

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2007 JUL 24 AM 10:15  
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 (N) OR AMENDED (A)

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

5. Covering Period 01 01 2007 through 06 30 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* Date 7/19/07

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

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**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> 0 1 <sup>D D</sup> 0 1 <sup>Y Y W Y</sup> 2 0 0 7 To: <sup>M M</sup> 0 6 <sup>D D</sup> 3 0 <sup>Y Y Y Y</sup> 2 0 0 7

	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 .....	0.00	
(c) Total Receipts (from Line 19) .....	5743.61	5743.61
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	5743.61	5743.61
7. Total Disbursements (from Line 31) .....	93.61	93.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5650.00	5650.00
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

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**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 1 <sup>D D</sup> 0 1 <sup>Y Y W Y</sup> 2 0 0 7 To: <sup>M M</sup> 0 6 <sup>D D</sup> 3 0 <sup>Y Y Y Y</sup> 2 0 0 7

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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) .....	5500.00	5500.00
(ii) Unitemized .....	150.00	150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	5650.00	5650.00
(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) ..... ➤	5650.00	5650.00
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) .....	93.61	93.61
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)) .....	5743.61	5743.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5743.61	5743.61

**DETAILED SUMMARY PAGE**  
of Disbursements

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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.....	93.61	93.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	93.61	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.....	0.00	0.00
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))..	93.61	93.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	93.61	93.61

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**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	5650.00	5650.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5650.00	5650.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	93.61	93.61
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	93.61	93.61
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER:	PAGE 6 / 9
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Melvin Britton Mailing Address 167 Toyon Road City Attierton State CA Zip Code 94027 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-Employed 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 06 / 28 / 2007 Transaction ID: SA11A1.4129 Amount of Each Receipt this Period 1000.00 Contribution to PAC
<b>B.</b> Full Name (Last, First, Middle Initial) Gary Bryant Mailing Address 5429 Vining Point Road City Minnetonka State MN Zip Code 55345 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer University of Minnesota Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2007 Transaction ID: SA11A1.4107 Amount of Each Receipt this Period 500.00 Contribution to PAC
<b>C.</b> Full Name (Last, First, Middle Initial) Leslie Crofford Mailing Address 1809 Fairway Dr City Lexington State KY Zip Code 40502 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer University of Kentucky Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007 Transaction ID: SA11A1.4102 Amount of Each Receipt this Period 500.00 Contribution to PAC

SUBTOTAL of Receipts This Page (optional) ..... ► 2000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 9	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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. Joseph Flood</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 751 Jaeger Street		Transaction ID: SA11A1.4103
City Columbus	State OH	Zip Code 43206-2272
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Musculoskeletal Med Specialist	Occupation Physician Rheumatologist	Contribution to PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. David Fox</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2007
Mailing Address 200 Barton N. Dr		Transaction ID: SA11A1.4114
City Ann Arbor	State MI	Zip Code 48105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer University of Michigan	Occupation Physician	Contribution to PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Sherine Gabriel</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 709 9th Ave SW		Transaction ID: SA11A1.4101
City Rochester	State MN	Zip Code 55902
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mayo Clinic	Occupation Physician	Contribution to PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	1000.00
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 9  
(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)

<b>A. Sharad Lakhnpal</b> Full Name (Last, First, Middle Initial) Mailing Address 5320 Royal Lane City State Zip Code Dallas TX 75229 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer: Rheumatology Associates Occupation: Rheumatologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y 04 11 2007 Transaction ID: SA11A1.4141 Amount of Each Receipt this Period 1000.00 Contribution to PAC
<b>B. William Palmer</b> Full Name (Last, First, Middle Initial) Mailing Address 9016 Harney City State Zip Code Omaha NE 68114 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer: Westroads Medical Group Occupation: Rheumatologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y 04 06 2007 Transaction ID: SA11A1.4109 Amount of Each Receipt this Period 1000.00 Contribution to PAC
<b>C. Audrey Uknis</b> Full Name (Last, First, Middle Initial) Mailing Address 11 Jacqueline Circle City State Zip Code Richboro PA FEC ID number of contributing federal political committee. <b>C</b> Name of Employer: Temple University 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 05 02 2007 Transaction ID: SA11A1.4116 Amount of Each Receipt this Period 250.00 Contribution to PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2250.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

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

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

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

A. Full Name (Last, First, Middle Initial) Mary Walsh		Date of Receipt	
Mailing Address 53 Duxbury Road		M M / D D / Y Y Y Y 04 / 06 / 2007	
City	State	Zip Code	Transaction ID: SA11A1.4111
Purchase	NY	10577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	250.00
Name of Employer Burke Rehabilitation Hospital	Occupation Medical Director-CEO		Contribution to PAC
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00		

SUBTOTAL of Receipts This Page (optional) .....	▶	250.00
TOTAL This Period (last page this line number only) .....	▶	5500.00

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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. Exp* Shipping Date  
*7/23/07*  
 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

*Jm B*  
 PREPARER

*7/24/07*  
 DATE PREPARED

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