

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 / / 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 / / 2023 through / / 2023

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 **BLUMSTEIN, HOWARD, , DR.,**

Signature of Treasurer **BLUMSTEIN, HOWARD, , DR.,** Date / / 2024

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)

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="2023"/>	<input type="text" value="346450.08"/>	<input type="text" value="346450.08"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="328317.06"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="52951.78"/>	<input type="text" value="83088.13"/>
(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="381268.84"/>	<input type="text" value="429538.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="42016.11"/>	<input type="text" value="90285.48"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="339252.73"/>	<input type="text" value="339252.73"/>
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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).....	43434.30	66404.60
(ii) Unitemized	8185.75	14165.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	51620.05	80569.89
(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)	51620.05	80569.89
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).....	1315.41	2487.10
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	16.32	31.14
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)).....▶	52951.78	83088.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	52951.78	83088.13

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	1016.11	1785.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1016.11	1785.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	41000.00	88500.00
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).....	0.00	0.00
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)) ..	42016.11	90285.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42016.11	90285.48

DETAILED SUMMARY PAGE
of Disbursements

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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)	51620.05	80569.89
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51620.05	80569.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1016.11	1785.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1315.41	2487.10
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 299.30	- 701.62

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

Please see companion form-99

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 59
	<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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Abeles, Aryeh, , ,

Mailing Address 26 Winding Brook Ln
SUITE 14

City Wallingford State CT Zip Code 06492

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

Name of Employer (for Individual) CENTER FOR ARTHRITIS AND RHEUMATIC DIS Occupation (for Individual) Dr.

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

Date of Receipt **08 / 08 / 2023**

Transaction ID : 3697

Amount of Each Receipt this Period 500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Ayesha, Bibi, , ,

Mailing Address 1705 Crescent Dr

City Tarrytown State NY Zip Code 10591

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

Name of Employer (for Individual) Montefiore Medical Center Occupation (for Individual) Assistant professor

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

Date of Receipt **09 / 03 / 2023**

Transaction ID : 3698

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 2217 Firestone Trce

City Akron State OH Zip Code 44333

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

Name of Employer (for Individual) Crystal Arthritis Center Occupation (for Individual) Rheumatologist

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

Date of Receipt **07 / 06 / 2023**

Transaction ID : 3699

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 8 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Bass, Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 254 W 82nd St
 6A
 City New York State NY Zip Code 10024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital for Special Surgery/Weill Cor Occupation (for Individual) Professor of Clinical Medicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2023
Transaction ID : 3700
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Battafarano, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1818 Flintbed Rd
 City San Antonio State TX Zip Code 78232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Daniel F. Battafarano, DO, PLLC Occupation (for Individual) Chair, ACR Workforce Solutions Comr
 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
 07 / 06 / 2023
Transaction ID : 3701
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Beall, Ashley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4601 Cheltenham Dr
 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 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 / 12 / 2023
Transaction ID : 3702
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1625.00
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 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Bergman, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 Chester Park
 Suite 201
 City Ridley Park State PA Zip Code 19078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Martin Jan Bergman, MD Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 11 / 2023**
Transaction ID : 3703
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Birnbaum, Neal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 Webster St
 Suite 112
 City San Francisco State CA Zip Code 94115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pacific Rheumatology Associates Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 03 / 2023**
Transaction ID : 3704
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Blumstein, Howard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Oakland Hills Dr
 City Mount Sinai State NY Zip Code 11766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RALI Occupation (for Individual) MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt **09 / 14 / 2023**
Transaction ID : 3705
 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 10 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Blumstein, Howard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Oakland Hills Dr
 City Mount Sinai State NY Zip Code 11766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RALI Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2435.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 29 / 2023
Transaction ID : 3706
 Amount of Each Receipt this Period
 335.00
 Memo Item

B. Cooper, MS, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12272 Big Canoe
 City Big Canoe State GA Zip Code 30143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American College of Rheumatology Occupation (for Individual) VP, Practice, Advocacy and Quality
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2023
Transaction ID : 3707
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Cooper, MS, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12272 Big Canoe
 City Big Canoe State GA Zip Code 30143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American College of Rheumatology Occupation (for Individual) VP, Practice, Advocacy and Quality
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 10 / 2023
Transaction ID : 3708
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	610.00
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 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Correll, Colleen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2450 Riverside Ave

City Minneapolis	State MN	Zip Code 55410
---------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Minnesota	Occupation (for Individual) Assistant Professor
--	--

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
09		14		2023

Transaction ID : 3709

Amount of Each Receipt this Period
250.00

Memo Item

B. Danila, Maria, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4444 Tuckahoe Ln

City Hoover	State AL	Zip Code 35226
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FEC ID number of contributing federal political committee. **C**

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

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		12		2023

Transaction ID : 3710

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 122 Franklin Ave

City Redlands	State CA	Zip Code 92373
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Loma Linda University Health	Occupation (for Individual) Associate Professor, Division Director
---	---

