

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 02 2010 in the State of _____

5. Covering Period 10 14 2010 through 11 22 2010

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 Ed Herzig

Signature of Treasurer Electronically Filed by Ed Herzig Date 03 23 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3XA**

Added contribution not originally reported and bank fees.

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		89718.72
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	89713.50									
(c) Total Receipts (from Line 19)	22211.50	73738.35								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	111925.00	163457.07								
7. Total Disbursements (from Line 31)	7714.02	59246.09								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	104210.98	104210.98								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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)	18340.00	58340.00
(ii) Unitemized	3700.00	13008.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22040.00	71348.00
(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)	22040.00	71348.00
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.)	171.50	2390.35
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))	22211.50	73738.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22211.50	73738.35

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	7500.00	57000.00
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	125.00
(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	125.00
29. Other Disbursements.....	214.02	2121.09
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))..	7714.02	59246.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7714.02	59246.09

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	22040.00	71348.00
34. Total Contribution Refunds (from Line 28(d))	0.00	125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22040.00	71223.00
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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 26
(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)

<p>A. Full Name (Last, First, Middle Initial) Michael C Schweitz</p> <p>Mailing Address 7721 Pine Tree LN</p> <p>City State Zip Code West Palm Beach FL 33406-7833</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Rheumatologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0</p> <p>Transaction ID: 9599529</p> <p>Amount of Each Receipt this Period 1000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Paul Demarco</p> <p>Mailing Address</p> <p>City State Zip Code Wheaton MD 20902</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Arthritis and Rheumatism Associates Occupation Rheumatologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 1 0</p> <p>Transaction ID: 9603744</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Karen Kolba</p> <p>Mailing Address 110 Erna Way</p> <p>City State Zip Code Pismo Beach CA 93449</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0</p> <p>Transaction ID: 9605742</p> <p>Amount of Each Receipt this Period 500.00</p>
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SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 26
(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

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

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

Mailing Address 5429 Vining Point Road

City State Zip Code
Minnetonka MN 55345

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

Name of Employer Occupation
University of Minnesota Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2010

Transaction ID: 9608110

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Barry Waters

Mailing Address 1753 NW 126 Dr.

City State Zip Code
Coral Springs FL 33071

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

Name of Employer Occupation
Arthritis Specialists, PA Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2010

Transaction ID: 9608694

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Salahuddin Kazi

Mailing Address 9301 N Central Expressway Ste 675

City State Zip Code
Dallas TX 75231-0823

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

Name of Employer Occupation
Arthritis Consultation Ctr physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2010

Transaction ID: 9608695

Amount of Each Receipt this Period
250.00

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 9 / 26
(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. Full Name (Last, First, Middle Initial)
Sherine Gabriel
Mailing Address 709 9th Ave SW
City Rochester State MN Zip Code 55902
FEC ID number of contributing federal political committee. **C**
Name of Employer Mayo Clinic Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 11 / 02 / 2010
Transaction ID: 9612253
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
James Engelbrecht
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 ▼ 500.00
Date of Receipt 11 / 02 / 2010
Transaction ID: 9612255
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Douglas Mund
Mailing Address 1575 Hillside Ave, Suite 102
City New Hyde Park State NY Zip Code 11040
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 04 / 2010
Transaction ID: 9617165
Amount of Each Receipt this Period 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 26
(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

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

A.

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

Mailing Address 33 Worcester Square #4

City State Zip Code
Boston MA 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 ▼ 260.00

Date of Receipt 11 / 07 / 2010

Transaction ID: 9641826

Amount of Each Receipt this Period 160.00

B.

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

Mailing Address 5210 Poplar Ave, Ste. 150

City State Zip Code
Memphis TN 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 ▼ 270.00

Date of Receipt 11 / 08 / 2010

Transaction ID: 9641828

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Edward Fudman

Mailing Address 1301 W 38th Street Suite 702

City State Zip Code
Austin TX 78705

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 ▼ 270.00

Date of Receipt 11 / 08 / 2010

Transaction ID: 9642046

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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 / 26

(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

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

A.

