

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) 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 [01] / [01] / [2018] through [03] / [31] / [2018]

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

Signature of Treasurer Palmer, William, , Dr., [Electronically Filed] Date [07] / [13] / [2018]

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>		<input type="text" value="274927.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="274927.92"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="36263.46"/>	<input type="text" value="36263.46"/>
(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="311191.38"/>	<input type="text" value="311191.38"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="46786.01"/>	<input type="text" value="46786.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="264405.37"/>	<input type="text" value="264405.37"/>
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2018 To: M M / D D / Y Y Y Y 03 / 31 / 2018

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).....	29210.00	29210.00
(ii) Unitemized	5538.00	5538.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	34748.00	34748.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	34748.00	34748.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1515.46	1515.46
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)).....▶	36263.46	36263.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	36263.46	36263.46

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45500.00	45500.00
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).....	1286.01	1286.01
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)) ..	46786.01	46786.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46786.01	46786.01

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)	34748.00	34748.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34748.00	34748.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Form/Schedule: F3XA
Transaction ID :

Per our FEC analyst funds for Kay Granger were redesignated from the 2018 primary election to the 2018 general.

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 27
	<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. Harvey, William, F, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 72 Fairway Rd

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

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

Name of Employer (for Individual) Tufts Medical Center Physician's Organ	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		04		2018

Transaction ID : 15256945

Amount of Each Receipt this Period
2460.00

Memo Item

B. Palmer, William, Rodney, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9016 Harney

City Omaha	State NE	Zip Code 68114
---------------	-------------	-------------------

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

Name of Employer (for Individual) Westroads Rheumatology	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		05		2018

Transaction ID : 15265573

Amount of Each Receipt this Period
2000.00

Memo Item

c. Morris, Christopher, Richard, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1017 Hanover Ct

City Kingsport	State TN	Zip Code 37660
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2018

Transaction ID : 15280357

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4960.00
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 27
	<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. Sivaraman, Padmapriya, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5811 Waters Edge Drive
 City Irving State TX Zip Code 75039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheumatology Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 17 / 2018**
Transaction ID : 15280898
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Torralba, Karina, Marianne D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11234 Anderson Street Room 1519
 City Loma Linda State CA Zip Code 92350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loma Linda University Faculty Medical Occupation (for Individual) Associate Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **01 / 19 / 2018**
Transaction ID : 15284020
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Klein-Gitelman, Marisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 260 East Chestnut #3801
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ann & Robert H. Lurie Children's Hospi Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 20 / 2018**
Transaction ID : 15284026
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<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 Drive, 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 Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 24 / 2018
Transaction ID : 15288445
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. HUFFSTUTTER, Joseph, EUGENE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4229 Lundy Mountain Lane
 City Signal Mountain State TN Zip Code 37377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis Associates PLLC Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 24 / 2018
Transaction ID : 15288482
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Hargrove, Jody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1293 Yukon Court N
 City Golden Valley State MN Zip Code 55427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis and Rheumatology Consultants Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 28 / 2018
Transaction ID : 15291569
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
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 27
<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. Phillips, Christopher, R, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 170 Pershing Way

City Paducah	State KY	Zip Code 42001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Paducah Rheumatology	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2018

Transaction ID : 15293798

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2784 N Brookbury Xing

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2018

Transaction ID : 15293847

Amount of Each Receipt this Period
500.00

Memo Item

C. Huston, Kent, Kwas, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2517 W. 118th St.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kansas City Physician Partners	Occupation (for Individual) Physician
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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
02	/	03	/	2018

