

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
American College of Rheumatology (RheumPAC)

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00432823 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period [04] / [01] / [2022] through [04] / [30] / [2022]

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

Signature of Treasurer Wallace, Zachary, , Dr., [Electronically Filed] Date [05] / [18] / [2022]

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="2022"/>	<input type="text" value="334125.77"/>	<input type="text" value="334125.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="320892.11"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11550.21"/>	<input type="text" value="34816.55"/>
(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="332442.32"/>	<input type="text" value="368942.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="45.00"/>	<input type="text" value="36545.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="332397.32"/>	<input type="text" value="332397.32"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9884.00	30151.00
(ii) Unitemized	1664.33	4657.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11548.33	34808.99
(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)	11548.33	34808.99
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.88	7.56
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)).....▶	11550.21	34816.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11550.21	34816.55

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	45.00	45.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	45.00	45.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	36500.00
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)) ..	45.00	36545.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45.00	36545.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	11548.33	34808.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11548.33	34808.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	45.00	45.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	45.00	45.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 6035 Riverwood Dr. NW

City Sandy Springs	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) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2022

Transaction ID : 18961086

Amount of Each Receipt this Period
750.00

Memo Item

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

Mailing Address 23 W. Chester Pike Suite 201

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

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

Name of Employer (for Individual) Drexel University College of Medicine	Occupation (for Individual) Rheumatologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2022

Transaction ID : 18961101

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) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2022

Transaction ID : 18971932

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Huston, Kent Kwas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4440 Broadway
 City Kansas City State MO Zip Code 64111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kansas City Physician Partners Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 07 / 2022
Transaction ID : 18972245
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Breland, Hazel L., , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address MUSC College of Health Professions
 City Charleston State SC Zip Code 29425-9620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Associate Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 09 / 2022
Transaction ID : 18983290
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Gowin, Kristin, Marie, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Vanderbilt Park Dr Ste 200
 City ASHEVILLE State NC Zip Code 28803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Asheville Arthritis and Osteoporosis C Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 14 / 2022
Transaction ID : 19002609
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2084.00
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 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Schweitz, Michael, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1411 North Flagler Dr. Suite 5600
 City West Palm Beach State FL Zip Code 33401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 19 / 2022**
Transaction ID : 19009357
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Ott, Stephanie, Jo, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4133 Fieldstone St
 City Carroll State OH Zip Code 43112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fairfield Medical Center Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1733.00

Date of Receipt **04 / 20 / 2022**
Transaction ID : 19009391
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Snow, Marcus, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2521 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 Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **04 / 20 / 2022**
Transaction ID : 19009392
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

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

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

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

A. Gravallesse, Ellen, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 65 Crafts Road

City Chestnut Hill	State MA	Zip Code 02467
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Brigham and Women's Hospital, Harvard	Occupation (for Individual) Chief, Division of Rheumatology, Infla
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2022

Transaction ID : 19009393

Amount of Each Receipt this Period
250.00

Memo Item

B. Hirsh, Marc, J., Dr,
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) Rhematologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2022

Transaction ID : 19009950

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 111 Colchester Ave

City Burlington	State VT	Zip Code 05401-1473
--------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Vermont	Occupation (for Individual) 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
04	/	27	/	2022

Transaction ID : 19010655

Amount of Each Receipt this Period
2000.00

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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Kim, Alfred, Hyoungju, ,

Mailing Address 660 S Euclid Ave
Mailstop 8045-0020-10

City St. Louis State MO Zip Code 63110

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

Name of Employer (for Individual) Washington University School of Medici Occupation (for Individual) Assistant Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 28 / 2022**

Transaction ID : 19010962

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 1856 East Shelby

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) Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 28 / 2022**

Transaction ID : 19010969

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 12433 Ansin Circle Dr

City POTOMAC State MD Zip Code 20854

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

Name of Employer (for Individual) George Washington University Occupation (for Individual) Clinical Emeritus Professor of Medicin

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 15 / 2022**

Transaction ID : 19058764

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

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

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

A. Rigby, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 288 Beaver Meadow RD
 City Norwich State VT Zip Code 05055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dartmouth-Hitchcock Medical Center Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2022
Transaction ID : 19058765
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Walker, Sara, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2120 Southern Star Loop
 City Las Cruces State NM Zip Code 88011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Professor Emeritus
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2022
Transaction ID : 19058768
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Louie, James, Sam, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1370 Kelton Avenue apt 302
 City Los Angeles State CA Zip Code 90024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCLA Medical Center Occupation (for Individual) Professor Emeritus of Medicine
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2022
Transaction ID : 19058770
 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 12 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

Mailing Address 21099 Colby Rd

City Shaker Heights	State OH	Zip Code 44122
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Cleveland Clinic	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		12		2022

Transaction ID : 19058772

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 3111 Gundersen Dr

City Onalaska	State WI	Zip Code 54650-8447
------------------	-------------	------------------------

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

Name of Employer (for Individual) Gundersen Health System	Occupation (for Individual) Rheumatologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		22		2022

Transaction ID : 19058775

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	9884.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

A. Debbie Dingell For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 19855 W. Outer Dr.
Ste 103 Ae

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2022

City Dearborn State MI Zip Code 48124

FEC Identification Number

Purpose of Disbursement
Voided 2/07/22 Contribution

011
Category/ Type

C	C00558213
---	-----------

Transaction ID : 19058780

Amount of Each Disbursement this Period

- 2500.00

Voided 2/07/22 Contribution

Memo Item

Candidate Name

Dingell, Debbie, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: MI District: 12

B. Debbie Dingell For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 19855 W. Outer Dr.
Ste 103 Ae

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2022

City Dearborn State MI Zip Code 48124

FEC Identification Number

Purpose of Disbursement
Voided 2/07/22 Contribution

011
Category/ Type

C	C00558213
---	-----------

Transaction ID : 19058781

Amount of Each Disbursement this Period

- 2500.00

Voided 2/07/22 Contribution

Memo Item

Candidate Name

Dingell, Debbie, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: MI District: 12

C. Debbie Dingell For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 19855 W. Outer Dr.
Ste 103 Ae

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2022

City Dearborn State MI Zip Code 48124

FEC Identification Number

Purpose of Disbursement
Primary 2022 Contribution

011
Category/ Type

C	C00558213
---	-----------

Transaction ID : 19058782

Amount of Each Disbursement this Period

2500.00

Primary 2022 Contribution

Memo Item

Candidate Name

Dingell, Debbie, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: MI District: 12

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

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

- 2500.00

--

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. Debbie Dingell For Congress

Mailing Address 19855 W. Outer Dr.
Ste 103 Ae

City Dearborn State MI Zip Code 48124

Purpose of Disbursement
General 2022 Contribution

011
Category/
Type

Candidate Name
Dingell, Debbie, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: MI District: 12

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2022

FEC Identification Number

C C00558213

Transaction ID : 19058783

Amount of Each Disbursement this Period

2500.00

General 2022 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

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

Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2500.00

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

0.00