |

(c) 12-Day PRE-Election Report for the:

| | | |
|------------------|---------------|--------------|
| Primary (12P) | General (12G) | Runoff (12R) |
| Convention (12C) | Special (12G) | |

Election on _____ in the State of _____

(d) 30-Day Post -Election Report for the:

| | | |
|---------------|--------------|---------------|
| General (30G) | Runoff (30R) | Special (30S) |
|---------------|--------------|---------------|

Election on _____ in the State of _____

5. Covering Period 01 01 2008 through 03 31 2008

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

Type or Print Name of Treasurer Tiffany Schmidt

Signature of Treasurer  Date April 10, 2008

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

| | | | | | | | |
|-----------------|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | |
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FEC FORM 3X
(Rev. 02/2003)

28039674265

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: ^{M M D D Y Y W Y} 0 1 0 1 2 0 0 8 To: ^{M M D D Y Y Y Y} 0 3 3 1 2 0 0 8

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------|---|
| 6. (a) Cash on Hand January 1 ^{Y Y Y Y} 2008 | | 22124.92 |
| (b) Cash on Hand at Beginning of Reporting Period | 22124.92 | |
| (c) Total Receipts (from Line 19) | 11400.17 | 11400.17 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 33525.09 | 33525.09 |
| 7. Total Disbursements (from Line 31) | 269.29 | 269.29 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 33255.80 | 33255.80 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

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**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

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

Report Covering the Period: From: ^{M M} 0 1 ^{D D} 0 1 ^{Y Y W Y} 2 0 0 8 To: ^{M M} 0 3 ^{D D} 3 1 ^{Y Y Y Y} 2 0 0 8

| 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) | 10400.00 | 10400.00 |
| (ii) Unitemized | 1000.00 | 1000.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 11400.00 | 11400.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 11400.00 | 11400.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.17 | 0.17 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 11400.17 | 11400.17 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 11400.17 | 11400.17 |

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | | COLUMN A | COLUMN B |
|---|--|--------------------------|------------------------------|
| | | Total This Period | Calendar Year-to-Date |
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share..... | | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E)..... | | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | | 0.00 | 0.00 |
| 27. Loans Made..... | | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees..... | | 0.00 | 0.00 |
| (b) Political Party Committees..... | | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶ | | 0.00 | 0.00 |
| 29. Other Disbursements..... | | 269.29 | 269.29 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share..... | | 0.00 | 0.00 |
| (ii) "Levin" Share..... | | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds..... | | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | | 269.29 | 269.29 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | | 269.29 | 269.29 |

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 11400.00 | 11400.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 11400.00 | 11400.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.17 | 0.17 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | -0.17 | -0.17 |

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

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

FOR LINE NUMBER: PAGE 6 / 14
(check only one)

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

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

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

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Neal Birnbaum Mailing Address 97 Carte Alejo City Greenbraeg State CA Zip Code 94904 FEC ID number of contributing federal political committee. C Name of Employer Pacific Rheumatology Associate Occupation Rheumatologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00 | | Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2008 Transaction ID: SA11A1.4265 Amount of Each Receipt this Period 400.00 |
|---|--|---|

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Dennis Boulware Mailing Address 1603 Olalahina Pl City Honolulu State HI Zip Code 96817 FEC ID number of contributing federal political committee. C Name of Employer Hawaii Permanente Medical Group Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | | Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2008 Transaction ID: SA11A1.4272 Amount of Each Receipt this Period 500.00 |
|--|--|---|

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Gary Bryant Mailing Address 5429 Vining Point Road City Minnetonka State MN Zip Code 55345 FEC ID number of contributing federal political committee. C Name of Employer University of Minnesota Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | | Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2008 Transaction ID: SA11A1.4249 Amount of Each Receipt this Period 500.00 |
|---|--|---|

| | |
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| SUBTOTAL of Receipts This Page (optional) | 1400.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 7 / 14
(check only one)

