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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American College of Rheumatology (RheumPAC) 1800 Century Place ADDRESS (number and street) Suite 250 Check if different than previously Atlanta GA 30345 4300 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00432823 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2009 06 30 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Fred Dietz Type or Print Name of Treasurer Electronically Filed by Fred Dietz 0 1 29 2010 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

A. Form/Schedule : F3XA

Correction to other federal receipts

Transaction ID:

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) 3/33 Write or Type Committee Name American College of Rheumatology (RheumPAC) D D <sup>®</sup>D 0 1 0 1 2009 0.6 3 0 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 49394.84 January 1 (b) Cash on Hand at 49394.84 Begining of Reporting Period ..... 42217.58 42217.58 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 91612.42 91612.42 6(a) and 6(c) for Column B) ..... 8241.28 8241.28 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 83371.14 83371.14 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

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

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

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 33

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period:

From: 0 1

D D D

<sup>Y</sup> 2009

.<sub>0</sub>.

м м 0 6 <sup>D</sup> 30

<sup>Y</sup> 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	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
	<ul><li>(c) Other Political Committees</li><li>(such as PACs)</li><li>(d) Total Contributions (add Lines</li></ul>	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	41214.00	41214.00
	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
4. 5.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)	1003.58	1003.58
3.	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
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	42217.58	42217.58
	Total Federal Receipts (subtract Line 18(c) from Line 19)	42217.58	42217.58

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 33

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		ı
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	7000.00	7000.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
	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
9.	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
	·	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	0.00	0.00
	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) 6 / 33

	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
4.	Total Contribution Refunds (from Line 28(d))	250.00	250.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	40964.00	40964.00
6.	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
88.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 33 (check only one)    X
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American College of Rheumatology (	RneumPAC)		
	Full Name (Last, First, Middle Initial) Bruce I Hoffman			Date of Receipt
	Mailing Address 164 Summit Lane			01 02 2009
	City	State	Zip Code	Transaction ID: 7572932
	Bala Cynwyd	PA	19004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Physicia		
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Charles King	Date of Receipt		
	Mailing Address 179 Edgewater Cv			0 1 2 4 2 0 0 9
	City State Zip Code			Transaction ID: 7620961
	Belden	MS	38826-9145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer NMMCI	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial) Gary Bryant			Date of Receipt
	Mailing Address 5429 Vining Point Ro	01 09 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
	City	State	Zip Code	Transaction ID: 7620964
	Minnetonka	MN	55345	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University of Minnesota	Occupation Physicia	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	]
		1		2000.00