Full Name (Last, First, Middle Initial)
Jennifer May, MD

Mailing Address 3809 Ponderosa Court

City State Zip Code
Rapid City SD 57702

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

Name of Employer
Black Hills Orthopedic & Spine Center

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 9642047

Amount of Each Receipt this Period

260.00

B.

Full Name (Last, First, Middle Initial)
Salahuddin Kazi

Mailing Address 9301 N Central Expressway Ste 675

City State Zip Code
Dallas TX 75231-0823

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

Name of Employer
Arthritis Consultation Ctr

Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 1 0

Transaction ID: 9642048

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)
Alex Limanni

Mailing Address 9201 Westeind Ct

City State Zip Code
Dallas TX 75231

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

Name of Employer
Arthritis Centers of Texas

Occupation
Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 9642053

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

530.00

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 12 / 26
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Raymond Scalettar

Mailing Address 12433 Ansin Circle Drive

City State Zip Code
Potmac MD 20854

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

Name of Employer George Washington University
Occupation Clinical Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 09 / 2010

Transaction ID: 9642065

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Don Stromquist

Mailing Address 472 N Main St

City State Zip Code
Salt Lake City UT 84103

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

Name of Employer Utah Arthritis Clinic PC
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
11 / 09 / 2010

Transaction ID: 9642066

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Robert Lloyd

Mailing Address 3277 Rose Glen CT

City State Zip Code
Falls Church VA 22042

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

Name of Employer Arthritis & Rheumatism Assoc.
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 09 / 2010

Transaction ID: 9642071

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **920.00**

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 13 / 26
(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

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

A.

Full Name (Last, First, Middle Initial)
Sharon Stotsky

Mailing Address 64-C Concord St

City State Zip Code
Wilmington MA 01887

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

Name of Employer Occupation
Rheum & Int Med Associated PC physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: 9642073

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Haddon Christopher Alexander, MD

Mailing Address 1206 Partridge Ln

City State Zip Code
Charlottesville VA 22901-1787

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 ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: 9642075

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Terence Starz

Mailing Address 179 Woodshire Dr

City State Zip Code
Pittsburgh PA 15215

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

Name of Employer Occupation
UPMC physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: 9642107

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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 / 26

(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

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

A.

Full Name (Last, First, Middle Initial)
Steven Overman

Mailing Address 10330 Meridian Ave N Ste 250

City State Zip Code
Seattle WA 98133

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

Name of Employer
The Seattle Arthritis Clinic

Occupation
rheumatology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: 9642109

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 2574 Admirals Walk Dr S

City State Zip Code
Orange Park FL 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 ▼
500.00

Date of Receipt

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

Transaction ID: 9642110

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)
Joseph Flood

Mailing Address 751 Jaeger Street

City State Zip Code
Columbus OH 43206-2272

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

Name of Employer
Musculoskeletal Med Specialist

Occupation
Physician Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID: 9642111

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1400.00

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 15 / 26
(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. Full Name (Last, First, Middle Initial)
Brian Sayers
Mailing Address 1301 W. 38th Ste. 110
City Austin State TX Zip Code 78705
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 11 / 11 / 2010
Transaction ID: 9642113
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Arthur Huppert
Mailing Address 245 N Broad St Ste 403
City Philadelphia State PA Zip Code 19107-1518
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Rheumatologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 11 / 2010
Transaction ID: 9642114
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Charles King
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 ▼ 1500.00
Date of Receipt 11 / 11 / 2010
Transaction ID: 9642115
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 / 26
(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
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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A.

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

Mailing Address 1255 SW Schaeffer Rd

City State Zip Code
West Linn OR 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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 11 / 2010

Transaction ID: 9642116

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Herbert Baraf

Mailing Address 2730 University Blvd W Ste 310

City State Zip Code
Wheaton MD 20902

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

Name of Employer Arthritis & Rheumatism Associates, P.C. Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
11 / 11 / 2010

Transaction ID: 9642117

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Stuart Kassan

Mailing Address 9940 E Progress Cir

City State Zip Code
Greenwood Village CO 80111

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2010

Transaction ID: 9642119

Amount of Each Receipt this Period
500.00

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: PAGE 17 / 26
(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. Full Name (Last, First, Middle Initial)
Sean Fahey, MD
 Mailing Address 157 - A Professional Park Dr.
 City State Zip Code
 Mooresville NC 28117
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 7 / 2 0 1 0
Transaction ID: 9642126
 Amount of Each Receipt this Period
 260.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Piedmont Healthcare Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

