

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 69
	<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. John Baldwin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2013 Transaction ID : 11982057
Mailing Address 1310 116 Ave NE Ste C		Amount of Each Receipt this Period 500.00
City Bellevue	State WA	Zip Code 98004
FEC ID number of contributing federal political committee.	C	
Name of Employer Overlake Arthritis and Osteoperosis Ce	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) B. Sharon L Kolasinski		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2013 Transaction ID : 11982058
Mailing Address 545 Hansell Road		Amount of Each Receipt this Period 25.00
City Wynnewood	State PA	Zip Code 19096
FEC ID number of contributing federal political committee.	C	
Name of Employer UMDNJ-Camden	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) C. Alex Limanni		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2013 Transaction ID : 11982062
Mailing Address 9201 Westeind Ct		Amount of Each Receipt this Period 250.00
City Dallas	State TX	Zip Code 75231
FEC ID number of contributing federal political committee.	C	
Name of Employer Arthritis Centers of Texas	Occupation Rheumatologist	
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).....▶	775.00
TOTAL This Period (last page this line number only).....▶	