

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 Atlanta GA 30319 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00432823 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (X), Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

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 Herb Baraf

Signature of Treasurer Herb Baraf [Electronically Filed] Date 08 / 25 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>		<input type="text" value="190601.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="190601.04"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="65268.65"/>	<input type="text" value="65268.65"/>
(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="255869.69"/>	<input type="text" value="255869.69"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="57221.81"/>	<input type="text" value="57221.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="198647.88"/>	<input type="text" value="198647.88"/>
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. 06/2004)

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).....	58701.00	58701.00
(ii) Unitemized	4310.00	4310.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	63011.00	63011.00
(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)	63011.00	63011.00
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.).....	2257.65	2257.65
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))..... ▶	65268.65	65268.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	65268.65	65268.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	55500.00	55500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	1721.81	1721.81
30. Federal Election Activity (2 U.S.C. §431(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)) ..	57221.81	57221.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	57221.81	57221.81

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	63011.00	63011.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63011.00	63011.00
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 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

In response to 8/11/15 RFAI. Amendment filed to clarify that monthly receipts from connected organizations were reimbursements for credit card and bank charges. Copy of letter of re-designation for 4/14/15 contribution to Bennet for Colorado will be mailed to the FEC.

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:	PAGE 7 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Alan Brodsky
Full Name (Last, First, Middle Initial)

Mailing Address 8440 Walnut Hill

City Dallas State TX Zip Code 75231

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

Name of Employer Arthritis Care & Diagnostic Occupation 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
 01 / 05 / 2015

Transaction ID : 13003267

Amount of Each Receipt this Period
 250.00

B. James Engelbrecht
Full Name (Last, First, Middle Initial)

Mailing Address 4281 Rosemary Lane

City Rapid City State SD Zip Code 57702

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

Name of Employer Black Hills Orth and Spine Cen Occupation 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
 01 / 09 / 2015

Transaction ID : 13005155

Amount of Each Receipt this Period
 250.00

C. Angus Worthing MD
Full Name (Last, First, Middle Initial)

Mailing Address 5530 Wisconsin Ave #1150

City Chevy Chase State MD Zip Code 20815

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

Name of Employer Arthritis and Rheumatism Associates, P Occupation 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
 01 / 13 / 2015

Transaction ID : 13031262

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 44
	<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. Abby Abelson
Full Name (Last, First, Middle Initial)

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 Cleveland Clinic Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2015
Transaction ID : 13042191

Amount of Each Receipt this Period
 300.00

B. Karen Kolba
Full Name (Last, First, Middle Initial)

Mailing Address 110 Erna Way

City Pismo Beach State CA Zip Code 93449

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

Name of Employer Self-Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2015
Transaction ID : 13046134

Amount of Each Receipt this Period
 1500.00

C. Kelly Weselman
Full Name (Last, First, Middle Initial)

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 Wellstar Rheumatology Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2015
Transaction ID : 13046135

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
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 9 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Joseph P. Lemmer
Full Name (Last, First, Middle Initial)

Mailing Address 5342 Doe Run Rd.

City Poanoke State VA Zip Code 24018

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

Name of Employer Lewis-Gale Phys. Occupation 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 / 26 / 2015
Transaction ID : 13046137

Amount of Each Receipt this Period
 500.00

B. Eric Matteson
Full Name (Last, First, Middle Initial)

Mailing Address 1752 Walden LN SW

City Rochester State MN Zip Code 55902

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

Name of Employer Mayo Clinic Occupation MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 13046953

Amount of Each Receipt this Period
 250.00

C. Gary Bryant
Full Name (Last, First, Middle Initial)

Mailing Address 5429 Vining Point Road

City Minnetonka State MN Zip Code 55345

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

Name of Employer University of Minnesota Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : 13077921

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 44
<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. Joseph Huffstutter
Full Name (Last, First, Middle Initial)

Mailing Address 4229 Leedy Moutain Lane

City Signal Moutain State TN Zip Code 37377

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

Name of Employer Arthritis Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : 13097429

Amount of Each Receipt this Period
 3000.00

B. Erin Arnold
Full Name (Last, First, Middle Initial)

Mailing Address 1331 Greenwood

City Wilmette State IL Zip Code 60091

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

Name of Employer Illinois Bone and Joint Inst. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015

