

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** 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 Year-End 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 M M / D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y through M M / D D / Y Y Y Y Y Y  
07 01 2016 through 09 30 2016

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

Signature of Treasurer Baraf, Herb, , , [Electronically Filed] Date 10 14 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2016"/>		<input type="text" value="203910.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="205406.59"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="33940.73"/>	<input type="text" value="88275.54"/>
(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="239347.32"/>	<input type="text" value="292186.13"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="34086.73"/>	<input type="text" value="86925.54"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="205260.59"/>	<input type="text" value="205260.59"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	31404.00	76305.00
(ii) Unitemized .....	1950.00	5045.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	33354.00	81350.00
(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) .....	33354.00	81350.00
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	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	586.73	2925.54
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)).....▶	33940.73	88275.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	33940.73	88275.54

**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.....	33500.00	84000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	586.73	2925.54
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	34086.73	86925.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34086.73	86925.54

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	33354.00	81350.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33354.00	81350.00
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 25
<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. Mikuls, Ted, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2903 N 147th Street

City Omaha	State NE	Zip Code 68116
---------------	-------------	-------------------

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

Name of Employer (for Individual) Univ of Nebraska	Occupation (for Individual) 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
07		05		2016

**Transaction ID : 14178918**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Lemmer, Joseph, P., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5342 Doe Run Rd.

City Poanoke	State VA	Zip Code 24018
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Lewis-Gale Phys.	Occupation (for Individual) 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
07		05		2016

**Transaction ID : 14180957**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Stout, Brian, Joseph, Major,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6636 Frost Lake Lane

City Alexandria	State VA	Zip Code 22315-2647
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Fort Belvoir Army Community Hospital	Occupation (for Individual) 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
07		10		2016

**Transaction ID : 14192947**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<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: (check only one)	PAGE 7 OF 25
<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. Edgerton, Colin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 911 Napiers Post Dr  
 City Evans State GA Zip Code 30809-6429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Army Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 16 / 2016  
**Transaction ID : 14233246**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Mehta, Daksha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 584 Westport Rd, Ste 101  
 City Elizabethtown State KY Zip Code 42701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Center for Arthritis and Osteoporosis Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : 14240399**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Chk #5205

**C. Hargrove, Jody, K, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7250 France Ave So Suite 215  
 City Edina State MN Zip Code 55435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis & Rheumatology Consultants Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 26 / 2016  
**Transaction ID : 14248985**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<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: (check only one)	PAGE 8 OF 25
	<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. Singer, Nora, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2500 Metrohealth Dr.  
 City Cleveland State OH Zip Code 44109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MetroHealth Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 23 / 2016  
**Transaction ID : 14248986**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Malone, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3437 Edgehill Pkwy  
 City Madison State WI Zip Code 53705-1450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excel Ortho Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2016  
**Transaction ID : 14249472**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Kolba, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Erna Way  
 City Pismo Beach State CA Zip Code 93449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 16 / 2016  
**Transaction ID : 14251247**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 Chk # 9164

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<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: (check only one)	PAGE 9 OF 25
	<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. King, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 179 Edgewater Cv  
 City Belden State MS Zip Code 38826-9145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NMMCI Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 06 / 2016  
**Transaction ID : 14266371**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Engelbrecht, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4281 Rosemary Lane  
 City Rapid City State SD Zip Code 57702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Black Hills Orth and Spine Cen Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : 14274903**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Daikh, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3633 Clement  
 City San Francisco State CA Zip Code 94121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCSF/VA Medical Center Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : 14274904**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<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: (check only one)	PAGE 10 OF 25
<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. Isaacs, Emily, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 909 9th Ave #300  
 City Fort Worth State TX Zip Code 76104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Forth Worth Clinic PA Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 17 / 2016  
**Transaction ID : 14296650**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. White, Douglas, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3111 Gundersen Dr  
 City Onalaska State WI Zip Code 54650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Onalaska Clinic Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1002.00

Date of Receipt 07 / 05 / 2016  
**Transaction ID : 14297161**  
 Amount of Each Receipt this Period 501.00  
 Memo Item

**C. White, Douglas, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3111 Gundersen Dr  
 City Onalaska State WI Zip Code 54650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Onalaska Clinic Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1504.00

Date of Receipt 08 / 01 / 2016  
**Transaction ID : 14298016**  
 Amount of Each Receipt this Period 502.00  
 Memo Item  
 Chk #4073

