

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | | <input type="text" value="168727.92"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="168727.92"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="32608.88"/> | <input type="text" value="32608.88"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="201336.80"/> | <input type="text" value="201336.80"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="29028.78"/> | <input type="text" value="29028.78"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="172308.02"/> | <input type="text" value="172308.02"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period: From: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... | 28829.00 | 28829.00 |
| (ii) Unitemized | 2775.00 | 2775.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶ | 31604.00 | 31604.00 |
| (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) | 31604.00 | 31604.00 |
| 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.)..... | 1004.88 | 1004.88 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 32608.88 | 32608.88 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 32608.88 | 32608.88 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 28000.00 | 28000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 1028.78 | 1028.78 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 29028.78 | 29028.78 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 29028.78 | 29028.78 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|----------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 31604.00 | 31604.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 31604.00 | 31604.00 |
| 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: (check only one) | PAGE 6 OF 27 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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)

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Joseph Flood | | Date of Receipt MM / DD / YYYY 01 / 02 / 2014 Transaction ID : 12141455 |
| Mailing Address 751 Jaeger Street | | Amount of Each Receipt this Period 1054.00 |
| City Columbus | State OH | Zip Code 43206-2272 |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Columbus Arthritis Center | Occupation Physician Rheumatologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1054.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Steven Wees | | Date of Receipt MM / DD / YYYY 01 / 07 / 2014 Transaction ID : 12148563 |
| Mailing Address 16120 W. Dodge Ro | | Amount of Each Receipt this Period 250.00 |
| City Omaha | State NE | Zip Code 08118 |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Physicians Clinic | Occupation Rheumatologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Melvin Britton | | Date of Receipt MM / DD / YYYY 01 / 10 / 2014 Transaction ID : 12154979 |
| Mailing Address 167 Toyon Road | | Amount of Each Receipt this Period 250.00 |
| City Attierton | State CA | Zip Code 94027 |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Self-Employed | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1554.00 |
| 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 7 OF 27 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 2121 Alpine Place
Apt. 703

City Cincinnati State OH Zip Code 45206-3612

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

Name of Employer Herzig Krall Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 25 / 2014
Transaction ID : 12225103

Amount of Each Receipt this Period
1000.00

contribution

B. Jonathan Kay
Full Name (Last, First, Middle Initial)

Mailing Address 62 Olde Field Road

City Newton Centre State MA Zip Code 02459

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

Name of Employer Mass General Physicians Org Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 25 / 2014
Transaction ID : 12225105

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 5530 Wisconsin Ave
#1150

City Chevy Chase State MD Zip Code 20815

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

Name of Employer Arthritis and Rheumatism Associates, P Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 25 / 2014
Transaction ID : 12225106

Amount of Each Receipt this Period
500.00

Contribution

| | |
|------------------------------------------------------------------|---------|
| 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 8 OF 27 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Nilsa Cruz | | Date of Receipt MM / DD / YYYY 01 / 25 / 2014 Transaction ID : 12225107 |
| Mailing Address 2801 W KK River Pkwy Ste. 375 | | Amount of Each Receipt this Period 1000.00 |
| City Milwaukee | State WI | Zip Code 53215 |
| FEC ID number of contributing federal political committee. C | Name of Employer Milwaukee Rheumatology Center | Occupation rheumatologist |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| | | Contribution |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Chris Morris | | Date of Receipt MM / DD / YYYY 01 / 25 / 2014 Transaction ID : 12225108 |
| Mailing Address 3 Sheridan Square | | Amount of Each Receipt this Period 250.00 |
| City Kingsport | State TN | Zip Code 37660 |
| FEC ID number of contributing federal political committee. C | Name of Employer Arthritis Associates | Occupation physician |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| | | Contribution |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. James Jenkins | | Date of Receipt MM / DD / YYYY 01 / 25 / 2014 Transaction ID : 12225109 |
| Mailing Address 5800 Sea Walk Drive No. 8 | | Amount of Each Receipt this Period 2000.00 |
| City Playa Vista | State CA | Zip Code 90094 |
| FEC ID number of contributing federal political committee. C | Name of Employer Pacific Arthritis Center | Occupation Chief Executive Officer |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |
| | | Contribution |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3250.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 27 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Deborah D. Desir MD | | | Date of Receipt M M / D D / Y Y Y Y 01 / 25 / 2014 |
| Mailing Address 3018 Dixwell Ave. | | | Transaction ID : 12225112 |
| City Hamden | State CT | Zip Code 06518 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Arthritis and Osteoporosis PC | Occupation Physician | Aggregate Year-to-Date ▼ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Joseph Huffstutter | | | Date of Receipt M M / D D / Y Y Y Y 01 / 26 / 2014 |
| Mailing Address 4229 Leedy Moutain Lane | | | Transaction ID : 12225113 |
| City Signal Moutain | State TN | Zip Code 37377 | Amount of Each Receipt this Period 3000.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Arthritis Associates | Occupation Physician | Aggregate Year-to-Date ▼ 3000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. James Engelbrecht | | | Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2014 |
| Mailing Address 4281 Rosemary Lane | | | Transaction ID : 12234587 |
| City Rapid City | State SD | Zip Code 57702 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer Black Hills Orth and Spine Cen | Occupation Physician | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3750.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 27 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Christy Sandborg
Full Name (Last, First, Middle Initial)
Mailing Address 761 Matadero Ave
City Palo Alto State CA Zip Code 94306
FEC ID number of contributing federal political committee. **C**
Name of Employer Stanford Medical Center Occupation Rheumatologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2014
Transaction ID : 12236574
Amount of Each Receipt this Period 500.00
Contribution