Transaction ID : 13097430

Amount of Each Receipt this Period
 250.00

C. Bruce Cronstein
Full Name (Last, First, Middle Initial)

Mailing Address 550 First Avenue MSB255

City New York State NY Zip Code 10016

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

Name of Employer NYU School of Medicine Occupation Physician/Professor of Medicine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2015

Transaction ID : 13104633

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....	3500.00
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 11 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Emily Isaacs
 Full Name (Last, First, Middle Initial)
 Mailing Address 909 9th Ave #300
 City Fort Worth State TX Zip Code 76104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Forth Worth Clinic PA Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2015
Transaction ID : 13104732
 Amount of Each Receipt this Period
 250.00

B. Colin Edgerton
 Full Name (Last, First, Middle Initial)
 Mailing Address 911 Napiers Post Dr
 City Evans State GA Zip Code 30809-6429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Army Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2015
Transaction ID : 13104734
 Amount of Each Receipt this Period
 250.00

C. Nilsa Cruz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2801 W KK River Pkwy Ste. 375
 City Milwaukee State WI Zip Code 53215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Milwaukee Rheumatology Center Occupation rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2015
Transaction ID : 13104735
 Amount of Each Receipt this Period
 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 44
	<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Gwenesta B Melton		Date of Receipt MM / DD / YYYY 02 / 18 / 2015 Transaction ID : 13104738
Mailing Address 443 Harlow Dr		Amount of Each Receipt this Period 2500.00
City LaFayetteville	State NC	Zip Code 28314
FEC ID number of contributing federal political committee. C	Name of Employer LaFayetteville Clinic	Occupation Rheumatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Edward Herzig		Date of Receipt MM / DD / YYYY 02 / 20 / 2015 Transaction ID : 13113421
Mailing Address 2121 Alpine Place Apt. 703		Amount of Each Receipt this Period 1000.00
City Cincinnati	State OH	Zip Code 45206-3612
FEC ID number of contributing federal political committee. C	Name of Employer Herzig Krall Medical Group	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Deborah D. Desir MD		Date of Receipt MM / DD / YYYY 02 / 20 / 2015 Transaction ID : 13113422
Mailing Address 3018 Dixwell Ave.		Amount of Each Receipt this Period 500.00
City Hamden	State CT	Zip Code 06518
FEC ID number of contributing federal political committee. C	Name of Employer Arthritis and Osteoporosis PC	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
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 44
	<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. Liana Fraenkel
Full Name (Last, First, Middle Initial)

Mailing Address 12 Winton Farm Rd.

City Newton State CT Zip Code 06470

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

Name of Employer Yale University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
02 / 20 / 2015
Transaction ID : 13113423

Amount of Each Receipt this Period
500.00

B. Richard Furie
Full Name (Last, First, Middle Initial)

Mailing Address Division of Rheumatology
2800 Marcus Ave

City Lake Success State NY Zip Code 11042

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

Name of Employer North Shore LIJ Health System Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
02 / 20 / 2015
Transaction ID : 13113424

Amount of Each Receipt this Period
250.00

C. Dr. Zsuzsanna McMahan
Full Name (Last, First, Middle Initial)

Mailing Address 230 Overbrook Rd.

City Baltimore State MD Zip Code 21212

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

Name of Employer Johns Hopkins Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
02 / 20 / 2015
Transaction ID : 13113425

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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 14 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. J. Suzanne Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 4304 Annadale Circle
 City Jonesboro State AR Zip Code 72404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Bernard's Hospital Occupation Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015
Transaction ID : 13113426
 Amount of Each Receipt this Period
 250.00

B. Joan Marie Von Feldt
 Full Name (Last, First, Middle Initial)
 Mailing Address 716 Taunton Road
 City Wilmington State DE Zip Code 19803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Pennsylvania/Philadelphi Occupation Professor of Medicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015
Transaction ID : 13113427
 Amount of Each Receipt this Period
 1000.00