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
07		23		2023

Transaction ID : 3711

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	525.00
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 59
	<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
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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Downey, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 Franklin Ave
 City Redlands State CA Zip Code 92373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loma Linda University Health Occupation (for Individual) Associate Professor, Division Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 08 / 23 / 2023
Transaction ID : 3712
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Downey, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 Franklin Ave
 City Redlands State CA Zip Code 92373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loma Linda University Health Occupation (for Individual) Associate Professor, Division Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 09 / 23 / 2023
Transaction ID : 3713
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Downey, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 Franklin Ave
 City Redlands State CA Zip Code 92373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loma Linda University Health Occupation (for Individual) Associate Professor, Division Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 10 / 23 / 2023
Transaction ID : 3714
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Downey, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 Franklin Ave
 City Redlands State CA Zip Code 92373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loma Linda University Health Occupation (for Individual) Associate Professor, Division Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **11 / 23 / 2023**
Transaction ID : 3715
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Downey, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 Franklin Ave
 City Redlands State CA Zip Code 92373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loma Linda University Health Occupation (for Individual) Associate Professor, Division Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **12 / 23 / 2023**
Transaction ID : 3716
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Edgerton, Colin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2008 Central Ave
 City Sullivans Island State SC Zip Code 29482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Articularis Healthcare Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **11 / 12 / 2023**
Transaction ID : 3717
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2050.00
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 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Erickson, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8604 Giles Rd
 City Omaha State NE Zip Code 68128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Nebraska Medical Center Occupation (for Individual) MD
 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
 07 / 31 / 2023
Transaction ID : 3718
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Fahey, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 Medical Park Rd 101
 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) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2023
Transaction ID : 3719
 Amount of Each Receipt this Period 45.05
 Memo Item

C. Fahey, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 Medical Park Rd 101
 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) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2023
Transaction ID : 3720
 Amount of Each Receipt this Period 45.05
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	340.10
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 15 OF 59
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Fahey, Sean, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2023 Transaction ID : 3721
Mailing Address 128 Medical Park Rd 101		Amount of Each Receipt this Period 45.05
City mooreville	State NC	Zip Code 28117
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Piedmont HealthCare	Occupation (for Individual) Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.45	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fahey, Sean, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2023 Transaction ID : 3722
Mailing Address 128 Medical Park Rd 101		Amount of Each Receipt this Period 45.05
City mooreville	State NC	Zip Code 28117
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Piedmont HealthCare	Occupation (for Individual) Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.50	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Fahey, Sean, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2023 Transaction ID : 3723
Mailing Address 128 Medical Park Rd 101		Amount of Each Receipt this Period 45.05
City mooreville	State NC	Zip Code 28117
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Piedmont HealthCare	Occupation (for Individual) Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 495.55	

SUBTOTAL of Receipts This Page (optional).....▶	135.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

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

Mailing Address 128 Medical Park Rd
101

City mooreville State NC Zip Code 28117

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.60

Date of Receipt **12 / 29 / 2023**

Transaction ID : 3724

Amount of Each Receipt this Period 45.05

Memo Item

B. Faith, Natalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1431 Kensington Woods Dr

City Lutz State FL Zip Code 33549

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

Name of Employer (for Individual) Florida Medical Clinic Occupation (for Individual) MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 12 / 2023**

Transaction ID : 3725

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 Rd

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) Dr

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 10 / 2023**

Transaction ID : 3726

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 795.05

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 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

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

Mailing Address 2600 E Cary St
Apt 3102

City Richmond State VA Zip Code 23223

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

Name of Employer (for Individual) Medical Home Plus, Inc Occupation (for Individual) Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 175.00

Date of Receipt **07 / 26 / 2023**

Transaction ID : 3727

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 2600 E Cary St
Apt 3102

City Richmond State VA Zip Code 23223

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

Name of Employer (for Individual) Medical Home Plus, Inc Occupation (for Individual) Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt **08 / 26 / 2023**

Transaction ID : 3728

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 2600 E Cary St
Apt 3102

City Richmond State VA Zip Code 23223

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

Name of Employer (for Individual) Medical Home Plus, Inc Occupation (for Individual) Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 26 / 2023**

Transaction ID : 3729

Amount of Each Receipt this Period 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

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

Mailing Address 2600 E Cary St
Apt 3102

City Richmond	State VA	Zip Code 23223
------------------	-------------	-------------------

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

Name of Employer (for Individual) Medical Home Plus, Inc	Occupation (for Individual) Medical Director
---	---

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 / 26 / 2023

Transaction ID : 3730

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 2600 E Cary St
Apt 3102

City Richmond	State VA	Zip Code 23223
------------------	-------------	-------------------

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

Name of Employer (for Individual) Medical Home Plus, Inc	Occupation (for Individual) Medical Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2023

Transaction ID : 3731

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 2600 E Cary St
Apt 3102

City Richmond	State VA	Zip Code 23223
------------------	-------------	-------------------

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

Name of Employer (for Individual) Medical Home Plus, Inc	Occupation (for Individual) Medical Director
---	---