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1253.00
<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: (check only one)	PAGE 11 OF 25
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<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. Punaro, Marilyn, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3965 Cedarbrush Drive  
 City Dallas State TX Zip Code 75229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UT Southwestern Medical Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 23 / 2016  
**Transaction ID : 14298911**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Palmer, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9016 Harney  
 City Omaha State NE Zip Code 68114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Westroads Medical Group Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 24 / 2016  
**Transaction ID : 14299110**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**C. Schuette, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1334 West Arthur  
 City Chicago State IL Zip Code 60626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ullinois Bone and Joint Inst Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 15 / 2016  
**Transaction ID : 14304269**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Chk #6237

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<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: (check only one)	PAGE 12 OF 25
	<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. Kothari, Ami, Kurani, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2233 Winnetka Ave

City Northfield	State IL	Zip Code 60093-3154
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Illinois Bone and Joint Institute	Occupation (for Individual) 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
08		12		2016

**Transaction ID : 14304274**

Amount of Each Receipt this Period  
250.00

Memo Item

Chk #5042

**B. Eisenberg, Gerald, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2003 Old Briar Road

City Highland Park	State IL	Zip Code 60035
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Illinois Bone and Joint Instit	Occupation (for Individual) 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
08		17		2016

**Transaction ID : 14304277**

Amount of Each Receipt this Period  
1000.00

Memo Item

Chk #1003

**C. Gewanter, Harry, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8116 Buford Oaks Dr

City Richmond	State VA	Zip Code 23235-4683
------------------	-------------	------------------------

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

Name of Employer (for Individual) Pediatric & Adolescent Health Partners	Occupation (for Individual) 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
09		02		2016

**Transaction ID : 14310876**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1400.00
<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: (check only one)	PAGE 13 OF 25
	<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. Rosenberg, Robert, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6425 Goldleaf Dr.

City Bethesda	State MD	Zip Code 20817
------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis & Rheumatism Association	Occupation (for Individual) Rheumatologist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

**Transaction ID : 14310877**

Amount of Each Receipt this Period  
1500.00

Memo Item

**B. Demarco, Paul, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2730 University Blvd W

City Wheaton	State MD	Zip Code 20902
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis and Rheumatism Associates	Occupation (for Individual) Rheumatologist
--	---

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
09		08		2016

**Transaction ID : 14319464**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C. Silver, Arielle, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 Locus Street Apt 15T

City Philadelphia	State PA	Zip Code 19102
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis, Rheumatic and Back	Occupation (for Individual) 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
09		12		2016

**Transaction ID : 14319584**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3750.00
<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: (check only one)	PAGE 14 OF 25
	<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. Worthing, Angus, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Arthritis and Rheumatism Associates, P Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 12 / 2016  
**Transaction ID : 14319585**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Oza, Meera, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2574 Admirals Walk Dr S  
 City Orange Park State FL Zip Code 32073-6102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 12 / 2016  
**Transaction ID : 14319586**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**C. Wright, Grace, C, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1035 Garrison Avenue  
 City Teaneck State NJ Zip Code 07666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grace C Wright MD PC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 12 / 2016  
**Transaction ID : 14319587**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<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: (check only one)	PAGE 15 OF 25
	<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. Mundwiler, Matthew, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Rockford Orthopedic Associates	Occupation (for Individual) 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
09		12		2016

**Transaction ID : 14319588**

Amount of Each Receipt this Period  
750.00

Memo Item

**B. Ramanujam, Thaila, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1505 Soquel Drive Suite 9

City Santa Cruz	State CA	Zip Code 95065
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Santa Cruz Rheumatology/Thalia Ramanuj	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2001.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2016

**Transaction ID : 14330626**

Amount of Each Receipt this Period  
2001.00

Memo Item

**C. Norton, Hilary, , , MD, MS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11311 San Bernardino Dr NE

City Albuquerque	State NM	Zip Code 87122
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Santa Fe Rheumatology	Occupation (for Individual) 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
09		13		2016

**Transaction ID : 14333860**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3001.00
<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: (check only one)	PAGE 16 OF 25
<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. Winkler, Anne, E., MD, PhD, M**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1621 S Delaware Ave  
 City Springfield State MI Zip Code 65804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Winkler Medical Practice LLC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2016  
**Transaction ID : 14333861**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Chapman, Cathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Rheumatology & Derm Assoc. Occupation (for Individual) rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 12 / 2016  
**Transaction ID : 14353302**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 Chk #1006

**C. Morton, Allan, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30101 Hoover  
 City Warren State MI Zip Code 48093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Allan H Morton, D.O.P.C. Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2016  
**Transaction ID : 14353304**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Chk #631704

