

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
American College of Rheumatology (RheumPAC)

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

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

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

5. Covering Period 11 23 2010 through 12 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Ed Herzig

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

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

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

A. Form/Schedule : **F3XA**

Updated cash on hand balance due to amended 30 day post election report.

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		89718.72
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	104210.98									
(c) Total Receipts (from Line 19) .....	1875.00	75613.35								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	106085.98	165332.07								
7. Total Disbursements (from Line 31) .....	1081.33	60327.42								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	105004.65	105004.65								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1600.00	59940.00
(ii) Unitemized .....	275.00	13283.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1875.00	73223.00
(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) .....	1875.00	73223.00
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.) .....	0.00	2390.35
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1875.00	75613.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1875.00	75613.35

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	57000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	125.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	125.00
29. Other Disbursements.....	1081.33	3202.42
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1081.33	60327.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1081.33	60327.42

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	1875.00	73223.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1875.00	73098.00
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 7 / 9
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Jose Antonio Pando	Date of Receipt MM / DD / YYYY 12 / 01 / 2010
	Mailing Address P.O. Box 37	<b>Transaction ID:</b> 9697508
	City Lewes State DE Zip Code 19958-0037	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Physician Occupation Rheumatology Consultants Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ronald E Krauser	Date of Receipt MM / DD / YYYY 12 / 01 / 2010
	Mailing Address 35 Broad Leaf Trail	<b>Transaction ID:</b> 9697509
	City Malvern State PA Zip Code 19355	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Ronald E Krauser, MD, PC Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Geringer	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 12230 Arbor Trail	<b>Transaction ID:</b> 9697511
	City Palos Heights State IL Zip Code 60463-1877	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Rheumatologist and Internest Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 9
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial) Marius C Teodorescu		Date of Receipt MM / DD / YYYY 12 / 08 / 2010
Mailing Address 6776 Fieldstone Drive		<b>Transaction ID:</b> 9708283
City Burr Ridge	State IL	Zip Code 60527
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer Thera Test Labs Inc	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Nilsa Cruz		Date of Receipt MM / DD / YYYY 12 / 21 / 2010
Mailing Address 2801 W KK River Pkwy Ste. 375		<b>Transaction ID:</b> 9720043
City Milwaukee	State WI	Zip Code 53215
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer Milwaukee Rheumatology Ce- nter	Occupation rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1600.00</b>



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 9

<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

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)

<b>A.</b> Full Name (Last, First, Middle Initial) SunTrust Bank Charges Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement November credit card fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9774551 Date of Disbursement 11 / 30 / 2010
	Amount of Each Disbursement this Period 419.27 November credit card fees
<b>B.</b> Full Name (Last, First, Middle Initial) SunTrust Bank Charges Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement December credit card fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9774552 Date of Disbursement 12 / 31 / 2010
	Amount of Each Disbursement this Period 662.06 December credit card fees

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

1081.33

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

1081.33