B. David R Karp
Full Name (Last, First, Middle Initial)
Mailing Address 5323 Harry Hines Blvd.
City Dallas State TX Zip Code 75390
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Texas Occupation Professor and Chief, Rheumatic Disease
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 09 / 2014
Transaction ID : 12246809
Amount of Each Receipt this Period 500.00
Contribution

C. Herbert Baraf
Full Name (Last, First, Middle Initial)
Mailing Address 2730 University Blvd W Ste 310
City Wheaton State MD Zip Code 20902
FEC ID number of contributing federal political committee. **C**
Name of Employer Arthritis & Rheumatism Associates, P.C Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 18 / 2014
Transaction ID : 12263977
Amount of Each Receipt this Period 1000.00
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 27 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Chad Deal
Full Name (Last, First, Middle Initial)
Mailing Address 21099 Colby Rd
City Shaker Heights State OH Zip Code 44122
FEC ID number of contributing federal political committee. **C**
Name of Employer Cleveland Clinic Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 18 / 2014**
Transaction ID : 12263980
Amount of Each Receipt this Period **250.00**
Contribution

B. David Goddard
Full Name (Last, First, Middle Initial)
Mailing Address 186 Joralemon Street
City Brooklyn State NY Zip Code 11201
FEC ID number of contributing federal political committee. **C**
Name of Employer YU Medical Williamsburg Occupation Rheumatologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 18 / 2014**
Transaction ID : 12263981
Amount of Each Receipt this Period **500.00**
Contribution

C. Barton Wise MD
Full Name (Last, First, Middle Initial)
Mailing Address 4800 2nd Ave Suite 2600
City Sacramento State CA Zip Code 95817
FEC ID number of contributing federal political committee. **C**
Name of Employer UC Davis Occupation Rheumatologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **525.00**

Date of Receipt **02 / 18 / 2014**
Transaction ID : 12263982
Amount of Each Receipt this Period **525.00**
Contribution

SUBTOTAL of Receipts This Page (optional)..... **1275.00**
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 OF 27 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. William Harvey
Full Name (Last, First, Middle Initial)
Mailing Address 33 Worcester Square #4
City Boston State MA Zip Code 02118
FEC ID number of contributing federal political committee. **C**
Name of Employer Tufts Medical Center Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 18 / 2014**
Transaction ID : 12263983
Amount of Each Receipt this Period **1000.00**
Contribution

B. Cathy Chapman
Full Name (Last, First, Middle Initial)
Mailing Address 5210 Poplar Ave, Ste. 150
City Memphis State TN Zip Code 38119
FEC ID number of contributing federal political committee. **C**
Name of Employer Rheumatology & Derm Assoc. Occupation rheumatologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 17 / 2014**
Transaction ID : 12263985
Amount of Each Receipt this Period **1000.00**
Contribution

C. Matthew Mundwiler
Full Name (Last, First, Middle Initial)
Mailing Address 6570 Deer Island Drive
City Cherry Valley State IL Zip Code 61016
FEC ID number of contributing federal political committee. **C**
Name of Employer Rockford Orthopedic Associates Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 20 / 2014**
Transaction ID : 12284924
Amount of Each Receipt this Period **500.00**
Contribution