C. David Daikh
 Full Name (Last, First, Middle Initial)
 Mailing Address 3633 Clement
 City San Francisco State CA Zip Code 94121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UCSF/VA Medical Center Occupation Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015
Transaction ID : 13113428
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
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 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Polly Ferguson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4662 Rapid Creek Trail NE
 City Iowa City State IA Zip Code 52240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Iowa Carver College of M Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015
Transaction ID : 13113430
 Amount of Each Receipt this Period
 250.00

B. Dr. Dannette Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2500 N State St
 City Jackson State MS Zip Code 39216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of MS Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : 13113448
 Amount of Each Receipt this Period
 500.00

C. Frederick Dietz
 Full Name (Last, First, Middle Initial)
 Mailing Address 4003 Cushman Close
 City Rockford State IL Zip Code 61114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockford Health System Occupation Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2015
Transaction ID : 13114517
 Amount of Each Receipt this Period
 500.00

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:	PAGE 16 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Amar Q Majjhoo		Date of Receipt MM / DD / YYYY 02 / 24 / 2015 Transaction ID : 13114518
Mailing Address 1084 Jefferson Drive		Amount of Each Receipt this Period 251.00
City Troy	State MI	Zip Code 48084
FEC ID number of contributing federal political committee. C	Name of Employer Shores Rheumatology	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.00	

Full Name (Last, First, Middle Initial) B. Timothy Laing		Date of Receipt MM / DD / YYYY 02 / 21 / 2015 Transaction ID : 13114519
Mailing Address 5522 Warren Road		Amount of Each Receipt this Period 4000.00
City Ann Arbor	State MI	Zip Code 48105
FEC ID number of contributing federal political committee. C	Name of Employer University of Michigan	Occupation MD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. Rodolfo Molina		Date of Receipt MM / DD / YYYY 02 / 21 / 2015 Transaction ID : 13114520
Mailing Address 125 E. King's Highway		Amount of Each Receipt this Period 2000.00
City San Antonio	State TX	Zip Code 78212
FEC ID number of contributing federal political committee. C	Name of Employer Arthritis Associates PA	Occupation Rheumatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	6251.00
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 44
	<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. Joseph Flood
Full Name (Last, First, Middle Initial)

Mailing Address 751 Jaeger Street

City Columbus State OH Zip Code 43206-2272

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

Name of Employer Columbus Arthritis Center Occupation Physician 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
 02 / 20 / 2015

Transaction ID : 13114522

Amount of Each Receipt this Period
 1000.00

B. William St. Clair
Full Name (Last, First, Middle Initial)

Mailing Address 11 West Haven Place

City Durham State NC Zip Code 27705

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

Name of Employer Duke Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : 13114523

Amount of Each Receipt this Period
 2000.00

C. Joanne Jordan
Full Name (Last, First, Middle Initial)

Mailing Address 3615 Windy Hill Rd

City Chapel Hill State NC Zip Code 27514

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

Name of Employer University of North Carolina Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : 13114536

Amount of Each Receipt this Period
 250.00

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 44
	<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. Sharad Lakhanpal
Full Name (Last, First, Middle Initial)

Mailing Address 5320 Royal Lane

City Dallas State TX Zip Code 75229

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

Name of Employer Rheumatology Associates Occupation 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 / 21 / 2015
Transaction ID : 13125018

Amount of Each Receipt this Period
2000.00

B. V. Michael Holers
Full Name (Last, First, Middle Initial)

Mailing Address 1775 Aurora Ct.

City Aurora State CO Zip Code 80045

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

Name of Employer University of Colorado School of Medic Occupation 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
03 / 04 / 2015
Transaction ID : 13165779

Amount of Each Receipt this Period
500.00

C. Chris Morris
Full Name (Last, First, Middle Initial)

Mailing Address 3 Sheridan Square

City Kingsport State TN Zip Code 37660

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

Name of Employer Arthritis Associates Occupation 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
03 / 13 / 2015
Transaction ID : 13165781

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00

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

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

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FOR LINE NUMBER: PAGE 19 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 33 Worcester Square #4

City Boston State MA Zip Code 02118

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

Name of Employer Tufts Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2015
Transaction ID : 13165785

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
B. Chad Deal

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 Cleveland Clinic Occupation 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
 03 / 12 / 2015
Transaction ID : 13165786