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<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 17 OF 25  
(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. Mund, Douglas, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 63 Maplewood Drive

City Plainview	State NY	Zip Code 11803-4825
-------------------	-------------	------------------------

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

Name of Employer (for Individual) ProHealthcare, Inc	Occupation (for Individual) physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

**Transaction ID : 14368252**

Amount of Each Receipt this Period  
750.00

Memo Item

**B. Matsumoto, Alan, K, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2730 University Blvd. West

City Wheaton	State MD	Zip Code 20902
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis and Rheumatism Associates	Occupation (for Individual) 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
09		16		2016

**Transaction ID : 14369182**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	31404.00

**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 18 OF 25
<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)**

**A. American College of Rheumatology**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2724.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : 14250409**

Amount of Each Receipt this Period  
385.39

Memo Item

**B. American College of Rheumatology**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2799.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2016

**Transaction ID : 14408933**

Amount of Each Receipt this Period  
74.92

Memo Item

**C. American College of Rheumatology**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2925.54

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

**Transaction ID : 14408934**

Amount of Each Receipt this Period  
126.42

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	586.73
<b>TOTAL</b> This Period (last page this line number only).....	586.73

**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"/> 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) <b>A. Anna Eshoo For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address 555 Capitol Mall, Suite 1425		FEC Identification Number C C00258475 <b>Transaction ID : 14197815</b> Amount of Each Disbursement this Period 2500.00 Chk # 445
City Sacramento	State CA	Zip Code 95814
Purpose of Disbursement Chk # 445	Category/ Type 011	
Candidate Name <b>Eshoo, Anna, , Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA	District: 14	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Frelinghuysen For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address 19 Cattano Avenue		FEC Identification Number C C00299404 <b>Transaction ID : 14197844</b> Amount of Each Disbursement this Period 2500.00 Chk 446
City Morristown	State NJ	Zip Code 07960
Purpose of Disbursement Chk 446	Category/ Type 011	
Candidate Name <b>Frelinghuysen, Rodney, , Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ	District: 11	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Andy Harris For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address PO Box 604		FEC Identification Number C C00435974 <b>Transaction ID : 14197846</b> Amount of Each Disbursement this Period 1000.00 Chk 444
City Bel Air	State MD	Zip Code 21014
Purpose of Disbursement Chk 444	Category/ Type 011	
Candidate Name <b>Harris, Andy, , Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MD	District: 01	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<b>TOTAL</b> 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"/> 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. Kirk For Senate**

Mailing Address P.O. Box 8

City  
Winnetka

State  
IL

Zip Code  
60093

Purpose of Disbursement  
Chk 448

011

Category/  
Type

Candidate Name

**Kirk, Mark, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	6

FEC Identification Number

C C00350785

**Transaction ID : 14197847**

Amount of Each Disbursement this Period

1	0	0	0	0	0
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Chk 448

Memo Item

Full Name (Last, First, Middle Initial)

**B. Levin For Congress**

Mailing Address PO Box 37

City  
Roseville

State  
MI

Zip Code  
48066

Purpose of Disbursement  
Chk 449

011

Category/  
Type

Candidate Name

**Levin, Sander, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: MI District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	6

FEC Identification Number

C C00156612

**Transaction ID : 14197848**

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Chk 449

Memo Item

Full Name (Last, First, Middle Initial)

**C. Marsha Blackburn For Congress Inc.**

Mailing Address PO Box 682185

City  
Franklin

State  
TN

Zip Code  
37068

Purpose of Disbursement  
Chk 450

011

Category/  
Type

Candidate Name

**Blackburn, Marsha, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	6

FEC Identification Number

C C00376939

**Transaction ID : 14197849**

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Chk 450

Memo Item

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

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

6	0	0	0	0	0
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**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"/> 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. Schakowsky For Congress**