Transaction ID : 15293849

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
	<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. Kumar, Bharat, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 Vandello Drive
 City North Liberty State IA Zip Code 52317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Iowa Hospitals and Clini Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 03 / 2018**
Transaction ID : 15293851
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Blanco, Irene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 Concord Street
 City Cresskill State NJ Zip Code 07626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Albert Einstein College of Medicine Occupation (for Individual) Fellowship Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 03 / 2018**
Transaction ID : 15293854
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kuhn, Kristine, A, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Mail Stop B115
 1775 Aurora Court, Room 3102C
 City Aurora State CO Zip Code 80045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Colorado, Denver Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 06 / 2018**
Transaction ID : 15297510
 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 12 OF 27
<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. Worthing, Angus, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5025 Sherier Place NW
 City Washington State DC Zip Code 20016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis and Rheumatism Associates, P Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **02 / 10 / 2018**
Transaction ID : 15315052
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Mintz, Sandra, June, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3828 2nd Ave
 City La Crescenta State CA Zip Code 91214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHLA Occupation (for Individual) Nurse Care Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 11 / 2018**
Transaction ID : 15315055
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Ott, Stephanie, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4133 Fieldstone Street
 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 ▼ 500.00

Date of Receipt **02 / 12 / 2018**
Transaction ID : 15315058
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
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 27
	<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. Scalettar, Raymond, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12433 Ansin Circle Drive

City Potmac	State MD	Zip Code 20854
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FEC ID number of contributing federal political committee. **C**

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

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
02		12		2018

Transaction ID : 15315242

Amount of Each Receipt this Period
1000.00

Memo Item

Chk #996281

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

Mailing Address 12433 Ansin Circle Drive

City Potmac	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 Professor
---	---

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
02		12		2018

Transaction ID : 15315243

Amount of Each Receipt this Period
500.00

Memo Item

Chk #995222

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

Mailing Address 816 Broad Street St 14

City Meriden	State CT	Zip Code 06450
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Micha Abeles	Occupation (for Individual) rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2018

Transaction ID : 15315861

Amount of Each Receipt this Period
500.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27
	<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. Cruz, Nilsa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2901 W KK River Pkwy
 Ste. 301
 City Milwaukee State WI Zip Code 53215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Milwaukee Rheumatology Center Occupation (for Individual) Practice Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 18 / 2018
Transaction ID : 15317699
 Amount of Each Receipt this Period 170.00
 Memo Item

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

Date of Receipt 02 / 20 / 2018
Transaction ID : 15319709
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mukkera, Srikanth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4665 Ridgemoor Drive
 City Belden State MS Zip Code 38826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NMMC Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 20 / 2018
Transaction ID : 15324595
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1170.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 27
<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. Perkins, Elizabeth, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 772 Chestnut Park Lane

City Birmingham	State AL	Zip Code 35226-4215
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

Transaction ID : 15327724

Amount of Each Receipt this Period
500.00

Memo Item

B. Battafarano, Daniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1818 Flintbed

City San Antonio	State TX	Zip Code 78232
---------------------	-------------	-------------------

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

Name of Employer (for Individual) U.S. Army	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
02	/	21	/	2018

Transaction ID : 15327897

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 3867 Regent Drive

City Dallas	State TX	Zip Code 75229
----------------	-------------	-------------------

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

Name of Employer (for Individual) UT Southwestern Medical Center	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2018

Transaction ID : 15327929

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 27
	<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. Weselman, Kelly, , ,
 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 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
 02 / 24 / 2018
Transaction ID : 15333169
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Abelson, Abby, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19000 South Woodland Rd
 City Shaker Hills 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 M / D D D / Y Y Y Y Y Y
 02 / 24 / 2018
Transaction ID : 15333171
 Amount of Each Receipt this Period
 250.00
 Memo Item

c. King II, Charles, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 179 Edgewater Cv
 City Belden State MS Zip Code 38826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Mississippi Medical Center Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2018
Transaction ID : 15333175
 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 17 OF 27
	<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. Lakhanpal, Sharad, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5320 Royal Lane

City Dalls	State TX	Zip Code 75229
---------------	-------------	-------------------

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

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

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
02		24		2018

Transaction ID : 15333179

Amount of Each Receipt this Period
2000.00

Memo Item

B. Bryant, Gary, L, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5429 Vining Point Road

City Minnetonka	State MN	Zip Code 55345
--------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Minnesota	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
02		24		2018