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
 12 / 26 / 2023

Transaction ID : 3732

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Graham, Lee, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 04 / 2023
Mailing Address 78-130 Holuakai St			Transaction ID : 3733
City Kailua Kona	State HI	Zip Code 96740	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Retired		Occupation (for Individual) Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Grisanti, Joseph, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2023
Mailing Address 3055 Southwestern Blvd			Transaction ID : 3734
City Orchard Park	State NY	Zip Code 14127	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Buffalo Rheumatology & Medicine		Occupation (for Individual) MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. GUARDIANO, SHERRY, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2023
Mailing Address 225 Darling Rd			Transaction ID : 3735
City Keene	State NH	Zip Code 03431	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Scipher Medicine		Occupation (for Individual) SR. DIRECTOR, MEDICAL AFFAIRS	
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).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Gujar, Bansari, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Foxway Ter
 City Towson 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) MD
 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
 08 / 12 / 2023
Transaction ID : 3736
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Hamburger, Max, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Nicole Ct
 City Dix Hills State NY Zip Code 11746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheum Assoc of Long Island Occupation (for Individual) Managing Partner
 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 / 12 / 2023
Transaction ID : 3737
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Harvey, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Washington St
 City Boston State MA Zip Code 02111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tufts Medical Center Occupation (for Individual) Assoc. Professor of Medicine
 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
 09 / 14 / 2023
Transaction ID : 3738
 Amount of Each Receipt this Period
 1000.00
 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 21 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Hauptman, Howard, , ,
 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 Assoc of Balto, LLC Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 31 / 2023**
Transaction ID : 3739
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Heinlen, Latisha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1603 W Wilshire Blvd
 City Nichols Hills State OK Zip Code 73116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RAO Occupation (for Individual) CEO and Medical DirectoR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **11 / 12 / 2023**
Transaction ID : 3740
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Hirsh, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14610 S Military Trail Suite G3
 City Delray Beach State FL Zip Code 33484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Hirsh Center Occupation (for Individual) MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 03 / 2023**
Transaction ID : 3741
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Humphrey, Mary Beth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3741 Redmont Trce
 City Edmond State OK Zip Code 73034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Oklahoma Health Sciences Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 24 / 2023**
Transaction ID : 3742
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Humphrey, Mary Beth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3741 Redmont Trce
 City Edmond State OK Zip Code 73034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Oklahoma Health Sciences Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 02 / 2023**
Transaction ID : 3743
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Huston, Kent Kwas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12312 Cherokee Ln
 City Leawood State KS Zip Code 66209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kansas City Physician Partners Occupation (for Individual) MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 10 / 2023**
Transaction ID : 3744
 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 23 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Huynh-Duc, Long, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 St Francis Dr
Suite 400

City Greenville State SC Zip Code 29601

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

Name of Employer (for Individual) Occupation (for Individual)
Piedmont Arthritis Clinic Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2023

Transaction ID : 3745

Amount of Each Receipt this Period
500.00

Memo Item

B. Huynh-Duc, Long, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 St Francis Dr
Suite 400

City Greenville State SC Zip Code 29601

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

Name of Employer (for Individual) Occupation (for Individual)
Piedmont Arthritis Clinic Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2023

Transaction ID : 3746

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 8144 Walnut Hill Ln
Suite 800

City Dallas State TX Zip Code 75231

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2023

Transaction ID : 3747

Amount of Each Receipt this Period
250.00

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 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Johannemann, Andrew, , ,

Mailing Address 4942 Strickland Rd

City Bailey	State NC	Zip Code 27807
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Carolina Arthritis Center	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	/	22	/	2023

Transaction ID : 3748

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Johnson, Beverly, , ,

Mailing Address 120 E 81st St

City New York	State NY	Zip Code 10028
------------------	-------------	-------------------

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

Name of Employer (for Individual) Albert Einstein College of Medicine, J	Occupation (for Individual) Associate Professor of Medicine AECO
---	---

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	/	10	/	2023

Transaction ID : 3749

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 239 12th St SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2023

Transaction ID : 3750

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Karkhanis, Kundan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 239 12th St SE
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medstar Shah Medical Group 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 / 12 / 2023
Transaction ID : 3751
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Kempf, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19272 Stone Oak Pkwy Suite 101
 City SAN ANTONIO State TX Zip Code 78258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheumatology Associates of South Texas Occupation (for Individual) Rheumatologist - Partner
 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 / 26 / 2023
Transaction ID : 3752
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Kennedy, Stacy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 644 Georgetown Dr 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) MD
 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 / 06 / 2023
Transaction ID : 3753
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1650.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 26 OF 59
Use separate schedule(s) for each category of the Detailed Summary Page
11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Lambert, R Elaine, , ,
Mailing Address 24700 Olive Tree Ct
City Los Altos Hills State CA Zip Code 94024
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) San Mateo Rheumatology Occupation (for Individual) MD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt 08 / 11 / 2023
Transaction ID : 3754
Amount of Each Receipt this Period 500.00
Memo Item

B. Li, Jeff, , ,
Mailing Address 1885 El Paseo St #1041
City Houston State TX Zip Code 77054
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) MD Anderson Cancer Center Occupation (for Individual) Assistant Professor
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 250.00

