

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2008 JAN 29 AM 10: 59

Office Use Only

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

American College of Rheumatology (RHEUMPAC)

ADDRESS (number and street)

1800 Century Place

Suite 250

Check if different than previously reported. (ACC)

Atlanta

GA

30345

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00432823

3. IS THIS REPORT X NEW OR AMENDED (N) (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)

X January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:  
Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:  
Primary (12P) General (12G) Runoff (12R)  
Convention (12C) Special (12G)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day Post -Election Report for the:  
General (30G) Runoff (30R) Special (30S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2007 through 12 31 2007

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 Fredrick Dietz

Signature of Treasurer

*Fredrick Dietz* MD

Date 1/24/08

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

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

28039603438

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: <sup>M M</sup>07 <sup>D D</sup>01 <sup>Y Y W Y</sup>2007 To: <sup>M M</sup>12 <sup>D D</sup>31 <sup>Y Y Y Y</sup>2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y Y Y Y</sup> 2007		0.00
(b) Cash on Hand at Beginning of Reporting Period .....	5650.00	
(c) Total Receipts (from Line 19) .....	17012.05	22755.66
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	22662.05	22755.66
7. Total Disbursements (from Line 31) .....	537.13	630.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	22124.92	22124.92
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY 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

28039603439

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Rheumatology (RHEUMPAC)

Report Covering the Period: From: <sup>M M</sup> 0 7 <sup>D D</sup> 0 1 <sup>Y Y W Y</sup> 2 0 0 7 To: <sup>M M</sup> 1 2 <sup>D D</sup> 3 1 <sup>Y Y Y Y</sup> 2 0 0 7

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) .....	15689.00	21189.00
(ii) Unitemized .....	1105.00	1255.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	16794.00	22444.00
(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) .....	16794.00	22444.00
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) .....	218.05	311.66
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	0.00
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)) .....	17012.05	22755.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17012.05	22755.66

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	93.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	93.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	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.....	537.13	537.13
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))..	537.13	630.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	537.13	630.74

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**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) .....	16794.00	22444.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16794.00	22444.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	93.61
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	218.05	311.66
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-218.05	-218.05

28039603442

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

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

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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. Erin Arnold		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2007
Mailing Address 1331 Greenwood		Transaction ID: SA11A1.4227
City Wilmette	State IL	Zip Code 60091
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1111.00
Name of Employer Illinois Bone and Joint Inst.	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1111.00	

Full Name (Last, First, Middle Initial) B. William J Arnold		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2007
Mailing Address 751 Michigan Ave		Transaction ID: SA11A1.4223
City Wilmette	State IL	Zip Code 60091
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1111.00
Name of Employer Illinois Bone and Joint Inst.	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1111.00	

Full Name (Last, First, Middle Initial) C. Neal Birnbaum		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007
Mailing Address 97 Carte Alejo		Transaction ID: SA11A1.4146
City Greenbrae	State CA	Zip Code 94904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Pacific Rheumatology Asso- ciate	Occupation Rheumatologist	Contribution to PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) .....	2972.00
TOTAL This Period (last page this line number only) .....	

28039603443

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

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

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) David G Borenstein Mailing Address 10505 Scarborough Lane City Potomac State MD Zip Code 20850 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Arthritis and Rheumatism Assoc 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 11 / 07 / 2007 Transaction ID: SA11A1.4207 Amount of Each Receipt this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Larry and Susan Broy Mailing Address 2815 Highland Dr. City Northbrook State IL Zip Code FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Illinois Bone and Joint Instit Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1111.00		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2007 Transaction ID: SA11A1.4190 Amount of Each Receipt this Period 1111.00
<b>C.</b> Full Name (Last, First, Middle Initial) Stanley Cohen Mailing Address 5447 Castlewood Dr City Dallas State TX Zip Code 75229 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Rheumatology Associates Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007 Transaction ID: SA11A1.4148 Amount of Each Receipt this Period 250.00 Contribution to PAC

SUBTOTAL of Receipts This Page (optional) ..... ► 2361.00

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

28039603444

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

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

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
American College of Rheumatology (RHEUMPAC)

Full Name (Last, First, Middle Initial) <b>A. Mary K Crow</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007
Mailing Address 17 East 89th Street Apt. 3D		Transaction ID: SA11A1.4139
City New York	State NY	Zip Code 10128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Contribution to PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Gerald Eisenberg</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 01 / 2007
Mailing Address 2003 Old Briar Road		Transaction ID: SA11A1.4212
City Highland Park	State IL	Zip Code 60035
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2223.00
Name of Employer Illinois Bone and Joint Instit	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2223.00	