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)    X	
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American College of Rheumatology	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Samuel Pegram  Mailing Address 44825 Almeda Rd			Date of Receipt	
City  Houston  FEC ID number of contributing	State TX	Zip Code 77004-5655	Transaction ID: 7678354  Amount of Each Receipt this Period	
federal political committee.  Name of Employer Information Requested  Receipt For:	<del></del> '	on Requested	250.00	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 0.00		
Full Name (Last, First, Middle Initial) Karen Kolba Mailing Address 110 Erna Way	Date of Receipt  0 2 0 5 2 0 0 9			
City	Transaction ID: 7678355			
Pismo Beach	Pismo Beach CA 93449			
FEC ID number of contributing federal political committee.	С		500.00	
Name of Employer Self-Employed	Occupatio Physicia	n		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Paul Romain			Date of Receipt	
Mailing Address 80 Rangeley Road	Mailing Address 80 Rangeley Road			
City	State	Zip Code	Transaction ID: 7689586	
Chestnut Hill FEC ID number of contributing federal political committee.	C	02467	Amount of Each Receipt this Period 250.00	
Name of Employer Cambridge Health Alliance	Occupatio Physicial			
Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optiona	<u> </u>		1000.00	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  Any information copied from such Reports a	and Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page  y not be sold or used by any person	FOR LINE NUMBER: PAGE 9 / 33 (check only one)  X 11a 11b 11c 12 13 14 15 16 11  on for the purpose of soliciting contributions		
or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)  American College of Rheumatolog	<u> </u>	dress of any political committee to	solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Chad Deal Mailing Address 21099 Colby Rd			Date of Receipt		
City	State	Zip Code	02 20 2009		
Shaker Heights	OH	2ip Code 44122	Transaction ID: 7691548  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Cleveland Clinic	Occupatio Physicia				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Jonathan Kay	,				
	Mailing Address 62 Olde Field Road				
City	State	Zip Code	Transaction ID: 7691549		
Newton Centre  FEC ID number of contributing federal political committee.	C	02459	Amount of Each Receipt this Period  250.00		
Name of Employer Mass General Physicians Org	Occupatio Physicia				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]		
Full Name (Last, First, Middle Initial) Sharad Lakhanpal	I		Date of Receipt		
Mailing Address 5320 Royal Lane			02 20 7 2009		
City Dallas	State TX	Zip Code 75229	Transaction ID: 7691550  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1000.00		
Name of Employer Rheumatology Associates	Occupatio Rheuma				
Receipt For:  Primary General  Other (specify) ▼	<del>- ' '</del>	e Year-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page (option	nal)		1500.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 10 / 33 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		sold or used by any perso any political committee to	
American College of Rheumatology (R	heumPAC)		
Full Name (Last, First, Middle Initial) David Fox			Date of Receipt
Mailing Address 200 Barton N. Dr			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City		Code	Transaction ID: 7691935
Ann Arbor	MI 48	105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer University of Michigan	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Joseph Flood			Date of Receipt
Mailing Address 751 Jaeger Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip	Code	Transaction ID: 7692099
Columbus	OH 433	206-2272	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Musculoskeletal Med Speci- alist	Occupation Physician Rheu	matologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Stanley Cohen			Date of Receipt
Mailing Address 5447 Castlewood Dr			02 20 7 2009
City		Code	Transaction ID: 7692821
<u>Dallas</u>	TX 75	229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Rheumatology Associates	Occupation Physician		
Receipt For: Primary General Other (specify)	Aggregate Year-to	Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 33 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and S for commercial purposes, other than using the	statements may not be sold or used by any personame and address of any political committee t	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  American College of Rheumatology (F	RheumPAC)	
٠.	Full Name (Last, First, Middle Initial) Sherine Gabriel Mailing Address 709 9th Ave SW		Date of Receipt
		State Zip Code	02 20 2009
	City Rochester	MN 55902	Transaction ID: 7692823  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Mayo Clinic	Occupation Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Leslie Crofford	L	Date of Receipt
	Mailing Address 1809 Fairway Dr	02 20 20 2009	
	City	State Zip Code	Transaction ID: 7692832
	Lexington  FEC ID number of contributing federal political committee.	KY 40502	Amount of Each Receipt this Period  500.00
	Name of Employer University of Kentucky	Occupation Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) William Palmer	<u> </u>	Date of Receipt
	Mailing Address 9016 Harney		02 27 2009
	City	State Zip Code	Transaction ID: 7702808
	Omaha FEC ID number of contributing federal political committee.	NE 68114	Amount of Each Receipt this Period  1500.00
	Name of Employer Westroads Medical Group	Occupation Rheumatologist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
			3000.00

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 33 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American College of Rheumatology (R	heumPAC)		
Full Name (Last, First, Middle Initial) Eileen Moynihan			Date of Receipt
Mailing Address 1304 Maple Ave			02 27 2009
City	State	Zip Code	Transaction ID: 7702829
Haddon Heights	NJ	08035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Information Requested	Occupation Information	n on Requested	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Karen Kolba			Date of Receipt
Mailing Address 110 Erna Way			02 27 2009
City	State	Zip Code	Transaction ID: 7702830
Pismo Beach	CA	93449	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Self-Employed	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Joseph J Weiss			Date of Receipt
Mailing Address 4485 Chippewa CT			02 27 2009
City	State	Zip Code	Transaction ID: 7702865
Bloomfield Hills	MI	48301-1551	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employeed	Occupation Physician	n n-Rheumatologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 33 (check only one)    X   11a	
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American College of Rheumatology (	Statements may not be sold or used by any perse name and address of any political committee to RheumPAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Audrey Nelson Mailing Address 2105 Valkyrie Dr. NW City Rochester FEC ID number of contributing	State Zip Code MN 55901	Date of Receipt  M M M O D D O D O D O D O D O D O D O D	
Receipt For:  Primary  Other (specify)	Occupation Physician Aggregate Year-to-Date  250.00		
Full Name (Last, First, Middle Initial) George Munoz Mailing Address 12738 Equestrian Tra	il	Date of Receipt  0 3 1 1 2 0 0 9	
City	State Zip Code	Transaction ID: 7740790	
Davie FEC ID number of contributing federal political committee.	FL 33330	Amount of Each Receipt this Period 250.00	
Name of Employer Arthritis & Osteo Treatman	Occupation physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00		
Full Name (Last, First, Middle Initial) Robert Levin		Date of Receipt	
Mailing Address 1050 Roundstone PI			
City	State Zip Code	Transaction ID: 7740802	
Palm Harbor  FEC ID number of contributing federal political committee.	FL 34698	Amount of Each Receipt this Period  1000.00	
Name of Employer Robert W. Levin MD PA	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00		
SUBTOTAL of Receipts This Page (optional)		1500.00	

