

# 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) 1800 Century Place  
Suite 250  
 Check if different than previously reported. (ACC)  
Atlanta GA 30345-4300

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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2009 through 06 30 2009

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 Fred Dietz

Signature of Treasurer Electronically Filed by Fred Dietz Date 01 29 2010

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

A. Form/Schedule : **F3XA**

Correction to other federal receipts

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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		49394.84
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	49394.84									
(c) Total Receipts (from Line 19) .....	42217.58	42217.58								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	91612.42	91612.42								
7. Total Disbursements (from Line 31) .....	8241.28	8241.28								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	83371.14	83371.14								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	31950.00	31950.00
(ii) Unitemized .....	9264.00	9264.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	41214.00	41214.00
(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) .....	41214.00	41214.00
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.) .....	1003.58	1003.58
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)) .....	42217.58	42217.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	42217.58	42217.58

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	7000.00	7000.00
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 .....	250.00	250.00
(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)) .....	250.00	250.00
29. Other Disbursements.....	991.28	991.28
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))..	8241.28	8241.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8241.28	8241.28

**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) .....	41214.00	41214.00
34. Total Contribution Refunds (from Line 28(d)) .....	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40964.00	40964.00
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 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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><b>A.</b> Full Name (Last, First, Middle Initial) Bruce I Hoffman</p> <p>Mailing Address 164 Summit Lane</p> <p>City State Zip Code Bala Cynwyd PA 19004</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self-Employed</p> <p>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 ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">01 / 02 / 2009</span></p> <p><b>Transaction ID:</b> 7572932</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Charles King</p> <p>Mailing Address 179 Edgewater Cv</p> <p>City State Zip Code Belden MS 38826-9145</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer NMMCI</p> <p>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 ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">01 / 24 / 2009</span></p> <p><b>Transaction ID:</b> 7620961</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Gary Bryant</p> <p>Mailing Address 5429 Vining Point Road</p> <p>City State Zip Code Minnetonka MN 55345</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer University of Minnesota</p> <p>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 ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">01 / 09 / 2009</span></p> <p><b>Transaction ID:</b> 7620964</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 33  
(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)  
Samuel Pegram

Mailing Address 44825 Alameda Rd

City State Zip Code  
Houston TX 77004-5655

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2009

**Transaction ID: 7678354**

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 110 Erna Way

City State Zip Code  
Pismo Beach CA 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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2009

**Transaction ID: 7678355**

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Paul Romain

Mailing Address 80 Rangeley Road

City State Zip Code  
Chestnut Hill MA 02467

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

Name of Employer Cambridge Health Alliance Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2009

**Transaction ID: 7689586**

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 9 / 33  
(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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Chad Deal</p> <p>Mailing Address 21099 Colby Rd</p> <p>City State Zip Code Shaker Heights OH 44122</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Cleveland Clinic</p> <p>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 ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 2 0 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 7691548</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Jonathan Kay</p> <p>Mailing Address 62 Olde Field Road</p> <p>City State Zip Code Newton Centre MA 02459</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Mass General Physicians Org</p> <p>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 ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 2 0 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 7691549</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Sharad Lakhanpal</p> <p>Mailing Address 5320 Royal Lane</p> <p>City State Zip Code Dallas TX 75229</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Rheumatology Associates</p> <p>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 ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 2 0 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 7691550</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 33  
(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)  
David Fox

Mailing Address 200 Barton N. Dr

City State Zip Code  
Ann Arbor MI 48105

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
University of Michigan Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
02 / 20 / 2009

**Transaction ID:** 7691935

Amount of Each Receipt this Period 250.00

**B.** 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 Occupation  
Musculoskeletal Med Specialist Physician Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
02 / 20 / 2009

**Transaction ID:** 7692099

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Stanley Cohen

Mailing Address 5447 Castlewood Dr

City State Zip Code  
Dallas TX 75229

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Rheumatology Associates Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
02 / 20 / 2009

**Transaction ID:** 7692821

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: PAGE 11 / 33  
(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)  
Sherine Gabriel

Mailing Address 709 9th Ave SW

City State Zip Code  
Rochester MN 55902

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

Name of Employer Occupation  
Mayo Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2009

**Transaction ID:** 7692823

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Leslie Crofford

Mailing Address 1809 Fairway Dr

City State Zip Code  
Lexington KY 40502

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

Name of Employer Occupation  
University of Kentucky Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2009