Transaction ID : 15333181

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 3633 Clement St

City San Francisco	State CA	Zip Code 94121
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2018

Transaction ID : 15333184

Amount of Each Receipt this Period
250.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 27
	<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. Harvey, William, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 72 Fairway Rd
 City Chestnut Hill State MA Zip Code 02467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tufts Medical Center Physician's Organ Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2580.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2018
Transaction ID : 15346851
 Amount of Each Receipt this Period
 120.00
 Memo Item

B. Hargrove, Jody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1293 Yukon Court N
 City Golden Valley State MN Zip Code 55427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis and Rheumatology Consultants Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2018
Transaction ID : 15346857
 Amount of Each Receipt this Period
 120.00
 Memo Item

C. Herzig, Edward, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2121 Alpine Place 703
 City Cincinnati State OH Zip Code 45206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2018
Transaction ID : 15346859
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1240.00
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 27
<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. Worthing, Angus, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5025 Sherier Place NW
 City Washington State DC Zip Code 20016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis and Rheumatism Associates, P Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 03 / 03 / 2018
Transaction ID : 15346863
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Gewanter, Harry, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3805 Cutshaw Ave Apt 510
 City Richmond State VA Zip Code 23230-3940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2018
Transaction ID : 15349549
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Cruz, Nilsa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2901 W KK River Pkwy Ste. 301
 City Milwaukee State WI Zip Code 53215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Milwaukee Rheumatology Center Occupation (for Individual) Practice Admin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 18 / 2018
Transaction ID : 15374152
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	390.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 27
(check only one)

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brooks, Michael, , ,

Mailing Address 1100 Knapp Rd

City Cedar Rapids	State IA	Zip Code 52403
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Physicians Clinic of Iowa	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	16	/	2018

Transaction ID : 15374712

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address

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

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

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).....	1000.00
TOTAL This Period (last page this line number only).....	29210.00

**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 21 OF 27
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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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 ▼
607.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2018

Transaction ID : 15296973

Amount of Each Receipt this Period
607.77

Memo Item

Chk #100925

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 ▼
1105.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2018

Transaction ID : 15327718

Amount of Each Receipt this Period
497.87

Memo Item

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 ▼
1515.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2018

Transaction ID : 15398573

Amount of Each Receipt this Period
409.82

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1515.46
TOTAL This Period (last page this line number only).....	1515.46

**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 Murkowski For Us Senate

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement

011

Category/
Type

Candidate Name

Murkowski, Lisa, , Sen.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: AK District:

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2018

FEC Identification Number

C00384529

Transaction ID : 15315476

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Alexander For Senate 2020 Inc

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Alexander, Lamar, , Sen.,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify)

State: TN District:

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2018

FEC Identification Number

C00383745

Transaction ID : 15315477

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kurt Schrader For Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Schrader, Kurt, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY
01 / 25 / 2018

FEC Identification Number

C00446906

Transaction ID : 15315478

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)..... ▶

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. Friends Of Sherrod Brown		Date of Disbursement MM / DD / YYYY 01 / 09 / 2018	
Mailing Address PO Box 76187		FEC Identification Number C00264697 Transaction ID : 15315496	
City Washington	State DC	Zip Code 20013	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name Brown, Sherrod, , Sen.,		Disbursement For: 2018	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH	District:		

Full Name (Last, First, Middle Initial) B. Guthrie For Congress		Date of Disbursement MM / DD / YYYY 03 / 28 / 2018	
Mailing Address PO Box 9639		FEC Identification Number C00445023 Transaction ID : 15398557	
City Bowling Green	State KY	Zip Code 42102	Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement		Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name Guthrie, S., , Rep.,		Disbursement For: 2018	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KY	District: 02		