Date of Receipt 08 / 15 / 2023
Transaction ID : 3755
Amount of Each Receipt this Period 250.00
Memo Item

C. Lohr, Kristine M, , ,
Mailing Address 3713 Delaney Ferry Rd
City VERSAILLES State KY Zip Code 40383
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) University of Kentucky COM Occupation (for Individual) Professor of Medicine
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 250.00

Date of Receipt 10 / 20 / 2023
Transaction ID : 3756
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 27 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Macalester, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 545 SE Oak St
 City Hillsboro State OR Zip Code 97123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hillsboro Medical Center Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2023
Transaction ID : 3757
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Majhoo, Amar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1084 Jefferson Dr
 City Troy State MI Zip Code 48084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shores Rheumatology, PC Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt 10 / 10 / 2023
Transaction ID : 3758
 Amount of Each Receipt this Period 251.00
 Memo Item

C. Malone, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3437 Edge Hill Pkwy
 City Madison State WI Zip Code 53705-1450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheumatology Occupation (for Individual) MD, RMSK, FACR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 12 / 2023
Transaction ID : 3759
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1001.00
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 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Manno, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 8648
 City St Thomas State VI Zip Code 00801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johns Hopkins Occupation (for Individual) MD
 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 / 14 / 2023
Transaction ID : 3760
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Manno, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 8648
 City St Thomas State VI Zip Code 00801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johns Hopkins Occupation (for Individual) MD
 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 / 14 / 2023
Transaction ID : 3761
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Marinescu, L.Manuela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Jefferson Landing Cir
 City Port 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) Dr.
 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 / 29 / 2023
Transaction ID : 3762
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1375.00
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 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Mecoli, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3815 Crowther St
 City Baltimore State MD Zip Code 21211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hopkins 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 / 13 / 2023
Transaction ID : 3763
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mehta, Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Blackwell Pl
 City Philadelphia State PA Zip Code 19147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Hospital of Philadelphia Occupation (for Individual) Pediatric 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
 10 / 16 / 2023
Transaction ID : 3764
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Melton MD, Gwenesta, , ,
 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) Association of Women In Rheumatology , Occupation (for Individual) MD
 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 / 07 / 2023
Transaction ID : 3765
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Menzies, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12538 NW 159th Way
 City Alachua State FL Zip Code 32615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Florida/College of Nursi Occupation (for Individual) Associate Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 140.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2023
Transaction ID : 3766
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Menzies, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12538 NW 159th Way
 City Alachua State FL Zip Code 32615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Florida/College of Nursi Occupation (for Individual) Associate Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2023
Transaction ID : 3767
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Menzies, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12538 NW 159th Way
 City Alachua State FL Zip Code 32615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Florida/College of Nursi Occupation (for Individual) Associate Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2023
Transaction ID : 3768
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	170.00
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 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Menzies, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12538 NW 159th Way
 City Alachua State FL Zip Code 32615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Florida/College of Nursi Occupation (for Individual) Associate Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2023
Transaction ID : 3769
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Menzies, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12538 NW 159th Way
 City Alachua State FL Zip Code 32615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Florida/College of Nursi Occupation (for Individual) Associate Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023
Transaction ID : 3770
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Menzies, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12538 NW 159th Way
 City Alachua State FL Zip Code 32615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Florida/College of Nursi Occupation (for Individual) Associate Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2023
Transaction ID : 3771
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Menzies, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12538 NW 159th Way
 City Alachua State FL Zip Code 32615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Florida/College of Nursi Occupation (for Individual) Associate Professor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2023
Transaction ID : 3772
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Menzies, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12538 NW 159th Way
 City Alachua State FL Zip Code 32615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Florida/College of Nursi Occupation (for Individual) Associate Professor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 570.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2023
Transaction ID : 3773
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Menzies, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12538 NW 159th Way
 City Alachua State FL Zip Code 32615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Florida/College of Nursi Occupation (for Individual) Associate Professor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 590.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2023
Transaction ID : 3774
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	240.00
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 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Morris, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Sheridan Sq
 City Kingsport State TN Zip Code 37660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis Associates of Kingsport Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 20 / 2023**
Transaction ID : 3775
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mund, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 Maplewood Dr
 City Plainview State NY Zip Code 11803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Healthcare Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **11 / 20 / 2023**
Transaction ID : 3776
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Myers, Amanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 Gregory Ave
 City Wilmette State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NorthShore University HealthSystem Occupation (for Individual) MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt **07 / 13 / 2023**
Transaction ID : 3777
 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 34 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Myers, Amanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 Gregory Ave
 City Wilmette State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NorthShore University HealthSystem Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2023
Transaction ID : 3778
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Myers, Amanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 Gregory Ave
 City Wilmette State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NorthShore University HealthSystem Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2023
Transaction ID : 3779
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Myers, Amanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 Gregory Ave
 City Wilmette State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NorthShore University HealthSystem Occupation (for Individual) MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2023
Transaction ID : 3780
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Myers, Amanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 Gregory Ave
 City Wilmette State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NorthShore University HealthSystem Occupation (for Individual) MD
 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
 10 / 27 / 2023
Transaction ID : 3781
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Myers, Amanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 Gregory Ave
 City Wilmette State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NorthShore University HealthSystem Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2023
Transaction ID : 3782
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Myers, Amanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 Gregory Ave
 City Wilmette State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NorthShore University HealthSystem Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2023
Transaction ID : 3783
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Neogi, Tuhina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 650 Albany St
 City Boston State MA Zip Code 02118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boston University School of Medicine Occupation (for Individual) Professor of Medicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2023
Transaction ID : 3784
 Amount of Each Receipt this Period 250.00
 Memo Item