Mailing Address P.O. Box 5130

City  
Evanston

State  
IL

Zip Code  
60204

Purpose of Disbursement  
Chk 451

011

Candidate Name

**Schakowsky, Jan, , Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	8		2	0	1	6		

FEC Identification Number

C C00327023

**Transaction ID : 14197850**

Amount of Each Disbursement this Period

1500.00

Chk 451

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tim Scott For Senate**

Mailing Address 1405 Ashley River Rd

City  
Charleston

State  
SC

Zip Code  
29407

Purpose of Disbursement  
Chk 452

011

Candidate Name

**Scott, Tim, , Sen.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	8		2	0	1	6		

FEC Identification Number

C C00540302

**Transaction ID : 14197855**

Amount of Each Disbursement this Period

2000.00

Chk 452

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hal Rogers For Congress**

Mailing Address P.O. Box 1214

City  
Somerset

State  
KY

Zip Code  
42502

Purpose of Disbursement  
Chk 447

011

Candidate Name

**Rogers, Hal, , Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	2		2	0	1	6		

FEC Identification Number

C C00116632

**Transaction ID : 14197856**

Amount of Each Disbursement this Period

1500.00

Chk 447

Memo Item

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

5000.00

**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"/> 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)**

**A. Stabenow For Us Senate**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 4945

City  
East Lansing

State  
MI

Zip Code  
48826

Purpose of Disbursement  
Chl #458

011

Category/  
Type

Candidate Name

**Stabenow, Debbie, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: MI

District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2016

FEC Identification Number

C00344473

**Transaction ID : 14314027**

Amount of Each Disbursement this Period

5000.00

Chl #458

Memo Item

**B. Salud Carbajal For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1290

City  
Santa Barbara

State  
CA

Zip Code  
93102

Purpose of Disbursement  
Chk #457

011

Category/  
Type

Candidate Name

**Carbajal, Salud, , ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify)

State: CA

District: 24

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2016

FEC Identification Number

C00576041

**Transaction ID : 14314028**

Amount of Each Disbursement this Period

1000.00

Chk #457

Memo Item

**C. John Lewis For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2323

City  
Atlanta

State  
GA

Zip Code  
30301

Purpose of Disbursement  
Chk 455

011

Category/  
Type

Candidate Name

**Lewis, John, , Rep.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: GA

District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2016

FEC Identification Number

C00202416

**Transaction ID : 14314029**

Amount of Each Disbursement this Period

2500.00

Chk 455

Memo Item

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

8500.00

**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"/> 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 Raja For Congress**

Mailing Address PO Box 681202

City  
Schaumburg

State  
IL

Zip Code  
60168

Purpose of Disbursement  
Chk #456

011

Category/  
Type

Candidate Name

**Krishnamoorthi, S. Raja, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 07 / 2016

FEC Identification Number

C C00575092

**Transaction ID : 14314030**

Amount of Each Disbursement this Period

1000.00

Chk #456

Memo Item

Full Name (Last, First, Middle Initial)

**B. Richard Burr Committee; The**

Mailing Address Post Office Box 5928

City  
Winston-Salem

State  
NC

Zip Code  
27113

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Burr, Richard, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: NC District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 20 / 2016

FEC Identification Number

C C00385526

**Transaction ID : 14353306**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kind For Congress Committee**

Mailing Address 205 5th Avenue South

City  
La Crosse

State  
WI

Zip Code  
54601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Kind, Ron, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2016

FEC Identification Number

C C00312017

**Transaction ID : 14409285**

Amount of Each Disbursement this Period

2500.00

Memo Item

**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"/> 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) <b>A. Joe Kennedy For Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016	
Mailing Address PO Box 590464		FEC Identification Number C 00512970 <b>Transaction ID : 14409287</b>	
City Newton	State MA	Zip Code 02459	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		Category/ Type 011	<input type="checkbox"/> Memo Item
Candidate Name <b>Kennedy, Joseph, , Mr.,</b>		Disbursement For: 2016	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MA District: 04			

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	33500.00

**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"/> 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. SunTrust Bank Charges</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2016	
Mailing Address PO Box 622227		FEC Identification Number C [REDACTED] <b>Transaction ID : 14250410</b> Amount of Each Disbursement this Period [REDACTED] 385.39	
City Orlando	State FL	Zip Code 32862-2227	Category/ Type 001
Purpose of Disbursement		Memo Item <input type="checkbox"/>	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. SunTrust Bank Charges</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2016	
Mailing Address PO Box 622227		FEC Identification Number C [REDACTED] <b>Transaction ID : 14408932</b> Amount of Each Disbursement this Period [REDACTED] 74.92	
City Orlando	State FL	Zip Code 32862-2227	Category/ Type 001
Purpose of Disbursement		Memo Item <input type="checkbox"/>	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. SunTrust Bank Charges</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2016	
Mailing Address PO Box 622227		FEC Identification Number C [REDACTED] <b>Transaction ID : 14408935</b> Amount of Each Disbursement this Period [REDACTED] 126.42	
City Orlando	State FL	Zip Code 32862-2227	Category/ Type 001
Purpose of Disbursement		Memo Item <input type="checkbox"/>	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 586.73
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED] 586.73