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Cathy Chapman

Mailing Address 5210 Poplar Ave, Ste. 150

City Memphis State TN Zip Code 38119

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

Name of Employer Rheumatology & Derm Assoc. Occupation 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 / 12 / 2015
Transaction ID : 13165788

Amount of Each Receipt this Period
1000.00

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: PAGE 20 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Sue Olsson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4201 Woodcrest Ct.
 City Ypskantil State MI Zip Code 48197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Michigan Occupation Nurse
 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
 03 / 12 / 2015
Transaction ID : 13165789
 Amount of Each Receipt this Period
 250.00

B. David P Wolfe
 Full Name (Last, First, Middle Initial)
 Mailing Address 5603 Parkston Rd
 City Bethesda State MD Zip Code 20816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arthritis and Rheumatism Associates, P Occupation 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
 03 / 06 / 2015
Transaction ID : 13179716
 Amount of Each Receipt this Period
 500.00

C. Daniel A Kietz
 Full Name (Last, First, Middle Initial)
 Mailing Address Children's Hospital of Pittsbu
 4401 Penn Ave
 City Pittsburgh State PA Zip Code 15224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Pittsburgh Occupation 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
 03 / 12 / 2015
Transaction ID : 13179723
 Amount of Each Receipt this Period
 250.00

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 21 OF 44
	<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. Kevin Kempf
Full Name (Last, First, Middle Initial)

Mailing Address 19272 Stone Oak Pkwy, #101

City San Antonio State TX Zip Code 78258

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

Name of Employer Rheumatology Assoc. of So. TX Occupation 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
03 / 15 / 2015

Transaction ID : 13179724

Amount of Each Receipt this Period
500.00

B. Kent Kwas Huston MD
Full Name (Last, First, Middle Initial)

Mailing Address 4330 Wornall Rd.
Bld 2, #40

City Kansas City State MO Zip Code 64111

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

Name of Employer Center for Rheumatic Disease Occupation 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 / 20 / 2015

Transaction ID : 13179728

Amount of Each Receipt this Period
1000.00

C. Chaim Putterman
Full Name (Last, First, Middle Initial)

Mailing Address 1300 Morris Park Ave
701N Forch

City Bronx State NY Zip Code 10461

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

Name of Employer Albert Einstein College of Med Occupation 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
03 / 22 / 2015

Transaction ID : 13189447

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 44
	<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. Max Hamburger
Full Name (Last, First, Middle Initial)

Mailing Address 315 Middle Co Rd

City Smithtown State NY Zip Code 11787

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

Name of Employer Rheum Assoc of Long Island Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2015
Transaction ID : 13189449

Amount of Each Receipt this Period
 2250.00

B. Daniel Malone
Full Name (Last, First, Middle Initial)

Mailing Address 3437 Edgehill Pkwy

City Madison State WI Zip Code 53705-1450

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

Name of Employer Excel Ortho Occupation 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
 03 / 23 / 2015
Transaction ID : 13189453

Amount of Each Receipt this Period
 500.00

C. Angus Worthing MD
Full Name (Last, First, Middle Initial)

Mailing Address 5530 Wisconsin Ave #1150

City Chevy Chase State MD Zip Code 20815

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

Name of Employer Arthritis and Rheumatism Associates, P Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2015
Transaction ID : 13193098

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	2850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 44
	<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. Joseph J Weiss
 Full Name (Last, First, Middle Initial)
 Mailing Address 4485 Chippewa CT
 City Bloomfield Hills State MI Zip Code 48301-1551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Physician-Rheumatologist
 Receipt For: Primary General Other (specify) Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2015
Transaction ID : 13193099
 Amount of Each Receipt this Period
 350.00

B. Jeffrey Lawson
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Crescent Ave
 City Greenville State SC Zip Code 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Piedmont Arthritis Center Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : 13193100
 Amount of Each Receipt this Period
 2000.00

C. Edward Fudman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 W 38th Street Suite 702
 City Austin State TX Zip Code 78705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation self physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2015
Transaction ID : 13193980
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 44
	<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. Everett Allen
Full Name (Last, First, Middle Initial)

Mailing Address 19272 Stone Oak Pkwy, Ste. 101

City San Antonio	State TX	Zip Code 78258
---------------------	-------------	-------------------

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

Name of Employer Rheumatology Assoc. South Texas	Occupation 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
04	/	02	/	2015

Transaction ID : 13193981

Amount of Each Receipt this Period
500.00

B. David R Karp
Full Name (Last, First, Middle Initial)

Mailing Address 5323 Harry Hines Blvd.