B. O'Dell, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3534 Pine St
 City Omaha State NE Zip Code 68105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNMC Occupation (for Individual) Professor
 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 / 18 / 2023
Transaction ID : 3785
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Oates, Jim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 592 Crowned Kinglet Retreat
 City Charleston State SC Zip Code 29412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Professor of Medicine
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2023
Transaction ID : 3786
 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 37 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Patel, Mayur, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3103 Wynnewood Dr
 City Greensboro State NC Zip Code 27408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kernodle Clinic Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 23 / 2023**
Transaction ID : 3787
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Power, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7520 N Oracle Rd
 City Tucson State AZ Zip Code 85704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Catalina Pointe Arthritis & Rheuma Occupation (for Individual) Dr.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 20 / 2023**
Transaction ID : 3788
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Power, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7520 N Oracle Rd
 City Tucson State AZ Zip Code 85704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Catalina Pointe Arthritis & Rheuma Occupation (for Individual) Dr.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **11 / 06 / 2023**
Transaction ID : 3789
 Amount of Each Receipt this Period 500.00
 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 38 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Ramsey-Goldman, Rosalind, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 969 Spruce St
 City Winnetka State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gallagher Research Professor of Rheuma Occupation (for Individual) Professor of Medicine/Rheumatology
 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 / 14 / 2023
Transaction ID : 3790
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Ravenell, Roneka, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 329 Wooldridge Ave
 City Pewee Valley State KY Zip Code 40056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Cumberland Rheumatology 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
 09 / 14 / 2023
Transaction ID : 3791
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Richards, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Medicine Service Line University Drive C (111-U)
 City Pittsburgh State PA Zip Code 15240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Drive C (111-U) Occupation (for Individual) Dr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2023
Transaction ID : 3792
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	625.00
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 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Ross, MD, A. Silvia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3101 John Humphries Wynd
 City Raleigh State NC Zip Code 27612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Triangle Arthritis & Rheumatology Asso Occupation (for Individual) Physician/Managing Partner
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 09 / 2023**
Transaction ID : 3793
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Sarkissian, Aliese, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1042 Flagler St
 City Durham State NC Zip Code 27713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNC Chapel Hill Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 126.00

Date of Receipt **07 / 25 / 2023**
Transaction ID : 3794
 Amount of Each Receipt this Period 18.00
 Memo Item

C. Sarkissian, Aliese, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1042 Flagler St
 City Durham State NC Zip Code 27713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNC Chapel Hill Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 144.00

Date of Receipt **08 / 25 / 2023**
Transaction ID : 3795
 Amount of Each Receipt this Period 18.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	536.00
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 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Sarkissian, Aliese, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1042 Flagler St
 City Durham State NC Zip Code 27713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNC Chapel Hill Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 162.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2023
Transaction ID : 3796
 Amount of Each Receipt this Period 18.00
 Memo Item

B. Sarkissian, Aliese, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1042 Flagler St
 City Durham State NC Zip Code 27713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNC Chapel Hill Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 180.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2023
Transaction ID : 3797
 Amount of Each Receipt this Period 18.00
 Memo Item

C. Sarkissian, Aliese, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1042 Flagler St
 City Durham State NC Zip Code 27713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNC Chapel Hill Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 198.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2023
Transaction ID : 3798
 Amount of Each Receipt this Period 18.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	54.00
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 41 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Sarkisian, Aliese, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1042 Flagler St
 City Durham State NC Zip Code 27713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNC Chapel Hill Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **12 / 25 / 2023**
Transaction ID : 3799
 Amount of Each Receipt this Period 18.00
 Memo Item

B. Siegel, Evan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10821 Willow Run Ct
 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/Ge Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 26 / 2023**
Transaction ID : 3800
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Skemp, Archie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7600 France Ave S
 City Edina State MN Zip Code 55435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis & Rheumatology Consultants, Occupation (for Individual) MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 21 / 2023**
Transaction ID : 3801
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2018.00
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 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Smith, Ellison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Vanderbilt Park Dr
Suite 200

City Asheville State NC Zip Code 28803

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

Name of Employer (for Individual) Asheville Arthritis & Osteoporosis Occupation (for Individual) MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 12 / 2023**

Transaction ID : 3802

Amount of Each Receipt this Period 250.00

Memo Item

B. Snow, Marcus, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2120 Brookside Ave

City Omaha State NE Zip Code 68124

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

Name of Employer (for Individual) Nebraska Medicine Occupation (for Individual) Dr.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt **07 / 28 / 2023**