B. Full Name (Last, First, Middle Initial)
Pendleton B Wickersham, MD
 Mailing Address 4511 Horizon Hill Blvd
 City State Zip Code
 San Antonio TX 78229
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 8 / 2 0 1 0
Transaction ID: 9642132
 Amount of Each Receipt this Period
 260.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Arthritis Associates PA Rheumatologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

C. Full Name (Last, First, Middle Initial)
Howard M Kenney, MD
 Mailing Address 105 W 8th Ave
 City State Zip Code
 Spokane WA 99204
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 1 0
Transaction ID: 9643732
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Arthritis Northwest Rheumatologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

SUBTOTAL of Receipts This Page (optional) ► 1020.00
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 18 / 26
(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. Full Name (Last, First, Middle Initial)
Cynthia Weaver, MD
Mailing Address 2820 Mt Rushmore Rd
City State Zip Code
Rapid City SD 57701
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Rapid City Medical Center Rheumatologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 09 / 2010
Transaction ID: 9643781
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Carmen P Masuelli, MD, FACP
Mailing Address 1140 Cypress Station Dr.
City State Zip Code
Houston TX 77090
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Northwest Diagnostic Rheumatologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 10 / 2010
Transaction ID: 9644330
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Kenneth G Saag, MD, MSc
Mailing Address 1530 3rd Ave South
City State Zip Code
Birmingham AL 35294-3408
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
University of Alabama at Birmingham Professor of Medicine
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 10 / 2010
Transaction ID: 9644346
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 19 / 26
	<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.	Full Name (Last, First, Middle Initial) John J Cush, MD	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 9900 N. Central Expressway	Transaction ID: 9644353
	City State Zip Code Dallas TX 75231	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baylor Research Institute Director Clinical Rheumatology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Frederick D Delafield, MD	Date of Receipt MM / DD / YYYY 11 / 11 / 2010
	Mailing Address 4200 W Memorial Rd #313	Transaction ID: 9644618
	City State Zip Code Oklahoma City OK 73120	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mercy Health Center Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Wendy R Eider, MD	Date of Receipt MM / DD / YYYY 11 / 11 / 2010
	Mailing Address 3902 Creekside Loop Suite 120	Transaction ID: 9644661
	City State Zip Code Yakima WA 98902	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Rheumatologist	
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)	▶	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 20 / 26
(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. Full Name (Last, First, Middle Initial)
Amye L Leong, MBA
Mailing Address 561 North La Cumbre Rd
City Santa Barbara State CA Zip Code 93110
FEC ID number of contributing federal political committee. **C**
Name of Employer Strategic Relations - Bone & Joint Dec Occupation Pres & CEO,HEALTHY MOTIVATION
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 11 / 11 / 2010
Transaction ID: 9644662
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Timothy R Howard, DO
Mailing Address 1534 Park Ave Suite 340
City Quakertown State PA Zip Code 18951
FEC ID number of contributing federal political committee. **C**
Name of Employer Bucks-Mont Rheumatology Occupation Rjeumatology
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 11 / 2010
Transaction ID: 9644663
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Deborah J Power, DO
Mailing Address 7520 N Oracle Rd
City Tucson State AZ Zip Code 85704-4448
FEC ID number of contributing federal political committee. **C**
Name of Employer Catalina Pointe Arthritis & Rheumatolo Occupation Rheumatologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 11 / 2010
Transaction ID: 9644664
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00
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 21 / 26
(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. Full Name (Last, First, Middle Initial)
Sharad Lakhanpal

Mailing Address 5320 Royal Lane

City State Zip Code
Dallas TX 75229

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

Name of Employer Occupation
Rheumatology Associates Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 17 / 2010

Transaction ID: 9644910

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Rodolfo Molina

Mailing Address 125 E. King's Highway

City State Zip Code
San Antonio TX 78212

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

Name of Employer Occupation
Arthritis Associates PA Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 16 / 2010