SUBTOTAL of Receipts This Page (optional)..... **2500.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 27 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Rodolfo Molina | | | Date of Receipt MM / DD / YYYY 02 / 21 / 2014 Transaction ID : 12285791 |
| Mailing Address 125 E. King's Highway | | | Amount of Each Receipt this Period 2000.00 |
| City San Antonio | State TX | Zip Code 78212 | Contribution |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Arthritis Associates PA | Occupation Rheumatologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2000.00 | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. William St. Clair | | | Date of Receipt MM / DD / YYYY 02 / 21 / 2014 Transaction ID : 12285794 |
| Mailing Address 11 West Haven Place | | | Amount of Each Receipt this Period 1000.00 |
| City Durham | State NC | Zip Code 27705 | Contribution |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Duke Medical Center | Occupation Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Eric Ruderman | | | Date of Receipt MM / DD / YYYY 02 / 21 / 2014 Transaction ID : 12285798 |
| Mailing Address 2036 Orrington Ave. | | | Amount of Each Receipt this Period 500.00 |
| City Evanston | State IL | Zip Code 60201 | Contribution |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Northwestern University School | Occupation Rheumatologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 27 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Richard Furie | | Date of Receipt MM / DD / YYYY 02 / 21 / 2014 Transaction ID : 12285799 |
| Mailing Address Division of Rheumatology 2800 Marcus Ave | | Amount of Each Receipt this Period 250.00 |
| City Lake Success | State NY | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer North Shore LIJ Health System | Occupation physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Eric Matteson | | Date of Receipt MM / DD / YYYY 02 / 21 / 2014 Transaction ID : 12285800 |
| Mailing Address 1752 Walden LN SW | | Amount of Each Receipt this Period 250.00 |
| City Rochester | State MN | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Mayo Clinic | Occupation MD | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Liana Fraenkel | | Date of Receipt MM / DD / YYYY 02 / 22 / 2014 Transaction ID : 12285802 |
| Mailing Address 12 Winton Farm Rd. | | Amount of Each Receipt this Period 500.00 |
| City Newton | State CT | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Yale University | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 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 15 OF 27 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Sharad Lakhanpal | | Date of Receipt MM / DD / YYYY 02 / 22 / 2014 Transaction ID : 12285803 |
| Mailing Address 5320 Royal Lane | | Amount of Each Receipt this Period 2000.00 |
| City Dallas | State TX | Zip Code 75229 |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Rheumatology Associates | Occupation Rheumatologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Fehmida Zahabi | | Date of Receipt MM / DD / YYYY 02 / 24 / 2014 Transaction ID : 12287442 |
| Mailing Address 6300 Stonewood Dr. #412 | | Amount of Each Receipt this Period 500.00 |
| City Plano | State TX | Zip Code 75024 |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Texas Rheumatology Care | Occupation Rheumatologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Alan Martin | | Date of Receipt MM / DD / YYYY 02 / 25 / 2014 Transaction ID : 12287456 |
| Mailing Address 5942 East 87th Street | | Amount of Each Receipt this Period 500.00 |
| City Tulsa | State OK | Zip Code 74137 |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Tulsa Bone and Joint | Occupation Rheumatologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 27 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. William L Surbeck
 Full Name (Last, First, Middle Initial)
 Mailing Address 2238 E. 38th street
 City State Zip Code
 Tulsa OK 74105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tulsa Bone and Joint Rheumatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : 12287457
 Amount of Each Receipt this Period
 500.00
 Contribution

B. Karen Kolba
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Self-Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2014
Transaction ID : 12287897
 Amount of Each Receipt this Period
 1000.00
 Contribution

C. Dr. Paula Marchetta
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 Park Ave
 City State Zip Code
 New York NY 10016
 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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2014
Transaction ID : 12287898
 Amount of Each Receipt this Period
 250.00
 Contribution

| | |
|------------------------------------------------------------------|---------|
| 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 17 OF 27 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 230 Overbrook Rd.

| | | |
|-------------------|-------------|-------------------|
| City Baltimore | State MD | Zip Code 21212 |
|-------------------|-------------|-------------------|

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

| | |
|-----------------------------------|-------------------------|
| Name of Employer Johns Hopkins | Occupation Physician |
|-----------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 01 | / | 2014 |

Transaction ID : 12315990

Amount of Each Receipt this Period
150.00

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

Mailing Address 1775 Aurora Ct.

| | | |
|----------------|-------------|-------------------|
| City Aurora | State CO | Zip Code 80045 |
|----------------|-------------|-------------------|

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

| | |
|------------------------------------------------------------|------------------------------|
| Name of Employer University of Colorado School of Medic | Occupation Rheumatologist |
|------------------------------------------------------------|------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 02 | / | 2014 |

Transaction ID : 12318779

Amount of Each Receipt this Period
250.00

C. Douglas W White
Full Name (Last, First, Middle Initial)

Mailing Address 3111 Gundersen Dr

| | | |
|------------------|-------------|-------------------|
| City Onalaska | State WI | Zip Code 54650 |
|------------------|-------------|-------------------|

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

| | |
|-------------------------------------|------------------------------|
| Name of Employer Onalaska Clinic | Occupation Rheumatologist |
|-------------------------------------|------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 07 | / | 2014 |

Transaction ID : 12318780

Amount of Each Receipt this Period
300.00

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 700.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|-------------------------------------------------------------------------|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 18 OF 27 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. David Daikh
Full Name (Last, First, Middle Initial)

Mailing Address 3633 Clement

City San Francisco State CA Zip Code 94121

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

Name of Employer UCSF/VA Medical Center Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014