Transaction ID : 3803

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 2120 Brookside Ave

City Omaha State NE Zip Code 68124

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

Name of Employer (for Individual) Nebraska Medicine Occupation (for Individual) Dr.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 28 / 2023**

Transaction ID : 3804

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Snow, Marcus, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2120 Brookside Ave
 City Omaha State NE Zip Code 68124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Nebraska Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 11 / 13 / 2023
Transaction ID : 3805
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Su, Tien-I Karleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12456 WASHINGTON BLVD
 City WHITTIER State CA Zip Code 90602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amicus Arthritis & Osteoporosis Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 11 / 24 / 2023
Transaction ID : 3806
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Tindall, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1255 SW Schaeffer Rd
 City West Linn State OR Zip Code 97068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheumatology Consultants of Oregon Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 12 / 04 / 2023
Transaction ID : 3807
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2600.00
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 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Torralba, Karina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11234 Anderson St
 Suite 1519
 City Loma Linda State CA Zip Code 92354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loma Linda University Health Occupation (for Individual) Chief, Division of Rheumatology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 18 / 2023**
Transaction ID : 3808
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Wallace, Zachary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 291 Woodland Rd
 City Newton State MA Zip Code 02466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mass General Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **08 / 20 / 2023**
Transaction ID : 3809
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Wallace, Zachary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 291 Woodland Rd
 City Newton State MA Zip Code 02466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mass General Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **11 / 20 / 2023**
Transaction ID : 3810
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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 45 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Wener, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1856 E Shelby St
 City Seattle State WA Zip Code 98112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Washington Occupation (for Individual) Dr
 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 / 14 / 2023
Transaction ID : 3811
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Weselman, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6035 Riverwood Dr NW
 City Atlanta State GA Zip Code 30328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wellstar Health System 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 / 13 / 2023
Transaction ID : 3812
 Amount of Each Receipt this Period 250.00
 Memo Item

C. White, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Stirrup Ln
 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
 08 / 01 / 2023
Transaction ID : 3813
 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 46 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. White, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2126 Evenson Dr
 City Onalaska State WI Zip Code 54650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gundersen Health System Occupation (for Individual) Chair, Rheumatology
 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
 07 / 31 / 2023
Transaction ID : 3814
 Amount of Each Receipt this Period 300.00
 Memo Item

B. White, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2126 Evenson Dr
 City ONALASKA State WI Zip Code 54650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gundersen Health System Occupation (for Individual) Chair, Rheumatology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2023
Transaction ID : 3815
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Wright, Grace, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 E 37th St Suite 303C
 City New York State NY Zip Code 10016
 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 ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2023
Transaction ID : 3816
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2600.00
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 47 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. Yonker, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1945 Versailles St
 City Sarasota State FL Zip Code 34239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Health Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 28 / 2023**
Transaction ID : 3817
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Zembrzuska, Hanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1015 Oakes Dr
 City Iowa City State IA Zip Code 52245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Iowa Hospitals and Clini Occupation (for Individual) Dr.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 11 / 2023**
Transaction ID : 3818
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Ziglar, Louisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12901 Valley Dr
 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) MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **11 / 13 / 2023**
Transaction ID : 3819
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	43434.30

**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 48 OF 59
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

A. 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 ▼
1341.07

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2023

Transaction ID : S15.6584

Amount of Each Receipt this Period
169.38

Memo Item

Refund of June Credit Card Processing Fees

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 ▼
1651.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2023

Transaction ID : S15.6585

Amount of Each Receipt this Period
310.04

Memo Item

Refund of April and May Stripe Fees

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 ▼
1692.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2023

Transaction ID : S15.6586

Amount of Each Receipt this Period
41.04

Memo Item

Refund of September Credit Card Processing Fees

SUBTOTAL of Receipts This Page (optional).....	520.46
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 49 OF 59
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 of Individual (Last, First, Middle Initial) or Full Organization Name A. American College Of Rheumatology		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2023
Mailing Address 2200 Lake Boulevard NE		Transaction ID : \$15.6639
City Atlanta	State GA	Zip Code 30319
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1722.15	Description: Stop Payment Fee Refund. Received through ACR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. American College Of Rheumatology		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2023
Mailing Address 2200 Lake Boulevard NE		Transaction ID : \$15.6640
City Atlanta	State GA	Zip Code 30319
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 45.00	
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1767.15	Description: close of account from Truist. Received through ACR.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. American College Of Rheumatology		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2023
Mailing Address 2200 Lake Boulevard NE		Transaction ID : \$15.6587
City Atlanta	State GA	Zip Code 30319
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 211.35	
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1978.50	refund of October credit card processing fees

SUBTOTAL of Receipts This Page (optional).....▶	286.35
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 50 OF 59
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 of Individual (Last, First, Middle Initial) or Full Organization Name A. American College Of Rheumatology			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2023
Mailing Address 2200 Lake Boulevard NE			Transaction ID : S15.6633
City Atlanta	State GA	Zip Code 30319	Amount of Each Receipt this Period 508.60
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2487.10		
			Refund of November Stripe Credit Card Fees