City Dallas	State TX	Zip Code 75390
----------------	-------------	-------------------

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

Name of Employer University of Texas	Occupation Professor and Chief, Rheumatic Disease
---	--

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
04	/	06	/	2015

Transaction ID : 13222152

Amount of Each Receipt this Period
500.00

C. Ellison Smith
Full Name (Last, First, Middle Initial)

Mailing Address 445 Biltmore Center, Suite 306

City Asheville	State NC	Zip Code 28801
-------------------	-------------	-------------------

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

Name of Employer Asheville Arthritis	Occupation physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2015

Transaction ID : 13261500

Amount of Each Receipt this Period
2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. F E Harper
Full Name (Last, First, Middle Initial)

Mailing Address 1325 Middle St.

City State Zip Code
Sullivans Island SC 29482

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

Name of Employer Occupation
East Cooper Rheumatology. PA MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 09 / 2015

Transaction ID : 13261501

Amount of Each Receipt this Period
500.00

B. James Jenkins
Full Name (Last, First, Middle Initial)

Mailing Address 5800 Sea Walk Drive No. 8

City State Zip Code
Playa Vista CA 90094

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

Name of Employer Occupation
Pacific Arthritis Center Chief Executive Officer

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 / 15 / 2015

Transaction ID : 13261502

Amount of Each Receipt this Period
2000.00

C. James Engelbrecht
Full Name (Last, First, Middle Initial)

Mailing Address 4281 Rosemary Lane

City State Zip Code
Rapid City SD 57702

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

Name of Employer Occupation
Black Hills Orth and Spine Cen 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
04 / 17 / 2015

Transaction ID : 13261557

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 44
	<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. Geneva Hill
Full Name (Last, First, Middle Initial)

Mailing Address 3 St Francis Drive Suite 400

City Greenville State SC Zip Code 29601

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

Name of Employer Piedmont Arthritis Clinic Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : 13261564

Amount of Each Receipt this Period
300.00

B. Howard Blumstein
Full Name (Last, First, Middle Initial)

Mailing Address Rheumatology Associates of Long Is
315 Middle Country Rd

City Smithtown State NY Zip Code 11787

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

Name of Employer Rheum Associates of Long Island Occupation 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
05 / 12 / 2015

Transaction ID : 13298314

Amount of Each Receipt this Period
250.00

C. Marilyn G Punaro
Full Name (Last, First, Middle Initial)

Mailing Address 3965 Cedarbrush Drive

City Dallas State TX Zip Code 75229

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

Name of Employer UT Southwestern Medical Center Occupation 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
05 / 13 / 2015

Transaction ID : 13298368

Amount of Each Receipt this Period
500.00

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 27 OF 44
	<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. Charles King
Full Name (Last, First, Middle Initial)

Mailing Address 179 Edgewater Cv

City Belden State MS Zip Code 38826-9145

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

Name of Employer NMMCI Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
05 / 15 / 2015
Transaction ID : 13298369

Amount of Each Receipt this Period
1000.00

B. Meera Oza
Full Name (Last, First, Middle Initial)

Mailing Address 2574 Admirals Walk Dr S

City Orange Park State FL Zip Code 32073-6102

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

Name of Employer Self-Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
05 / 26 / 2015
Transaction ID : 13330104

Amount of Each Receipt this Period
2000.00

C. Edward Herzig
Full Name (Last, First, Middle Initial)

Mailing Address 2121 Alpine Place Apt. 703

City Cincinnati State OH Zip Code 45206-3612

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

Name of Employer Herzig Krall Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
05 / 29 / 2015
Transaction ID : 13330105

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 44
	<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. Michael Brooks
Full Name (Last, First, Middle Initial)