Full Name (Last, First, Middle Initial) <b>C. James A Engelbrecht</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 06 / 2007
Mailing Address 4281 Rosemary Lane		Transaction ID: SA11A1.4211
City Rapid City	State SD	Zip Code 57702
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Black Hills Orth and Spine Cen	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	2973.00
TOTAL This Period (last page this line number only) .....	▶	

28039603445

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 / 20

(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
							17

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

Full Name (Last, First, Middle Initial) <b>A. Max Hamburger</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 08 / 2007
Mailing Address 6 Micole Ct		Transaction ID: SA11A1.4205
City <b>Dix Hills</b>	State <b>NY</b>	Zip Code <b>11746</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer Rheum Assoc of Long Island	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Edward Herzig</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007
Mailing Address 419 Reilly Road		Transaction ID: SA11A1.4156
City <b>Cincinnati</b>	State <b>OH</b>	Zip Code <b></b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Herzig Krall Medical Group	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>C. James A Jenkins</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2007
Mailing Address 5800 Sea Walk Drive No. 8		Transaction ID: SA11A1.4208
City <b>Playa Vista</b>	State <b>CA</b>	Zip Code <b>90094</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Pacific Arthritis Center	Occupation Chief Executive Officer	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	

28039603448

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

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

FOR LINE NUMBER: PAGE 10 / 20

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Rheumatology (RHEUMPAC)

A. Full Name (Last, First, Middle Initial) Kent Kwoh		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 7
Mailing Address ADDRESS REQUESTED		Transaction ID: SA11A1.4149
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Contribution to PAC		

B. Full Name (Last, First, Middle Initial) Timothy Laing		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 5522 Warren Road		Transaction ID: SA11A1.4183
City	State	Zip Code
Ann Arbor	MI	48105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Michigan	Occupation MD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Jeffrey Lawson		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7
Mailing Address 20 Crescent Ave		Transaction ID: SA11A1.4161
City	State	Zip Code
Greenville	SC	29605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Piedmont Arthritis Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1250.00

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

28039503447

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mary Moran  
Mailing Address 1152 Scott  
City State Zip Code  
Winnetka IL 60093  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Illinois Bone & Joint Inst Physician  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1111.00  
Date of Receipt  
M M / D D / Y Y Y Y  
10 31 2007  
Transaction ID: SA11A1.4192  
Amount of Each Receipt this Period  
1111.00

**B.** Full Name (Last, First, Middle Initial)  
James Odell  
Mailing Address 3534 Pine St  
City State Zip Code  
Omaha NE 68105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00  
Date of Receipt  
M M / D D / Y Y Y Y  
07 12 2007  
Transaction ID: SA11A1.4134  
Amount of Each Receipt this Period  
250.00  
Contribution to PAC

**C.** Full Name (Last, First, Middle Initial)  
Leroy Pacheco  
Mailing Address 9013 S. Guadalupe Terr  
City State Zip Code  
Albuquerque NM 87114  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Albuquerque Rehab and Rheum Physician  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00  
Date of Receipt  
M M / D D / Y Y Y Y  
09 11 2007  
Transaction ID: SA11A1.4157  
Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1611.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

28039503478

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

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

FOR LINE NUMBER: PAGE 12 / 20

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Rheumatology (RHEUMPAC)

Full Name (Last, First, Middle Initial) <b>A. Raymond Scalettar</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 26 / 2007
Mailing Address 12433 Ansin Circle Drive		Transaction ID: SA11A1.4218
City Potmac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer George Washington University	Occupation Clinical Professor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Patrick T Schuette</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2007
Mailing Address 1334 West Arthur		Transaction ID: SA11A1.4222
City Chicago	State IL	Zip Code 60626
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1111.00
Name of Employer Ullinois Bone and Joint Inst	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1111.00	

Full Name (Last, First, Middle Initial) <b>C. John L Skosey</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2007
Mailing Address 4932 S. Kimbark Ave		Transaction ID: SA11A1.4224
City Chicago	State IL	Zip Code 60615
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1111.00
Name of Employer Illinois Bone and Joint Inst	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1111.00	

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2722.00

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

28039603449

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 20					
	<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

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

A. Full Name (Last, First, Middle Initial) Cody Wasner		Date of Receipt	
Mailing Address 1310 Coburg Rd Ste 3		M M / D D / Y Y Y Y 11 / 09 / 2007	
City Eugene	State OR	Zip Code 37401	Transaction ID: SA11A1.4204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Self-Employed		Occupation Physician	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

28039603450

SUBTOTAL of Receipts This Page (optional) .....	▶	300.00
TOTAL This Period (last page this line number only) .....	▶	15689.00