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B.			Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.			Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼		

SUBTOTAL of Receipts This Page (optional).....▶	508.60
TOTAL This Period (last page this line number only).....▶	1315.41

**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 checked="" 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 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. BANK OF AMERICA

Mailing Address 3116 Peachtree Rd NE

City Atlanta State GA Zip Code 30305

Purpose of Disbursement

Stop Payment Bank Fee

Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : DB21b.1247

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 185 Berry St #550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement

July Credit Card Processing Fees

Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : DB21b.1224

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 185 Berry St #550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement

September Credit Card Processing Fees

Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : DB21b.1225

Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

Form A: STRIPE. Includes fields for Full Name, Mailing Address (185 Berry St #550), City (San Francisco), State (CA), Zip Code (94107), Purpose of Disbursement (October Credit Card Processing Fees), Candidate Name, Office Sought, Disbursement For, and Date of Disbursement (10/31/2023). Transaction ID: DB21b.1226, Amount: 211.35.

Form B: STRIPE. Includes fields for Full Name, Mailing Address (185 Berry St #550), City (San Francisco), State (CA), Zip Code (94107), Purpose of Disbursement (November Credit Card Processing Fees), Candidate Name, Office Sought, Disbursement For, and Date of Disbursement (11/30/2023). Transaction ID: DB21b.1231, Amount: 508.60.

Form C: STRIPE. Includes fields for Full Name, Mailing Address (185 Berry St #550), City (San Francisco), State (CA), Zip Code (94107), Purpose of Disbursement (December Credit Card Processing Fees), Candidate Name, Office Sought, Disbursement For, and Date of Disbursement (12/29/2023). Transaction ID: DB21b.1242, Amount: 57.85.

SUBTOTAL of Disbursements This Page (optional) 777.80
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 checked="" 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 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. STRIPE

Mailing Address 185 Berry St
#550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement
August Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2023

FEC Identification Number

C

Transaction ID : DB21b.1245

Amount of Each Disbursement this Period

116.92

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

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)..... ▶

116.92

1016.11

**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

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

Full Name (Last, First, Middle Initial)

A. BARRAGAN FOR CONGRESS

Mailing Address 1840 SOUTH GAFFEY STREET #421

City SAN PEDRO State CA Zip Code 90731

Purpose of Disbursement
2024 Primary Election

Category/
Type

Candidate Name
Barragan, Nanette, , Rep.,

Office Sought: House Senate President
State: CA District: 44

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 30331229

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. BERA FOR CONGRESS

Mailing Address PO BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement
2024 Primary

Category/
Type

Candidate Name
Bera, Ami, , Rep.,

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

Disbursement For: 2024
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 30331227

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. BOB LATTA FOR CONGRESS COMMITTEE

Mailing Address 300 NORTH MAIN STREET

City BOWLING GREEN State OH Zip Code 43402

Purpose of Disbursement
Primary

Category/
Type

Candidate Name
Latta, Robert, , Rep.,

Office Sought: House Senate President
State: OH District: 05

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 30331233

Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

Full Name (Last, First, Middle Initial)

A. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address BOX 137

City SPOKANE

State WA

Zip Code 99210-0137

Purpose of Disbursement 2024 Primary Election Contribution

011

Candidate Name

McMorris Rodgers, Cathy, , Rep.,

Category/Type

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: WA District: 05

Date of Disbursement

Date field: 10 / 13 / 2023

FEC Identification Number

C C00390476

Transaction ID : 30331246

Amount of Each Disbursement this Period

Amount field: - 2500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. CLAUDIA TENNEY FOR CONGRESS

Mailing Address PO BOX 378

City VICTOR

State NY

Zip Code 14564

Purpose of Disbursement Primary

011

Candidate Name

Tenney, Claudia, , Rep.,

Category/Type

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: NY District: 24

Date of Disbursement

Date field: 10 / 06 / 2023

FEC Identification Number

C C00632828

Transaction ID : 30331236

Amount of Each Disbursement this Period

Amount field: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. DR KIM SCHRIER FOR CONGRESS

Mailing Address PO BOX 2728

City ISSAQUAH

State WA

Zip Code 98027

Purpose of Disbursement 2024 Primary Election

011

Candidate Name

Schrier, Kim, , Rep.,

Category/Type

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: WA District: 08

Date of Disbursement

Date field: 07 / 26 / 2023

FEC Identification Number

C C00652628

Transaction ID : 30331234

Amount of Each Disbursement this Period

Amount field: 2500.00

[] Memo Item

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

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

Subtotal field: 1000.00

Total field: (empty)

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)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

Full Name (Last, First, Middle Initial)

A. DR KIM SCHRIER FOR CONGRESS

Mailing Address PO BOX 2728

City ISSAQUAH State WA Zip Code 98027

Purpose of Disbursement 2024 Primary Election

Candidate Name

Schrier, Kim, , Rep.,

Office Sought: [X] House [] Senate [] President State: WA District: 08

Disbursement For: 2024 [X] Primary [] General [] Other (specify) ▼

011 Category/Type

Date of Disbursement

Date of Disbursement: 09 / 01 / 2023

FEC Identification Number

C00652628

Transaction ID : 30331235

Amount of Each Disbursement this Period

2500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. DWIGHT EVANS FOR CONGRESS