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)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American College of Rheumatology	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gary Feldman Mailing Address 609 23rd Street			Date of Receipt
City Santa Monica	State CA	Zip Code 90402	Transaction ID: 7740812  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Pacific Arthritis	Occupation rheumate		500.00
Receipt For:  Primary  General  Other (specify) ▼	<del>'</del>	o Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Joseph Huffstutter  Mailing Address 4229 Leedy Moutain	Date of Receipt  0 3		
City	Transaction ID: 7740813		
Signal Moutain	TN	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Arthritis Associates	Occupatio Physicia	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Edrick Lopez-Enriquez	•		Date of Receipt
Mailing Address PO Box 29			03 11 2009
City	State	Zip Code	Transaction ID: 7740817
Mayaguez  FEC ID number of contributing federal political committee.	PR	00681	Amount of Each Receipt this Period 500.00
Name of Employer self	Occupatio physiciar		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona	J)		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 33 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American College of Rheumatology	(RifediffAC)	
Full Name (Last, First, Middle Initial) Timothy Laing		Date of Receipt
Mailing Address 5522 Warren Road		03 11 2009
City	State Zip Code	Transaction ID: 7740818
Ann Arbor	MI 48105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer University of Michigan	Occupation MD	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Elizabeth Tindall		Date of Receipt
Mailing Address 1255 SW Schaeffer	Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 7740823
West Linn	OR 97068	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Jeffrey Lawson		Date of Receipt
Mailing Address 20 Crescent Ave		03 11 2009
City	State Zip Code	Transaction ID: 7740824
Greenville	SC 29605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Piedmont Arthritis Center	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUPTOTAL of Descripts This Descripts	l)	1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 33 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American College of Rheumatology	the name and addr	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Max Hamburger  Mailing Address 6 Micole Ct			Date of Receipt
City <u>Dix Hills</u> FEC ID number of contributing	State NY	Zip Code 11746	0 3 1 1 2 0 0 9  Transaction ID: 7740826  Amount of Each Receipt this Period  1000.00
Receipt For:  Primary  Other (specify)	Occupation Physician	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Edward Herzig Mailing Address 419 Reilly Road			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati  FEC ID number of contributing federal political committee.	State OH	Zip Code 45215	Transaction ID: 7740828  Amount of Each Receipt this Period  1000.00
Name of Employer Herzig Krall Medical Group  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 1000.00	]
Full Name (Last, First, Middle Initial) Meera Oza Mailing Address 2574 Admirals Wall	CDr S		Date of Receipt
City Orange Park	State FL	Zip Code 32073-6102	Transaction ID: 7740831  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed Receipt For:	Occupation Physician Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional	)		2500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Rheumatology	(RheumPAC)		
Full Name (Last, First, Middle Initial) James Engelbrecht			Date of Receipt
Mailing Address 4281 Rosemary Lan	ie		03 16 2009
City	State	Zip Code	Transaction ID: 7744595
Rapid City  FEC ID number of contributing federal political committee.	SD	57702	Amount of Each Receipt this Period 250.00
Name of Employer Black Hills Orth and Spine Cen	Occupatio Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) Michael C Schweitz			Date of Receipt
Mailing Address 7721 Pine Tree LN			03 16 2009
City West Palm Beach	State FL	Zip Code	Transaction ID: 7744612
FEC ID number of contributing federal political committee.	C	33406-7833	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupatio Rheumat		
Receipt For:  Primary General  Other (specify) ▼	·	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Fredrick Dietz			Date of Receipt
Mailing Address 4003 Cushman Clos	se		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 7744613
Rockford  FEC ID number of contributing federal political committee.	C	61114	Amount of Each Receipt this Period  1000.00
Name of Employer Rockford Health System	Occupatio Rheumat		
Receipt For:  Primary  General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 1000.00	
			1500.00