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 Physicians Clinic of Iowa Occupation 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
 05 / 26 / 2015
Transaction ID : 13330108

Amount of Each Receipt this Period
 1000.00

B. Elizabeth Tindall
Full Name (Last, First, Middle Initial)

Mailing Address 1255 SW Schaeffer Rd

City West Linn State OR Zip Code 97068

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

Name of Employer Self Occupation 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
 05 / 18 / 2015
Transaction ID : 13330109

Amount of Each Receipt this Period
 500.00

C. Lee Douglas Graham
Full Name (Last, First, Middle Initial)

Mailing Address 2650 N. Lakeview, Apt. 2301

City Chicago State IL Zip Code 60614

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

Name of Employer DuPage Medical Group Occupation 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
 06 / 10 / 2015
Transaction ID : 13416064

Amount of Each Receipt this Period
 1000.00

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 29 OF 44
	<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. Alan Epstein
Full Name (Last, First, Middle Initial)

Mailing Address 1749 Country Club Dr.

City State Zip Code
Cherry Hill NJ 08003

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

Name of Employer Occupation
Pennsylvania Hospital 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
06 / 10 / 2015
Transaction ID : 13416065

Amount of Each Receipt this Period
250.00

B. Matthew Mundwiler
Full Name (Last, First, Middle Initial)

Mailing Address 6570 Deer Island Drive

City State Zip Code
Cherry Valley IL 61016

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

Name of Employer Occupation
Rockford Orthopedic Associates 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
06 / 08 / 2015
Transaction ID : 13416069

Amount of Each Receipt this Period
500.00

C. Dr. Luiziana Marinescu
Full Name (Last, First, Middle Initial)

Mailing Address 50 Jefferson Landing Circle

City State Zip Code
Jefferson NY 11777

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

Name of Employer Occupation
Rheumatology Associates of Long Island 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
06 / 09 / 2015
Transaction ID : 13416070

Amount of Each Receipt this Period
250.00

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: PAGE 30 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James Udell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7908-B Bustleton Ave
 City Philadelphia State PA Zip Code 19152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arthritis Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 15 / 2015
Transaction ID : 13458552
 Amount of Each Receipt this Period 500.00

B. Jonathan Kay
 Full Name (Last, First, Middle Initial)
 Mailing Address 62 Olde Field Road
 City Newton Centre State MA Zip Code 02459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mass General Physicians Org Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2015
Transaction ID : 13461142
 Amount of Each Receipt this Period 250.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	58701.00

**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 31 OF 44
<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)

Full Name (Last, First, Middle Initial)
A. American College of Rheumatology

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : 13046136

Amount of Each Receipt this Period
 720.96

December 2014 Credit Card Fees Reimbursement

Full Name (Last, First, Middle Initial)
B. American College of Rheumatology

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1042.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2015
Transaction ID : 13165790

Amount of Each Receipt this Period
 321.14

January 2015 Credit Card Fees Reimbursement

Full Name (Last, First, Middle Initial)
C. American College of Rheumatology

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1132.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2015
Transaction ID : 13189454

Amount of Each Receipt this Period
 90.14

February 2015 Credit Card Fees Reimbursement

SUBTOTAL of Receipts This Page (optional).....	1132.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 44
<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)

Full Name (Last, First, Middle Initial)
A. American College of Rheumatology

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1866.45

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2015
Transaction ID : 13300482

Amount of Each Receipt this Period
734.21

March 2015 Credit Card Fees Reimbursement

Full Name (Last, First, Middle Initial)
B. American College of Rheumatology

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2075.31

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2015
Transaction ID : 13330106

Amount of Each Receipt this Period
208.86

April 2015 Credit Card Fees Reimbursement

Full Name (Last, First, Middle Initial)
C. American College of Rheumatology

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2257.65

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2015
Transaction ID : 13416066

Amount of Each Receipt this Period
182.34

May 2015 Credit Card Fees Reimbursement

SUBTOTAL of Receipts This Page (optional).....▶	1125.41
TOTAL This Period (last page this line number only).....▶	2257.65

**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"/> 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. Andy Harris For Congress

Mailing Address PO Box 604

City State Zip Code
Bel Air MD 21014

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Andy Harris

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2015

Transaction ID : 13045807

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Frank Pallone Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2015