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

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

| | | | | |
|---|-------------|------------------------------------|--|--|
| A. Full Name (Last, First, Middle Initial) Chad Deal | | | Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2008 | |
| Mailing Address 21099 Colby Rd | | | Transaction ID: SA11A1.4266 | |
| City Shaker Heights | State OH | Zip Code 44122 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | | |
| Name of Employer Cleveland Clinic | | Occupation Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | | |
|---|-------------|------------------------------------|--|--|
| B. Full Name (Last, First, Middle Initial) Fredrick Dietz | | | Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2008 | |
| Mailing Address 4003 Cushman Close | | | Transaction ID: SA11A1.4247 | |
| City Rockford | State IL | Zip Code 61114 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | | |
| Name of Employer Rockford Health System | | Occupation Rheumatologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | | |
|---|-------------|------------------------------------|--|--|
| C. Full Name (Last, First, Middle Initial) Robert DiGiovanni | | | Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2008 | |
| Mailing Address 9960 Frank Dr. W. | | | Transaction ID: SA11A1.4254 | |
| City Seminole | State FL | Zip Code 33776 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | | |
| Name of Employer Suncoast Internal Medicine Con | | Occupation Rheumatologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

28039674271

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

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

FOR LINE NUMBER: PAGE 8 / 14
(check only one)

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

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

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Joseph Flood | | | Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2008 | | |
| Mailing Address 751 Jaeger Street | | | Transaction ID: SA11A1.4275 | | |
| City Columbus | State OH | Zip Code 43206-2272 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer Musculoskeletal Med Specialist | | Occupation Physician Rheumatologist | | | |
| Receipt For: Primary General Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | | | |

| | | | | | |
|---|-------------|------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) B. David Fox | | | Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2008 | | |
| Mailing Address 200 Barton N. Dr | | | Transaction ID: SA11A1.4270 | | |
| City Ann Arbor | State MI | Zip Code 48105 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer University of Michigan | | Occupation Physician | | | |
| Receipt For: Primary General Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|-------------|-------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) C. Sherine Gabriel | | | Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2008 | | |
| Mailing Address 709 9th Ave SW | | | Transaction ID: SA11A1.4268 | | |
| City Rochester | State MN | Zip Code 55902 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer Mayo Clinic | | Occupation Physician | | | |
| Receipt For: Primary General Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | | | |

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

28039674272

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

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

FOR LINE NUMBER: PAGE 9 / 14
(check only one)

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

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

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Gary Gordon | | Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2008 |
| Mailing Address 549 Avonwood Road | | Transaction ID: SA11A1.4263 |
| City Haverford | State PA | Zip Code 19041 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self-Employed | Occupation Rheumatologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Max Hamburger | | Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2008 |
| Mailing Address 6 Micole Ct | | Transaction ID: SA11A1.4250 |
| City Dix Hills | State NY | Zip Code 11746 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Rheum Assoc of Long Island | Occupation Physician | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Joseph Huffstutter | | Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2008 |
| Mailing Address ADDRESS REQUESTED | | Transaction ID: SA11A1.4256 |
| City | State | Zip Code |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Arthritis Associates | Occupation Physician | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

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

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

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

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Rheumatology (RHEUMPAC)

| | | | | | |
|---|-------------|-------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) A. Jonathan Kay | | | Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2008 | | |
| Mailing Address 62 Olde Field Road | | | Transaction ID: SA11A1.4274 | | |
| City Newton Centre | State MA | Zip Code 02459 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer Mass General Physicians Org | | Occupation Physician | | | |
| Receipt For: Primary General Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |
| Full Name (Last, First, Middle Initial) B. Jeffrey Lawson | | | Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2008 | | |
| Mailing Address 20 Crescent Ave | | | Transaction ID: SA11A1.4262 | | |
| City Greenville | State SC | Zip Code 29605 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer Piedmont Arthritis Center | | Occupation Physician | | | |
| Receipt For: Primary General Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | | | |
| Full Name (Last, First, Middle Initial) C. James Odell | | | Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2008 | | |
| Mailing Address 3534 Pine St | | | Transaction ID: SA11A1.4251 | | |
| City Omaha | State NE | Zip Code 68105 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer Univ. of Nebraska Med Cen- ter | | Occupation Physician | | | |
| Receipt For: Primary General Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