Full Name (Last, First, Middle Initial) C. Guthrie For Congress		Date of Disbursement MM / DD / YYYY 03 / 28 / 2018	
Mailing Address PO Box 9639		FEC Identification Number C00445023 Transaction ID : 15398558	
City Bowling Green	State KY	Zip Code 42102	Amount of Each Disbursement this Period 3500.00
Purpose of Disbursement		Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name Guthrie, S., , Rep.,		Disbursement For: 2018	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KY	District: 02		

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

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

6000.00

**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. Kay Granger Campaign Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2018

Mailing Address 1701 River Run
Ste 308

City Fort Worth State TX Zip Code 76107

FEC Identification Number

C C00310532

Transaction ID : 15398560

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Granger, Kay, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 12

Full Name (Last, First, Middle Initial)

B. Wenstrup For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	05	/	2018

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209

FEC Identification Number

C C00497818

Transaction ID : 15398561

Amount of Each Disbursement this Period

5000.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Wenstrup, Brad, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 02

Full Name (Last, First, Middle Initial)

C. Lance For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2018

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

FEC Identification Number

C C00444224

Transaction ID : 15398562

Amount of Each Disbursement this Period

5000.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Lance, Leonard, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NJ District: 07

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. MICHAEL BURGESS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2018

Mailing Address PO Box 2334

FEC Identification Number

C C00372532

City Denton State TX Zip Code 76202

Transaction ID : 15398563

Purpose of Disbursement

011
Category/
Type

Amount of Each Disbursement this Period

4000.00

Candidate Name
Burgess, Michael C., , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TX District: 00

Memo Item

Full Name (Last, First, Middle Initial)
B. Dr. Raul Ruiz For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2018

Mailing Address PO Box 6116

FEC Identification Number

C C00502575

City La Quinta State CA Zip Code 92248

Transaction ID : 15398567

Purpose of Disbursement

011
Category/
Type

Amount of Each Disbursement this Period

1500.00

Candidate Name
Ruiz, Raul, , Rep., MD

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 36

Memo Item

Full Name (Last, First, Middle Initial)
C. Dr. Raul Ruiz For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2018

Mailing Address PO Box 6116

FEC Identification Number

C C00502575

City La Quinta State CA Zip Code 92248

Transaction ID : 15398568

Purpose of Disbursement

011
Category/
Type

Amount of Each Disbursement this Period

5000.00

Candidate Name
Ruiz, Raul, , Rep., MD

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 36

Memo Item

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

10500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Healthcare Freedom Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

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
02 / 20 / 2018

FEC Identification Number

Transaction ID : 15398569
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

Category/Type

Candidate Name
Paulsen, Erik, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MN District: 03

Date of Disbursement
MM / DD / YYYY
02 / 12 / 2018

FEC Identification Number
 C00439661
Transaction ID : 15398571
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

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="6500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="45500.00"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. SunTrust Bank Charges		Date of Disbursement MM / DD / YYYY 01 / 31 / 2018	
Mailing Address PO Box 622227		FEC Identification Number C [REDACTED]	
City Orlando	State FL	Zip Code 32862-2227	Transaction ID : 15315627
Purpose of Disbursement		<input type="checkbox"/> 001	Amount of Each Disbursement this Period 497.87
Candidate Name		Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. SunTrust Bank Charges		Date of Disbursement MM / DD / YYYY 02 / 28 / 2018	
Mailing Address PO Box 622227		FEC Identification Number C [REDACTED]	
City Orlando	State FL	Zip Code 32862-2227	Transaction ID : 15398565
Purpose of Disbursement		<input type="checkbox"/> 001	Amount of Each Disbursement this Period 409.92
Candidate Name		Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. SunTrust Bank Charges		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018	
Mailing Address PO Box 622227		FEC Identification Number C [REDACTED]	
City Orlando	State FL	Zip Code 32862-2227	Transaction ID : 15398566
Purpose of Disbursement		<input type="checkbox"/> 001	Amount of Each Disbursement this Period 378.22
Candidate Name		Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

1286.01

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

1286.01