Transaction ID : 13045808

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of John Boehner

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City State Zip Code
West Chester OH 45069

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John Boehner

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2015

Transaction ID : 13045809

Amount of Each Disbursement this Period

2500.00

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

4500.00

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"/> 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. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Michael C. Burgess

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : 13090807

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Pitts

Mailing Address PO Box 775

City State Zip Code
Unionville PA 19375

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Joseph Pitts

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2015

Transaction ID : 13125366

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 9639

City State Zip Code
Bowling Green KY 42102

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. S. Guthrie

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2015

Transaction ID : 13125367

Amount of Each Disbursement this Period

2500.00

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

4500.00

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"/> 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. Price For Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

011

Candidate Name
Rep. Thomas Price M.D.

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2015

Transaction ID : 13125368

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ryan For Congress

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement

011

Candidate Name
Rep. Paul Ryan

Category/
Type

Office Sought: House
 Senate
 President
State: WI District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2015

Transaction ID : 13125369

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Upton For All Of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

011

Candidate Name
Rep. Frederick Upton

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2015

Transaction ID : 13125370

Amount of Each Disbursement this Period

2500.00

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

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

5000.00

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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)

<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. Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

011

Candidate Name

Rep. Sander Levin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : 13241970

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Mckinley For Congress

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement

011

Candidate Name

Rep. David McKinley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : 13241971

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Bennet For Colorado

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement

011

Candidate Name

Sen. Michael Bennet

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : 13241972

Amount of Each Disbursement this Period

2500.00

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

9500.00

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"/> 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. People For Patty Murray U S Senate Campaign

Mailing Address PO Box 3662

City State Zip Code
Seattle WA 98124

Purpose of Disbursement

011

Candidate Name

Sen. Patty Murray

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : 13288022

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City State Zip Code
Raleigh NC 27624

Purpose of Disbursement

011

Candidate Name

Rep. Renee Ellmers RN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : 13288023

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement

011

Candidate Name

Michael C. Burgess

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : 13288026

Amount of Each Disbursement this Period

3000.00

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

8500.00

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"/> 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. Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement

011

Candidate Name
Rep. Marsha Blackburn

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2015

Transaction ID : 13288030

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Hoyer For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name
Rep. Steny Hoyer

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2015

Transaction ID : 13288031

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Diana DeGette For Congress

Mailing Address P.O. Box 61337

City Denver State CO Zip Code 80206

Purpose of Disbursement

011

Candidate Name
Rep. Diana DeGette

Category/
Type

Office Sought: House
 Senate
 President
State: CO District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2015

Transaction ID : 13309929

Amount of Each Disbursement this Period

2500.00

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"/> 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. Bera For Congress

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement

011

Candidate Name

Amerish Bera

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	5

Transaction ID : 13310060

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends For Jim Mcdermott

Mailing Address PO Box 21786

City Seattle State WA Zip Code 98111

Purpose of Disbursement

011

Candidate Name

Rep. Jim McDermott

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

Transaction ID : 13329618

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Nancy Pelosi For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

Rep. Nancy Pelosi

Category/
Type

Office Sought: House Senate President
State: CA District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

Transaction ID : 13329619

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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"/> 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. Joe Kennedy For Congress

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Joseph Kennedy

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

Transaction ID : 13398286

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ron Kind

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

Transaction ID : 13398287

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Rob Portman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

Transaction ID : 13398288

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

**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"/> 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. Fleming For Congress

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John Fleming MD

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : 13411944

Amount of Each Disbursement this Period

1000.00

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

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

Amount of Each Disbursement this Period

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

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

Amount of Each Disbursement this Period

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

1000.00

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

55500.00

**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"/> 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. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : 13107198

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : 13178902

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : 13262256

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<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. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : 13320333

Amount of Each Disbursement this Period

208.86

Full Name (Last, First, Middle Initial)

B. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2015

Transaction ID : 13461621

Amount of Each Disbursement this Period

182.34

Full Name (Last, First, Middle Initial)

C. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : 13461642

Amount of Each Disbursement this Period

185.12

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

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

576.32

1721.81