NAM Am Full Rode Maili	ormation copied from such Reports and Statement of Statem	tements may not be sold or used by any ame and address of any political commi	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
Full Rode Maili	• • •		
Rode Maili		eumPAC)	
	Name (Last, First, Middle Initial) lolfo Molina		Date of Receipt
City	ling Address 125 E. King's Highway		03 16 2009
City	,	State Zip Code	Transaction ID: 7744615
<u>Sar</u>	n Antonio	TX 78212	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C	1000.00
Nam Arth	ne of Employer nritis Associates PA	Occupation Rheumatologist	
Rec	eipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
	Name (Last, First, Middle Initial)		Date of Receipt
	ling Address 12433 Ansin Circle Driv	)	0 4 3 0 2 0 0 9
City	,	State Zip Code	Transaction ID: 7834076
<u>Pot</u>	tmac	MD 20854	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C	250.00
Nam Geo itv	ne of Employer orge Washington Univers-	Occupation Clinical Professor	
	eipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	)
	Name (Last, First, Middle Initial) nes O'Dell		Date of Receipt
Maili	ling Address Dept of Internal Medicin 3534 Pine Street	9	05 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State Zip Code	Transaction ID: 7875709
<u>Om</u>	naha	NE 68105	Amount of Each Receipt this Period
FEC fede	CID number of contributing eral political committee.	C	1000.00
Nam Univ Ctr	ne of Employer versity of Nebraska Med	Occupation Rheumatologist	
	ceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	י כ