28039674274

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

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

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

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

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

Mailing Address 9016 Harney

City Omaha State NE Zip Code 68114

FEC ID number of contributing federal political committee. C

Name of Employer Westroads Medical Group Occupation Rheumatologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2008

Transaction ID: SA11A1.4248

Amount of Each Receipt this Period
1250.00

28039674275

| | | |
|---|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) | ▶ | 10400.00 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 14

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

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

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. American Express | | Transaction ID: SB29.4282 | |
| Mailing Address | | Date of Disbursement | |
| City State Zip Code | | M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8 | |
| Purpose of Disbursement Fees | | Amount of Each Disbursement this Period | |
| Candidate Name | | 35.48 | |
| Office Sought: House Senate President | | Category/ Type | |
| State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: SB29.4288 | |
| Mailing Address | | Date of Disbursement | |
| City State Zip Code | | M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 8 | |
| Purpose of Disbursement Fees | | Amount of Each Disbursement this Period | |
| Candidate Name | | 4.50 | |
| Office Sought: House Senate President | | Category/ Type | |
| State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: SB29.4291 | |
| Mailing Address | | Date of Disbursement | |
| City State Zip Code | | M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 8 | |
| Purpose of Disbursement Fees | | Amount of Each Disbursement this Period | |
| Candidate Name | | 32.45 | |
| Office Sought: House Senate President | | Category/ Type | |
| State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional) | 72.43 |
| TOTAL This Period (last page this line number only) | |

28039674276

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

| | | | | | | | | | | | |
|---|--------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--|------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | | | | | PAGE 13 / 14 | | | | |
| | <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input checked="" type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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

| | | | | | |
|---|------------------|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Visa and Mastercard | | | Transaction ID: SB29.4280 Date of Disbursement | | |
| Mailing Address | | | 0 1 / 1 0 / 2 0 0 8 | | |
| City State Zip Code | | | Amount of Each Disbursement this Period | | |
| Purpose of Disbursement Fees | | | 45.00 | | |
| Candidate Name | | | Category/Type | | |
| Office Sought: House Senate President | State: District: | Disbursement For: Primary General Other (specify) ▼ | | | |

| | | | | | |
|---|------------------|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Visa and Mastercard | | | Transaction ID: SB29.4281 Date of Disbursement | | |
| Mailing Address | | | 0 2 / 1 1 / 2 0 0 8 | | |
| City State Zip Code | | | Amount of Each Disbursement this Period | | |
| Purpose of Disbursement Fees | | | 45.00 | | |
| Candidate Name | | | Category/Type | | |
| Office Sought: House Senate President | State: District: | Disbursement For: Primary General Other (specify) ▼ | | | |

| | | | | | |
|---|------------------|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Visa and Mastercard | | | Transaction ID: SB29.4289 Date of Disbursement | | |
| Mailing Address | | | 0 3 / 1 0 / 2 0 0 8 | | |
| City State Zip Code | | | Amount of Each Disbursement this Period | | |
| Purpose of Disbursement Fees | | | 23.38 | | |
| Candidate Name | | | Category/Type | | |
| Office Sought: House Senate President | State: District: | Disbursement For: Primary General Other (specify) ▼ | | | |

| | | |
|---|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 113.38 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 14

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

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

| | | | |
|---|------------------------------|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) | | Transaction ID: SB29.4290 | |
| A. Visa and Mastercard | | Date of Disbursement | |
| Mailing Address | | M M / D D / Y Y Y Y 03 / 10 / 2008 | |
| City | State | Zip Code | Amount of Each Disbursement this Period |
| Purpose of Disbursement Fees | | | 83.48 |
| Candidate Name | | | Category/ Type |
| Office Sought: | House Senate President | Disbursement For: | Primary General Other (specify) ▼ |
| State: | District: | | |

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| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 83.48 |
| TOTAL This Period (last page this line number only) | 269.29 |

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed. Exp* Shipping Date
4/10/08
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jms *4/11/08*
 PREPARER DATE PREPARED

28039674279