Mailing Address PO BOX 6578

City PHILADELPHIA State PA Zip Code 19138

Purpose of Disbursement Primary

Candidate Name

Evans, Dwight, , Rep.,

Office Sought: [X] House [] Senate [] President State: PA District: 03

Disbursement For: 2024 [X] Primary [] General [] Other (specify) ▼

011 Category/Type

Date of Disbursement

Date of Disbursement: 08 / 01 / 2023

FEC Identification Number

C00591065

Transaction ID : 30331232

Amount of Each Disbursement this Period

2500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. FEENSTRA FOR CONGRESS

Mailing Address 641 2ND ST

City HULL State IA Zip Code 51239

Purpose of Disbursement Primary

Candidate Name

Feenstra, Randy, , Rep.,

Office Sought: [X] House [] Senate [] President State: IA District: 04

Disbursement For: 2024 [X] Primary [] General [] Other (specify) ▼

011 Category/Type

Date of Disbursement

Date of Disbursement: 10 / 17 / 2023

FEC Identification Number

C00693663

Transaction ID : 30331237

Amount of Each Disbursement this Period

2500.00

[] Memo Item

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

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

Summary boxes showing 7500.00 and an empty box.

**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

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SHERROD BROWN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2023

Mailing Address 600 PENNSYLVANIA AVE SE
#15180

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
2024 Primary Election

011
Category/ Type

FEC Identification Number

C C00264697

Transaction ID : 30331230

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

Brown, Sherrod, , Sen.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: OH District:

Full Name (Last, First, Middle Initial)

B. KAY GRANGER CAMPAIGN FUND

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2023

Mailing Address 1701 RIVER RUN
STE 308

City FORT WORTH State TX Zip Code 76107-6547

Purpose of Disbursement
2024 Primary Election

011
Category/ Type

FEC Identification Number

C C00310532

Transaction ID : 30331228

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

Granger, Kay, , Rep.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: TX District: 12

Full Name (Last, First, Middle Initial)

C. KUSTER FOR CONGRESS, INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2023

Mailing Address PO BOX 1498

City CONCORD State NH Zip Code 03302

Purpose of Disbursement
2024 Primary Election

011
Category/ Type

FEC Identification Number

C C00462861

Transaction ID : 30331240

Amount of Each Disbursement this Period

5000.00

Memo Item

Candidate Name

Kuster, Ann, , Rep.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: NH District: 02

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

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

10000.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

Full Name (Last, First, Middle Initial)

A. LISA BLUNT ROCHESTER FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2023

Mailing Address P.O. BOX 9767

FEC Identification Number

C	C00843391
---	-----------

Transaction ID : 30331244

Amount of Each Disbursement this Period

2500.00

Memo Item

City WILMINGTON	State DE	Zip Code 19809
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Purpose of Disbursement

Primary Election Contribution

011

Candidate Name

Blunt Rochester, Lisa, , ,

Category/
Type

Office Sought: House
 Senate
 President

State: DE District:

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		29		2023

Mailing Address PO BOX 3176

FEC Identification Number

C	C00226928
---	-----------

Transaction ID : 30331241

Amount of Each Disbursement this Period

2500.00

Memo Item

City LONG BRANCH	State NJ	Zip Code 07740
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Purpose of Disbursement

2024 General Election

011

Candidate Name

Pallone, Frank, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: NJ District: 06

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR DEREK KILMER

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2023

Mailing Address PO BOX 1381

FEC Identification Number

C	C00514893
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Transaction ID : 30331239

Amount of Each Disbursement this Period

2500.00

Memo Item

City TACOMA	State WA	Zip Code 98402
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Purpose of Disbursement

Primary

011

Candidate Name

Kilmer, Derek, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: WA District: 06

Disbursement For: 2024
 Primary General
 Other (specify) ▼

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

7500.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

Full Name (Last, First, Middle Initial)

A. ROSEN FOR NEVADA

Mailing Address PO BOX 27195

City
LAS VEGAS

State
NV

Zip Code
89126

Purpose of Disbursement
General Election Contribution

011

Category/
Type

Candidate Name

Rosen, Jacky, , Sen.,

Office Sought: House
 Senate
 President

State: NV District:

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	10	/	2023

FEC Identification Number

C C00606939

Transaction ID : 30331243

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. BOX 48928

City
SARASOTA

State
FL

Zip Code
34230

Purpose of Disbursement
Primary

011

Category/
Type

Candidate Name

Buchanan, Vern, , Rep.,

Office Sought: House
 Senate
 President

State: FL District: 16

Disbursement For: 2024
 Primary General
 Other (specify)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	27	/	2023

FEC Identification Number

C C00412759

Transaction ID : 30331238

Amount of Each Disbursement this Period

2500.00

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

5000.00

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

41000.00