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)    X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	
American College of Rheumatology  Full Name (Last, First, Middle Initial) David Daikh  Mailing Address 3633 Clement  City San Francisco  FEC ID number of contributing federal political committee.  Name of Employer UCSF/VA Medical Center  Receipt For:	State Zip Code CA 94121  C  Occupation Rheumatologist Aggregate Year-to-Date	Date of Receipt  M M / D D / Y Y Y Y Y Y  0 5 2 0 2 0 0 9  Transaction ID: 7876065  Amount of Each Receipt this Period  250.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Eric Matteson  Mailing Address 1752 Walden LN SV	250.00 N	Date of Receipt    M
City Rochester  FEC ID number of contributing federal political committee.  Name of Employer Mayo Clinic	State Zip Code MN 55902  C Occupation MD	Transaction ID: 7876072  Amount of Each Receipt this Period  250.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  250.00	
Audrey Nelson  Mailing Address 2105 Valkyrie Dr. N  City  Rochester  FEC ID number of contributing federal political committee.	W State Zip Code MN 55901	Date of Receipt    M M
Name of Employer Mayo Clinic Refired  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date   500.00	
SUBTOTAL of Receipts This Page (optional	l)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 33 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American College of Rheumatology	/ (RheumPAC)	
Full Name (Last, First, Middle Initial) Neil M Sullivan		Date of Receipt
Mailing Address	Ohaha 7'-a Ohaha	05 28 2009
City 	State Zip Code VA	Transaction ID: 7882511  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Sentara	Occupation physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Steven Eyanson		Date of Receipt
Mailing Address 3805 Tama St. SE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code IA 52403-4557	Transaction ID: 7896183
Cedar Rapids  FEC ID number of contributing federal political committee.	IA 52403-4557	Amount of Each Receipt this Period  250.00
Name of Employer Physicians Clinic of Iowa	Occupation Rheumatologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Mary Moran		Date of Receipt
Mailing Address 1152 Scott		0 6 0 8 2 0 0 9
City Winnetka	State Zip Code IL 60093	Transaction ID: 7920100  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Illinois Bone & Joint Inst	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	l)	1500.00
TOTAL This Period (last page this line num	ber only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 33 (check only one)    X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American College of Rheumatolog	nd Statements may not be sold or used by any perso g the name and address of any political committee to y (RheumPAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Amanda Kay Myers Mailing Address 9000 Waukegan R  City Morton Grove	State Zip Code IL 60053	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Illinois Bone & Joint  Receipt For:  Primary General Other (specify)	Occupation Rheumatologist  Aggregate Year-to-Date   1000.00	1000.00
Full Name (Last, First, Middle Initial) Patrick Schuette Mailing Address 1334 West Arthur  City Chicago FEC ID number of contributing federal political committee.	State Zip Code IL 60626	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Ullinois Bone and Joint Inst Receipt For:  Primary General Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial) William Arnold Mailing Address 751 Michigan Ave City	State Zip Code	Date of Receipt    M
Wilmette  FEC ID number of contributing federal political committee.	IL 60091	Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone and Joint Inst Receipt For: Primary General Other (specify)	Occupation Physician  Aggregate Year-to-Date ▼  1000.00	
SUBTOTAL of Receipts This Page (options	al)	3000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 22/33   (check only one)     X   11a     11b     11c     12     13     14     15     16
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American College of Rheumatology	(RheumPAC)		
Full Name (Last, First, Middle Initial) Gerald Eisenberg			Date of Receipt
Mailing Address 2003 Old Briar Road	d		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Highland Park	State IL	Zip Code 60035	Transaction ID: 7920107
FEC ID number of contributing federal political committee.	C	00000	Amount of Each Receipt this Period  1000.00
Name of Employer Illinois Bone and Joint Instit	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]
Full Name (Last, First, Middle Initial) Roy Fleischmann			Date of Receipt
Mailing Address 3401 Lee Pkwy Apt	903		0 6 1 1 1 2 0 0 9
City Dallas	State TX	Zip Code	Transaction ID: 7924992
FEC ID number of contributing federal political committee.	C	75219	Amount of Each Receipt this Period  250.00
Name of Employer Rheumatology Associates	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Barry Waters			Date of Receipt
Mailing Address 1753 NW 126 Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State FL	Zip Code	Transaction ID: 7987800
Coral Springs  FEC ID number of contributing federal political committee.	C	33071	Amount of Each Receipt this Period  500.00
Name of Employer Arthritis Specialists, PA	Occupation Physician		
Receipt For:  Primary  General  Other (specify) ▼		Year-to-Date ▼ 500.00	
			1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 23 / 33   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American College of Rheumatology		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial) Mary L. Olsen			Date of Receipt
Mailing Address 2550 Ashley Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Beaumont	State TX	Zip Code 77702	Transaction ID: 7990054
FEC ID number of contributing federal political committee.	C	11102	Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Rheumat		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Charles Franklin			Date of Receipt
Mailing Address 606 Meadowview C	Т		0 6 2 3 2 0 0 9
City Ambler	State PA	Zip Code	Transaction ID: 7990326
FEC ID number of contributing federal political committee.	C	19002	Amount of Each Receipt this Period  250.00
Name of Employer Rheumatic Disease Assoc	Occupation Rheumat		
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Neal Birnbaum			Date of Receipt
Mailing Address 97 Carte Alejo			0 6 2 6 2 0 0 9
City Greenbrag	State CA	Zip Code 94904	Transaction ID: 8010692
FEC ID number of contributing federal political committee.	C	34304	Amount of Each Receipt this Period  300.00
Name of Employer Pacific Rheumatology Asso- ciate	Occupation Rheumat	tologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional			800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 33 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American College of Rheumatolog	nd Statements may not be sold or used by any person the name and address of any political committee to y (RheumPAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Steven Eyanson  Mailing Address 3805 Tama St. SE  City Cedar Rapids  FEC ID number of contributing federal political committee.  Name of Employer Physicians Clinic of Iowa  Receipt For: Primary General	State Zip Code IA 52403-4557  C  Occupation Rheumatologist  Aggregate Year-to-Date   350.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 6 2 6 2 0 0 9  Transaction ID: 8010695  Amount of Each Receipt this Period  100.00
Full Name (Last, First, Middle Initial) Cathy Chapman Mailing Address 5210 Poplar Ave, S  City Memphis  FEC ID number of contributing federal political committee.		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Rheumatology & Derm Assoc.  Receipt For:  Primary General  Other (specify) ▼	Occupation rheumatologist  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) Everett Allen Mailing Address 19272 Stone Oak F	State Zip Code	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
San Antonio  FEC ID number of contributing federal political committee.  Name of Employer	TX 78258  C Occupation	Amount of Each Receipt this Period 250.00
Rheumatology Assoc. South  Texas  Receipt For:  Primary  General  Other (specify)	Rheumatologist  Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (options	al)	850.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	M 3X)  Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 33 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Regor for commercial purposes, other that NAME OF COMMITTEE (In Full)  American College of Rheuma	ports and Statements may not be sold or used by any person using the name and address of any political committee statement (PhaumPAC)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initia		Data of Danaira
David Goddard  Mailing Address 186 Joralemo	on Street	Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: 8091860
Brooklyn	NY 11201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation Rheumatologist	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initia	al)	Date of Receipt
Mailing Address 1331 Greenw		06 03 7 2009
City	State Zip Code	Transaction ID: 8888434
Wilmette  FEC ID number of contributing federal political committee.	IL 60091	Amount of Each Receipt this Period  1000.00
Name of Employer Illinois Bone and Joint Inst.	Occupation Physician	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial Steven Overman		Date of Receipt
Mailing Address 10330 Meridi	an Ave N Ste 250	06 11 2009
City	State Zip Code	Transaction ID: 8900927
Seattle	WA 98133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer The Seattle Arthritis Cli- nic	Occupation rheumatology	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	optional)	1800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:
Any information copied from such Reports and Stator for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full)  American College of Rheumatology (Rhe	eumPAC)	
Full Name (Last, First, Middle Initial) Samuel Pegram Mailing Address 44825 Almeda Rd		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Houston  FEC ID number of contributing	State         Zip Code           TX         77004-5655	Transaction ID: 8904927  Amount of Each Receipt this Period  0.00
rederal political committee.  Name of Employer Information Requested	Occupation Information Requested	0.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$0