**Transaction ID:** 7692832

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 9016 Harney

City State Zip Code  
Omaha NE 68114

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

Name of Employer Occupation  
Westroads Medical Group Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2009

**Transaction ID:** 7702808

Amount of Each Receipt this Period  
1500.00

**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 12 / 33

(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)  
Eileen Moynihan

Mailing Address 1304 Maple Ave

City State Zip Code  
Haddon Heights NJ 08035

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: 7702829

Amount of Each Receipt this Period  
1000.00

**B.**

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

Mailing Address 110 Erna Way

City State Zip Code  
Pismo Beach CA 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 ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: 7702830

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Joseph J Weiss

Mailing Address 4485 Chippewa CT

City State Zip Code  
Bloomfield Hills MI 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) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: 7702865

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 13 / 33
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Audrey Nelson		Date of Receipt MM / DD / YYYY 03 / 04 / 2009		
	Mailing Address 2105 Valkyrie Dr. NW		<b>Transaction ID:</b> 7706155		
	City Rochester	State MN	Zip Code 55901	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mayo Clinic Retired	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) George Munoz		Date of Receipt MM / DD / YYYY 03 / 11 / 2009		
	Mailing Address 12738 Equestrian Trail		<b>Transaction ID:</b> 7740790		
	City Davie	State FL	Zip Code 33330	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Arthritis & Osteo Treatman	Occupation physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Levin		Date of Receipt MM / DD / YYYY 03 / 11 / 2009		
	Mailing Address 1050 Roundstone Pl		<b>Transaction ID:</b> 7740802		
	City Palm Harbor	State FL	Zip Code 34698	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Robert W. Levin MD PA	Occupation Physician	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> 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 / 33  
(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 Feldman

Mailing Address 609 23rd Street

City State Zip Code  
Santa Monica CA 90402

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

Name of Employer Occupation  
Pacific Arthritis rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 7740812

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 4229 Leedy Moutain Lane

City State Zip Code  
Signal Moutain TN 37377

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

Name of Employer Occupation  
Arthritis Associates Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 7740813

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Edrick Lopez-Enriquez

Mailing Address PO Box 29

City State Zip Code  
Mayaguez PR 00681

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  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 7740817

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 15 / 33

(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)  
Timothy Laing

Mailing Address 5522 Warren Road

City State Zip Code  
Ann Arbor MI 48105

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
University of Michigan MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2009

**Transaction ID:** 7740818

Amount of Each Receipt this Period 500.00

**B.**

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 Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 11 / 2009

**Transaction ID:** 7740823

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey Lawson

Mailing Address 20 Crescent Ave

City State Zip Code  
Greenville SC 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 ▼ 500.00

Date of Receipt 03 / 11 / 2009

**Transaction ID:** 7740824

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 16 / 33  
(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)  
Max Hamburger

Mailing Address 6 Micole Ct

City State Zip Code  
Dix Hills NY 11746

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

Name of Employer Occupation  
Rheum Assoc of Long Island Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 7740826

Amount of Each Receipt this Period  
1000.00

**B.**

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

Mailing Address 419 Reilly Road

City State Zip Code  
Cincinnati OH 45215

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

Name of Employer Occupation  
Herzig Krall Medical Group Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 7740828

Amount of Each Receipt this Period  
1000.00

**C.**

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 Occupation  
Self-Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 7740831

Amount of Each Receipt this Period  
500.00

**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: PAGE 17 / 33  
(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)  
James Engelbrecht  
 Mailing Address 4281 Rosemary Lane  
 City State Zip Code  
 Rapid City SD 57702  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 16 / 2009  
**Transaction ID:** 7744595  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Black Hills Orth and Spine Physician  
 Cen  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**B.** Full Name (Last, First, Middle Initial)  
Michael C Schweitz  
 Mailing Address 7721 Pine Tree LN  
 City State Zip Code  
 West Palm Beach FL 33406-7833  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 16 / 2009  
**Transaction ID:** 7744612  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Rheumatologist  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
Fredrick Dietz  
 Mailing Address 4003 Cushman Close  
 City State Zip Code  
 Rockford IL 61114  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 16 / 2009  
**Transaction ID:** 7744613  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rockford Health System Rheumatologist  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 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: PAGE 18 / 33  
(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)  
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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 7744615

Amount of Each Receipt this Period  
1000.00

**B.** 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 Occupation  
George Washington University Clinical Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 7834076

