

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER 2008 JUL 15 AM 10:08 Office Use Only

1. NAME OF COMMITTEE (In full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American College of Rheumatology (RHEUMPAC)

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00432823

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
July 15 Quarterly Report(Q2)
October 15 Quarterly Report(Q3)
January 31 Quarterly Report(YE)
July 31 Mid-Year Report(Non-election Year Only) (MY)
Termination Report (TER)

Table with columns for report due dates: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

Table (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G)

Table (d) 30-Day Post-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 04 01 2008 through 06 30 2008

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

Type or Print Name of Treasurer Fredrick Dietz

Signature of Treasurer [Signature] Date 7/10/08

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

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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Rheumatology (RHEUMPAC)

Report Covering the Period: From: ^{M M} 0 4 ^{D D} 0 1 ^{Y Y W Y} 2 0 0 8 To: ^{M M} 0 6 ^{D D} 3 0 ^{Y Y Y Y} 2 0 0 8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2008 ^Y		22124.92
(b) Cash on Hand at Beginning of Reporting Period	33255.80	
(c) Total Receipts (from Line 19)	1734.93	13135.10
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34990.73	35260.02
7. Total Disbursements (from Line 31)	5721.23	5990.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29269.50	29269.50
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

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**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

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

Report Covering the Period: From: ^{M M} 0 4 ^{D D} 0 1 ^{Y Y W Y} 2 0 0 8 To: ^{M M} 0 6 ^{D D} 3 0 ^{Y Y Y Y} 2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	750.00	11150.00
(ii) Unitemized	225.00	1225.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	975.00	12375.00
(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)	975.00	12375.00
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)	759.93	760.10
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1734.93	13135.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1734.93	13135.10

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DETAILED SUMMARY PAGE
of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	5500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ➤	0.00	0.00
29. Other Disbursements.....	221.23	490.52
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5721.23	5990.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5721.23	5990.52

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DETAILED SUMMARY PAGE
of Disbursements

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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	975.00	12375.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	975.00	12375.00
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)	759.93	760.10
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-759.93	-760.10

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 10		
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A. Leslie Croford Full Name (Last, First, Middle Initial) Mailing Address 1809 Fairway Dr		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 8 Transaction ID: SA11A1.4303 Amount of Each Receipt this Period 500.00
City Lexington State KY Zip Code 40502		
FEC ID number of contributing federal political committee. C		
Name of Employer University of Kentucky Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Eileen Moynihan Full Name (Last, First, Middle Initial) Mailing Address 1304 Maple Ave		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 8 Transaction ID: SA11A1.4320 Amount of Each Receipt this Period 250.00
City Haddon Heights State NJ Zip Code 08035		
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Occupation Information Requested		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Berkley for Congress		Transaction ID: SB23.4300 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8	
Mailing Address 7500 W. Lake Mead Blvd. Box9-306		Amount of Each Disbursement this Period 2000.00	
City Las Vegas	State NV Zip Code 89128		
Purpose of Disbursement Candidate Name SHELLEY BERKLEY			011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
Full Name (Last, First, Middle Initial) B. FRIENDS OF MAX BAUCUS		Transaction ID: SB23.4301 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8	
Mailing Address BOX 586		Amount of Each Disbursement this Period 2000.00	
City HELENA	State MT Zip Code 59624		
Purpose of Disbursement Candidate Name MAX BAUCUS			011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. MICHAEL BURGESS FOR CONGRESS		Transaction ID: SB23.4308 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 8	
Mailing Address PO Box 2334		Amount of Each Disbursement this Period 1500.00	
City Denton	State TX Zip Code 76202		
Purpose of Disbursement Contribution to Campaign Candidate Name MICHAEL C DR BURGESS			Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	5500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 / 10

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

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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB29.4314 Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2008	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	4.50
Purpose of Disbursement Fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB29.4294 Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2008	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	4.50
Purpose of Disbursement Fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Visa and Mastercard		Transaction ID: SB29.4315 Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2008	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	13.52
Purpose of Disbursement Fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	▶	22.52
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)

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

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

Full Name (Last, First, Middle Initial) A. Visa and Mastercard		Transaction ID: SB29.4316 Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2008	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code		24.07	
Purpose of Disbursement Fees		Category/Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Visa and Mastercard		Transaction ID: SB29.4317 Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2008	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code		84.64	
Purpose of Disbursement Fees		Category/Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Visa and Mastercard		Transaction ID: SB29.4318 Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2008	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code		45.00	
Purpose of Disbursement Fees		Category/Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	153.71
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 10 / 10
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b	

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

Full Name (Last, First, Middle Initial)		Transaction ID: SB29.4325	
A. Visa and Mastercard		Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y 06 / 10 / 2008	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement Fees		2.51	
Candidate Name		Category/Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial)		Transaction ID: SB29.4326	
B. Visa and Mastercard		Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y 06 / 10 / 2008	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement Fees		42.49	
Candidate Name		Category/Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	45.00
TOTAL This Period (last page this line number only)	221.23

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>7/14/08</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

ED

PREPARER

(3/2005)

7/15/08

DATE PREPARED

28039774343