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	0.00
TOTAL This Period (last page this line number only)	<b>•</b>	31950.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27/3 (check only one)  11a  11b  11c  12 13  14  15  16	3 [
ny information copied from such Reports and for commercial purposes, other than using t	d Statements may r he name and addre	not be sold or used by any personess of any political committee to		
NAME OF COMMITTEE (In Full)  American College of Rheumatology	(RheumPAC)			
Full Name (Last, First, Middle Initial) American College of Rheumatology	=		Date of Receipt	
Mailing Address 2200 Lake Boulevard			02 27 2009	
City Atlanta	State GA	Zip Code 30319	Transaction ID: 7706168  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		156.37	
Name of Employer	Occupation			
Receipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 227.15		
Full Name (Last, First, Middle Initial) American College of Rheumatology Mailing Address 2200 Lake Boulevard	4 NE		Date of Receipt	
			03 31 2009	
City Atlanta	State GA	Zip Code 30319	Transaction ID: 7781176  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	30013	83.64	
Name of Employer	Occupation			
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 310.79		
Full Name (Last, First, Middle Initial) American College of Rheumatology			Date of Receipt	
Mailing Address 2200 Lake Boulevard	d NE		M M / D D / Y Y Y Y O O O O O O O O O O O O O O O	
City	State	Zip Code	Transaction ID: 7920641	
Atlanta	GA	30319	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		547.24	4
Name of Employer	Occupation			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	rear-to-Date ▼ 958.03	reconcile April and May	
SUBTOTAL of Receipts This Page (optional)			787.25	 5