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
James O'Dell

Mailing Address Dept of Internal Medicine  
3534 Pine Street

City State Zip Code  
Omaha NE 68105

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

Name of Employer Occupation  
University of Nebraska Med Ctr Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2009

**Transaction ID:** 7875709

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

**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 19 / 33  
(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)  
David Daikh

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: 05 / 20 / 2009  
**Transaction ID: 7876065**  
 Amount of Each Receipt this Period: 250.00

**B.**

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

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: 05 / 20 / 2009  
**Transaction ID: 7876072**  
 Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Audrey Nelson

Mailing Address 2105 Valkyrie Dr. NW

City Rochester State MN Zip Code 55901

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

Name of Employer Mayo Clinic Retired Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 20 / 2009  
**Transaction ID: 7876073**  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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 / 33

(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)

Neil M Sullivan

Mailing Address

City State Zip Code  
VA

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

Name of Employer Occupation  
Sentara physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 0 9

Transaction ID: 7882511

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Steven Eyanson

Mailing Address 3805 Tama St. SE

City State Zip Code  
Cedar Rapids IA 52403-4557

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

Name of Employer Occupation  
Physicians Clinic of Iowa Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 9

Transaction ID: 7896183

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Moran

Mailing Address 1152 Scott

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Occupation  
Illinois Bone & Joint Inst Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: 7920100

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: PAGE 21 / 33  
(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)  
Amanda Kay Myers

Mailing Address 9000 Waukegan Road

City State Zip Code  
Morton Grove IL 60053

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

Name of Employer Occupation  
Illinois Bone & Joint Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2009

**Transaction ID:** 7920102

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Patrick Schuette

Mailing Address 1334 West Arthur

City State Zip Code  
Chicago IL 60626

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

Name of Employer Occupation  
Illinois Bone and Joint Inst Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2009

**Transaction ID:** 7920103

Amount of Each Receipt this Period  
1000.00

**C.**

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

Mailing Address 751 Michigan Ave

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Occupation  
Illinois Bone and Joint Inst Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2009

**Transaction ID:** 7920106

Amount of Each Receipt this Period  
1000.00

**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 22 / 33  
(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)  
Gerald Eisenberg

Mailing Address 2003 Old Briar Road

City Highland Park State IL Zip Code 60035

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

Name of Employer Illinois Bone and Joint Instit Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 08 / 2009  
**Transaction ID: 7920107**  
 Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Roy Fleischmann

Mailing Address 3401 Lee Pkwy Apt 903

City Dallas State TX Zip Code 75219

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

Name of Employer Rheumatology Associates Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2009  
**Transaction ID: 7924992**  
 Amount of Each Receipt this Period 250.00

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

Mailing Address 1753 NW 126 Dr.

City Coral Springs State FL Zip Code 33071

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

Name of Employer Arthritis Specialists, PA Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 19 / 2009  
**Transaction ID: 7987800**  
 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 23 / 33  
(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)  
Mary L. Olsen

Mailing Address 2550 Ashley Ave

City State Zip Code  
Beaumont TX 77702

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

Name of Employer self Occupation Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2009

**Transaction ID:** 7990054

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Charles Franklin

Mailing Address 606 Meadowview CT

City State Zip Code  
Ambler PA 19002

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

Name of Employer Rheumatic Disease Assoc Occupation Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2009

**Transaction ID:** 7990326

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Neal Birnbaum

Mailing Address 97 Carte Alejo

City State Zip Code  
Greenbrag CA 94904

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

Name of Employer Pacific Rheumatology Associate Occupation Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2009

**Transaction ID:** 8010692

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**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 24 / 33

(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 Eyanson

Mailing Address 3805 Tama St. SE

City State Zip Code  
Cedar Rapids IA 52403-4557

FEC ID number of contributing federal political committee. C

Name of Employer: Physicians Clinic of Iowa  
Occupation: Rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 26 / 2009

**Transaction ID:** 8010695

Amount of Each Receipt this Period 100.00

**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 ▼ 500.00

Date of Receipt 06 / 30 / 2009

**Transaction ID:** 8014910

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Everett Allen

Mailing Address 19272 Stone Oak Pkwy, Ste. 101

City State Zip Code  
San Antonio TX 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 ▼ 250.00

Date of Receipt 06 / 30 / 2009

**Transaction ID:** 8014917

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 850.00

**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 / 33

(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)  
David Goddard

Mailing Address 186 Joralemon Street

City State Zip Code  
Brooklyn NY 11201

FEC ID number of contributing federal political committee. C

Name of Employer 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  
03 / 15 / 2009

**Transaction ID:** 8091860

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 1331 Greenwood

City State Zip Code  
Wilmette IL 60091

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Illinois Bone and Joint Inst. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2009

**Transaction ID:** 8888434

Amount of Each Receipt this Period  
1000.00

**C.**

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 Occupation  
The Seattle Arthritis Clinic rheumatology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 11 / 2009

**Transaction ID:** 8900927

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1800.00

**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 26 / 33	
	(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Samuel Pegram		Date of Receipt
	Mailing Address 44825 Alameda Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 5 / 2 0 0 9
	City	State	Zip Code
	Houston	TX	77004-5655
	FEC ID number of contributing federal political committee.		Transaction ID: 8904927
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Information Requested		Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 0.00	
<b>[MEMO ITEM]</b> Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$0.-00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 0.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 31950.00

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

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

FOR LINE NUMBER: PAGE 27 / 33  
(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)  
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 ▼ 227.15  
Date of Receipt 02 / 27 / 2009  
Transaction ID: 7706168  
Amount of Each Receipt this Period 156.37

**B.** Full Name (Last, First, Middle Initial)  
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 ▼ 310.79  
Date of Receipt 03 / 31 / 2009  
Transaction ID: 7781176  
Amount of Each Receipt this Period 83.64

**C.** Full Name (Last, First, Middle Initial)  
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 ▼ 958.03  
Date of Receipt 06 / 09 / 2009  
Transaction ID: 7920641  
Amount of Each Receipt this Period 547.24  
reconcile April and May

**SUBTOTAL** of Receipts This Page (optional) ..... ► 787.25  
**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: <span style="float: right;">PAGE 28 / 33</span>
	(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"/> 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) American College of Rheumatology		Date of Receipt
	Mailing Address 2200 Lake Boulevard NE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Atlanta	GA	30319
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 8014908
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="45.55"/>
		<input type="text" value="1003.58"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) American College of Rheumatology		Date of Receipt
	Mailing Address 2200 Lake Boulevard NE		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Atlanta	GA	30319
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 8904890
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="410.79"/>	Adjustment from ACR

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="145.55"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="932.80"/>

**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 29 / 33

<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 checked="" 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)

A.

Full Name (Last, First, Middle Initial)  
Samuel Pegram

Mailing Address 44825 Almeda Rd

City Houston State TX Zip Code 77004-5655

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 7602989

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
0	1		1	4		2	0	0	9

Amount of Each Disbursement this Period

250.00
--------

010
Category/ Type

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

250.00
--------

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

250.00
--------



# 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)

A.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln <hr/> Mailing Address PO Box 3197 <hr/> City Little Rock State AR Zip Code 72203 <hr/> Purpose of Disbursement 2010 General Candidate Name Sen. Blanche Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7896562 Date of Disbursement 06 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 2010 General
B.	Full Name (Last, First, Middle Initial) Price For Congress <hr/> Mailing Address P.O. Box 425 <hr/> City Roswell State GA Zip Code 30077 <hr/> Purpose of Disbursement Candidate Name Rep. Thomas Price, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7920181 Date of Disbursement 06 / 08 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 2010 General
C.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln <hr/> Mailing Address PO Box 3197 <hr/> City Little Rock State AR Zip Code 72203 <hr/> Purpose of Disbursement July 8 Event Candidate Name Sen. Blanche Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8048849 Date of Disbursement 06 / 30 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> July 8 Event

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>7000.00</b>

**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 32 / 33

<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: 8076869 Date of Disbursement
	Mailing Address PO Box 622227	<input type="text" value="02"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="101.26"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SunTrust Bank Charges	Transaction ID: 8076870 Date of Disbursement
	Mailing Address PO Box 622227	<input type="text" value="03"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement March credit card fees	<input type="text" value="293.86"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SunTrust Bank Charges	Transaction ID: 8076871 Date of Disbursement
	Mailing Address PO Box 622227	<input type="text" value="04"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement April credit card fees	<input type="text" value="253.38"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="648.50"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



**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 33 / 33

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) SunTrust Bank Charges Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement May credit card fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8076872 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 45.55 May credit card fees
<b>B.</b> Full Name (Last, First, Middle Initial) SunTrust Bank Charges Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement June credit card fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8076873 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 140.86 June credit card fees

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

186.41

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

834.91