Transaction ID : 12343770

Amount of Each Receipt this Period
 300.00

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

Mailing Address 550 First Avenue MSB255

City New York State NY Zip Code 10016

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 12357438

Amount of Each Receipt this Period
 250.00

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

Mailing Address 33 Worcester Square #4

City Boston State MA Zip Code 02118

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

Name of Employer Tufts Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 12364142

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 27 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Mark E Pearson
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 N. Barker Rd.
 City Brookfield State WI Zip Code 53045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Suburban Center For Arthritis 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 Y Y
 03 / 31 / 2014
Transaction ID : 12364146
 Amount of Each Receipt this Period
 1000.00

B. Eric Matteson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1752 Walden LN SW
 City Rochester State MN Zip Code 55902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2014
Transaction ID : 12395849
 Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

| | |
|------------------------------------------------------------------|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1250.00 |
| TOTAL This Period (last page this line number only).....▶ | 28829.00 |

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

| | | | |
|-------------------------------------------------------------------------|------------------------------|-----------------------------------|----------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 20 OF 27 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input checked="" type="checkbox"/> 17 |

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

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

Mailing Address 2200 Lake Boulevard NE

City Atlanta State GA Zip Code 30319

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
424.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : 12288524

Amount of Each Receipt this Period
424.42

January Credit Card Fees

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

Mailing Address 2200 Lake Boulevard NE

City Atlanta State GA Zip Code 30319

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
716.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2014
Transaction ID : 12357531

Amount of Each Receipt this Period
292.08

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

Mailing Address 2200 Lake Boulevard NE

City Atlanta State GA Zip Code 30319

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1004.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2014
Transaction ID : 12357532

Amount of Each Receipt this Period
288.38

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1004.88 |
| TOTAL This Period (last page this line number only).....▶ | 1004.88 |

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Texans For Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street
Suite 200

City Laredo State TX Zip Code 78042

Purpose of Disbursement

011

Candidate Name

Rep. Henry Cuellar

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 28

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 21 / 2014

Transaction ID : 12221268

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kevin Mccarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

011

Candidate Name

Rep. Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2014

Transaction ID : 12240592

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

011

Candidate Name

Rep. Sander Levin

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2014

Transaction ID : 12240593

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Upton For All Of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

011

Candidate Name

Rep. Frederick Upton

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2014

Transaction ID : 12287862

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Dave Camp For Congress

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

011

Candidate Name

Rep. David Camp

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2014

Transaction ID : 12287864

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Doggett For Us Congress

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement

011

Candidate Name

Rep. Lloyd Doggett

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: TX District: 35

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2014

Transaction ID : 12287865

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bera For Congress

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement

011

Category/
Type

Candidate Name

Amerish Bera

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : 12319450

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ruiz For Congress

Mailing Address PO Box 6116

City La Quinta State CA Zip Code 92248

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Raul Ruiz MD

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : 12319451

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Joseph Pitts

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : 12336149

Amount of Each Disbursement this Period

2500.00

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

Candidate Name

Rep. Joseph Heck

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : 12336150

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

011

Candidate Name

Rep. Lois Capps

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : 12336151

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Price For Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

011

Candidate Name

Rep. Thomas Price M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : 12336152

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bennet For Colorado

Mailing Address PO Box 3078

City State Zip Code
Denver CO 80201

Purpose of Disbursement

011

Candidate Name

Sen. Michael Bennet

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : 12354220

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

B. Friends Of Sherrod Brown

Mailing Address PO Box 76187

City State Zip Code
Washington DC 20013

Purpose of Disbursement

011

Candidate Name

Sen. Sherrod Brown

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : 12354222

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

C. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City State Zip Code
Spokane WA 99210

Purpose of Disbursement

011

Candidate Name

Rep. Cathy McMorris Rodgers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 8 | | 2 | 0 | 1 | 4 |

Transaction ID : 12366976

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Ryan For Congress

Mailing Address PO Box 1488

City State Zip Code
Janesville WI 53547

Purpose of Disbursement

011

Candidate Name
Rep. Paul Ryan

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 28 | / | 2014 |

Transaction ID : 12366977

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

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

| |
|---------|
| 1500.00 |
|---------|

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

| |
|----------|
| 28000.00 |
|----------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Rheumatology (RheumPAC)

Full Name (Last, First, Middle Initial)

A. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
January Bank and Credit Card Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : 12382645

Amount of Each Disbursement this Period

January Bank and Credit Card Fees

Full Name (Last, First, Middle Initial)

B. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
February Bank and Credit Card Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : 12382646

Amount of Each Disbursement this Period

February Bank and Credit Card Fees

Full Name (Last, First, Middle Initial)

C. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
March Bank and Credit Card Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : 12395825

Amount of Each Disbursement this Period

March Bank and Credit Card Fees

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

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