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 33 (check only one)  11a 11b 11c 12 13 14 15 16 X 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	ly not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American College of Rheumatology (R	heumPAC)		
Α.	Full Name (Last, First, Middle Initial) American College of Rheumatology			Date of Receipt
	Mailing Address 2200 Lake Boulevard N	ΙE		06 30 YYYYY 2009
	City	State	Zip Code	Transaction ID: 8014908
	Atlanta	GA	30319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.55
	Name of Employer	Occupation	on	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1003.58	
- В.	Full Name (Last, First, Middle Initial) American College of Rheumatology			Date of Receipt
-	Mailing Address 2200 Lake Boulevard N	NE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8904890
	Atlanta	GA	30319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation	on	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 410.79	Adjustment from ACR

SUBTOTAL of Receipts This Page (optional)	•	145.55
TOTAL This Period (last page this line number only)	<u> </u>	932.80

### Image# 10990210410

A.

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5(	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 29/33
IT	EMIZED DISBURSEMENTS	for each category of the	(check onl	y one)
•	EMIZED DIODOMOLIMENTO	Detailed Summary Page	21b	22 23 24 25 26
			27	X 28a 28b 28c 29 30b
	y Information copied from such Reports and State			
or 1	for commercial purposes, other than using the nar	ne and address of any political co	mmittee to so	plicit contributions from such committee
\	NAME OF COMMITTEE (In Full)			
$\rangle$	American College of Rheumatology (Rhe	umPAC)		
	Full Name (Last, First, Middle Initial)			Transaction ID: 7602989
	Samuel Pegram			Date of Disbursement
				01 1 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 44825 Almeda Rd			01 14 2009
	City	State Zip Code		Amount of Each Disbursement this Period
	Houston	TX 77004-5655		
	Purpose of Disbursement			250.00
			010	
	Candidate Name		Category/	
			Type	
	Office Sought: House Disburs	ement For:		
	Senate	Primary General		
	President	Other (specify)		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	<u> </u>	250.00

Use separate schedule(s)		FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) American College of Rheumatology (Rhe	umPAC)		
Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc			Transaction ID: 7822408 Date of Disbursement
Mailing Address 6850 Austin Centre Blvd Suite 180	j		$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 9 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix} \end{bmatrix}$
City Austin	State Zip Code TX 78731		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2000.00
Candidate Name Sen. John Cornyn	.5	Category/ Type	
X Senate President	ement For: 2009 Primary X General Other (specify) ▼		
State: TX District:  Full Name (Last, First, Middle Initial)			Transaction ID: 7833115
Boucher For Congress Committee			Date of Disbursement
Mailing Address PO Box 2000			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z & T \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & Y \end{bmatrix}$
City Abingdon	State Zip Code VA 24212		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Rick Boucher		Category/ Type	
Senate President	ement For: 2009 Primary X General Other (specify)		
State: VA District: 09  Full Name (Last, First, Middle Initial) Richard Burr Committee; The			Transaction ID: 7844946 Date of Disbursement
Mailing Address Post Office Box 5928			$\begin{bmatrix}\begin{smallmatrix}M\\05\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\07\end{smallmatrix}\end{bmatrix}^D \begin{bmatrix}\begin{smallmatrix}Y\\2009\end{smallmatrix}\end{bmatrix}^Y$
City Winston-Salem	State Zip Code NC 27113		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name Sen. Richard Burr		Category/ Type	
X Senate President	ement For: 2009 Primary X General Other (specify)		
State: NC District:			
SUBTOTAL of Disbursements This Page (optional			4000.00

Use separate sch		) FOR LINE (check onli	NUMBER: PAGE 31/33
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)  American College of Rheumatology (R	••		
Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln			Transaction ID: 7896562 Date of Disbursement
Mailing Address PO Box 3197			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Little Rock	State Zip Code AR 72203		Amount of Each Disbursement this Perio
Purpose of Disbursement 2010 General		011	1000.00
Candidate Name Sen. Blanche Lincoln		Category/ Type	
χ Senate President	oursement For: 2009 Primary X General Other (specify)		2010 General
State: AR District: Full Name (Last, First, Middle Initial)			Transaction ID: 7920181
Price For Congress  Mailing Address P.O. Box 425			Date of Disbursement  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			00 00 200
City Roswell	State Zip Code GA 30077		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Thomas Price, M.D.		Category/ Type	
Senate President	oursement For: 2009 Primary X General Other (specify)		
State: GA District: 06  Full Name (Last, First, Middle Initial)  Friends Of Blanche Lincoln			Transaction ID: 8048849 Date of Disbursement
Mailing Address PO Box 3197			0 6 d d d d d d d d d d d d d d d d d d
City Little Rock	State Zip Code AR 72203		Amount of Each Disbursement this Perio
Purpose of Disbursement July 8 Event		011	1000.00
Candidate Name Sen. Blanche Lincoln		Category/ Type	
X Senate President	oursement For: 2009 Primary X General Other (specify)		July 8 Event
State: AR District:			2000.00
SUBTOTAL of Disbursements This Page (option	nal)	<b>&gt;</b>	3000.00
TOTAL This Period (last page this line number	only)		7000.00