Transaction ID: 9644920

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Jody K Hargrove, MD

Mailing Address 7250 France Ave So Suite 215

City State Zip Code
Edina MN 55435

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

Name of Employer Occupation
Arthritis & Rheumatology Consultants Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 16 / 2010

Transaction ID: 9644939

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1020.00

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 22 / 26
(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

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

A.	Full Name (Last, First, Middle Initial) Paul Goldfarb		Date of Receipt MM / DD / YYYY 11 / 21 / 2010		
	Mailing Address 2113 Palmbrooke Ct		Transaction ID: 9646644		
	City Lexington	State KY	Zip Code 40513	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Arthritis Center of Lexington Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation rheumatologist Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Max Hamburger		Date of Receipt MM / DD / YYYY 11 / 18 / 2010		
	Mailing Address 315 Middle Co Rd		Transaction ID: 9647142		
	City Smithtown	State NY	Zip Code 11787	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rheum Assoc of Long Island Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 2500.00			

C.	Full Name (Last, First, Middle Initial) Kent A Huston, MD		Date of Receipt MM / DD / YYYY 11 / 16 / 2010		
	Mailing Address 4330 Wornall Rd Suite 40		Transaction ID: 9774559		
	City Kansas City	State MO	Zip Code 64111	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Medical Plaza II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	18340.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 23 / 26	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) American College of Rheumatology		Date of Receipt
Mailing Address 2200 Lake Boulevard NE		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City	State	Zip Code
Atlanta	GA	30319
FEC ID number of contributing federal political committee.		Transaction ID: 9599670
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="171.50"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2390.35"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="171.50"/>
TOTAL This Period (last page this line number only)	<input type="text" value="171.50"/>

**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)

<p>A. Full Name (Last, First, Middle Initial) Friends Of Jack Kingston</p> <p>Mailing Address PO Box 2133</p> <p>City Savannah State GA Zip Code 31402</p> <p>Purpose of Disbursement October 14 event in Atlanta</p> <p>Candidate Name Rep. Jack Kingston</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9576701 Date of Disbursement 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>October 14 event in Atlanta</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Lois Capps</p> <p>Mailing Address PO Box 23940</p> <p>City Santa Barbara State CA Zip Code 93121</p> <p>Purpose of Disbursement October 21 meeting in San Luis Obispo</p> <p>Candidate Name Rep. Lois Capps</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9590724 Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>October 21 meeting in San Luis Obispo</p>
<p>C. Full Name (Last, First, Middle Initial) Lee Terry For Congress</p> <p>Mailing Address PO Box 540098</p> <p>City Omaha State NE Zip Code 68154</p> <p>Purpose of Disbursement October 25 meeting in Omaha</p> <p>Candidate Name Rep. Lee Terry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9601011 Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>October 25 meeting in Omaha</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

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<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)

<p>A. Full Name (Last, First, Middle Initial) Barney Frank For Congress Committee</p> <p>Mailing Address PO Box 260</p> <p>City Newtonville State MA Zip Code 02460</p> <p>Purpose of Disbursement October 27 meeting in Newton</p> <p>Candidate Name Rep. Barney Frank</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9601012 Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>October 27 meeting in New- ton</p>
<p>B. Full Name (Last, First, Middle Initial) Dan Seals For Congress</p> <p>Mailing Address P.O. Box 584</p> <p>City Wilmette State IL Zip Code 60091</p> <p>Purpose of Disbursement Meeting with Erin Arnold in Illinois</p> <p>Candidate Name Mr. Daniel Seals</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9605753 Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Meeting with Erin Arnold in Illinois</p>
<p>C. Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Contribution to Dave Camp</p> <p>Candidate Name Rep. David Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9608471 Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution to Dave Camp</p>

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	7500.00

**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)

PAGE 26 / 26

<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)

A.

Full Name (Last, First, Middle Initial)
SunTrust Bank Charges

Transaction ID: 9774550
Date of Disbursement

Mailing Address PO Box 622227

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	0

City Orlando State FL Zip Code 32862-2227

Amount of Each Disbursement this Period

214.02

Purpose of Disbursement
September credit card fees

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

September credit card fees

SUBTOTAL of Disbursements This Page (optional) ►

214.02

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

214.02