**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)

PAGE 14 / 20

<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) <b>A. American Express</b>		Transaction ID: SB29.4166 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	3.00
Purpose of Disbursement Fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: SB29.4169 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	4.43
Purpose of Disbursement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: SB29.4179 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	1.48
Purpose of Disbursement Fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8.91</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

28030603451

**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 15 / 20
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

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

A. American Express		Transaction ID: SB29.4180 Date of Disbursement 09 <sup>M</sup> / 17 <sup>D</sup> / 2007 <sup>Y</sup>
Full Name (Last, First, Middle Initial) Mailing Address		Amount of Each Disbursement this Period  7.38
City	State Zip Code	
Purpose of Disbursement Fees	Candidate Name	Category/ Type
Office Sought: House Senate President		
State: District:		

B. American Express		Transaction ID: SB29.4241 Date of Disbursement 11 <sup>M</sup> / 05 <sup>D</sup> / 2007 <sup>Y</sup>
Full Name (Last, First, Middle Initial) Mailing Address		Amount of Each Disbursement this Period  33.93
City	State Zip Code	
Purpose of Disbursement Fees	Candidate Name	Category/ Type
Office Sought: House Senate President		
State: District:		

C. American Express		Transaction ID: SB29.4242 Date of Disbursement 11 <sup>M</sup> / 13 <sup>D</sup> / 2007 <sup>Y</sup>
Full Name (Last, First, Middle Initial) Mailing Address		Amount of Each Disbursement this Period  65.58
City	State Zip Code	
Purpose of Disbursement Fees	Candidate Name	Category/ Type
Office Sought: House Senate President		
State: District:		

SUBTOTAL of Disbursements This Page (optional) .....	▶	106.89
TOTAL This Period (last page this line number only) .....	▶	

28030603452

**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 16 / 20

<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) <b>A. Visa and Mastercard</b>		Transaction ID: SB29.4175 Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y 09 / 04 / 2007	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement Fees		Category/ Type	2.00
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Visa and Mastercard</b>		Transaction ID: SB29.4176 Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y 09 / 10 / 2007	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement Fees		Category/ Type	1.98
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Visa and Mastercard</b>		Transaction ID: SB29.4177 Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y 09 / 10 / 2007	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement Fees		Category/ Type	24.22
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>28.20</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

28039603452

**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 17 / 20
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b			

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

Full Name (Last, First, Middle Initial)		Transaction ID: SB29.4178	
A. Visa and Mastercard		Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y 09 / 10 / 2007	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement Fees		29.46	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial)		Transaction ID: SB29.4237	
B. Visa and Mastercard		Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y 10 / 10 / 2007	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement Fees		1.45	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial)		Transaction ID: SB29.4238	
C. Visa and Mastercard		Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y 10 / 10 / 2007	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement Fees		25.18	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) .....	▶	56.09
TOTAL This Period (last page this line number only) .....	▶	

28039603454

**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)

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<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) <b>A. Visa and Mastercard</b>		Transaction ID: SB29.4239 Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y 10 / 10 / 2007	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement Fees		Category/ Type	19.82
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Visa and Mastercard</b>		Transaction ID: SB29.4229 Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y 11 / 13 / 2007	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement Fees		Category/ Type	11.76
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Visa and Mastercard</b>		Transaction ID: SB29.4230 Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y 11 / 13 / 2007	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement Fees		Category/ Type	15.90
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>47.48</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

28039603455

**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 19 / 20

<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) <b>A. Visa and Mastercard</b>		Transaction ID: SB29.4231 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 7
Mailing Address		Amount of Each Disbursement this Period  71.99
City	State Zip Code	
Purpose of Disbursement Fees	Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Visa and Mastercard</b>		Transaction ID: SB29.4234 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7
Mailing Address		Amount of Each Disbursement this Period  26.44
City	State Zip Code	
Purpose of Disbursement Fees	Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Visa and Mastercard</b>		Transaction ID: SB29.4235 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7
Mailing Address		Amount of Each Disbursement this Period  39.52
City	State Zip Code	
Purpose of Disbursement Fees	Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>137.95</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

28039603456

**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 20 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Visa and Mastercard		Transaction ID: SB29.4236	
Mailing Address		Date of Disbursement	
City State Zip Code		M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7	
Purpose of Disbursement Fees		Amount of Each Disbursement this Period  151.52	
Candidate Name			
Office Sought: House Senate President		Disbursement For: Primary General Other (specify) ▼	
State: District:			

28039603457

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>151.52</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>537.04</b>

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Ex* Shipping Date  
*1/28/08*  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*[Signature]*  
 PREPARER  
 (3/2005)

*1/29/08*  
 DATE PREPARED

28039603458