	CHEDULE B (FEC FOIIII 3X)			separate schedule(s)				INE NUMBER: PAGE 32 / 33 only one)					33		
		SBURSEMENT		Detailed S	category of the Summary Page		À	21b 27	22 28a		23 28b	24 28		25 29	
	or commercial pur NAME OF COMM	ed from such Reports ar poses, other than using MITTEE (In Full) ege of Rheumatolog	the name	and addres											
_			, (												
	Full Name (Last, SunTrust Bank Mailing Address	First, Middle Initial) Charges PO Box 622227							Date		n ID: burse			0 ŏ 9	Y
		FO BOX 022227											_		
	City Orlando			tate L	Zip Code 32862-2227				Amou	int of	Each	Disburs		t this P	-
	Purpose of Disbu	rsement				_	001 ateg						1'	01.20	_
	Office Sought:	House Senate President District:		nent For: Primary Other (spe	General cify) ▼		Тур	•							
	Full Name (Last, SunTrust Bank	First, Middle Initial)  Charges									n ID: burse	8076 ment	870		
	Mailing Address	PO Box 622227							0 <sup>M</sup> 3	M /	<sup>D</sup> 3	D /	<sup>Y</sup> 2	0 0 9	Y
	City Orlando			tate L	Zip Code 32862-2227				Amou	int of	Each	Disburs	semen	t this P	Perio
	Purpose of Disbu March credit card Candidate Name						001		L.	•			2	93.86	
	Office Sought:	House Senate President District:		nent For: Primary Other (spe	General cify) ▼		Тур	-	Marc	n cred	dit ca	rd fee	S		
	Full Name (Last, SunTrust Bank	First, Middle Initial)							Date	of Dis	burse		871		
	Mailing Address	PO Box 622227							0 <sup>M</sup> 4	M /	<sup>D</sup> 3	0 /	ž	0 Ď 9	Y
	City Orlando			tate L	Zip Code 32862-2227				Amou	int of	Each	Disburs			_
	Purpose of Disbu April credit card f						001	_	L.				2	53.38	
	Candidate Name						atego Type	-							
	Office Sought:	House Senate President		nent For: Primary Other (spe	General cify) ▼				April	credi	t card	l fees			
	State:	District:													
														18.50	

В.

District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 33/33
ITEMIZED DISBURSEMENTS	for each category of the	(check only	_
	Detailed Summary Page	21b	22 23 24 25 26
		27	28a 28b 28c X 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American College of Rheumatology (Rheu	mPAC)		
Full Name (Last, First, Middle Initial)			Transaction ID: 8076872
SunTrust Bank Charges			Date of Disbursement
Mailing Address PO Box 622227			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} D & S & D \\ O & S & O \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ O & O & O \end{bmatrix}^{Y}$
	State Zip Code FL 32862-2227		Amount of Each Disbursement this Period
Purpose of Disbursement May credit card fees		001	45.55
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		May credit card fees
State: District:			
Full Name (Last, First, Middle Initial) SunTrust Bank Charges			<b>Transaction ID:</b> 8076873  Date of Disbursement
Mailing Address PO Box 622227			06
	State Zip Code FL 32862-2227		Amount of Each Disbursement this Period
Purpose of Disbursement June credit card fees		001	140.86
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		June credit card fees

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	186.41
TOTAL This Period (last page this line number only)	•	834.91

State: