

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

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 / / 2017 through / / 2017

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

Signature of Treasurer Palmer, William, , Dr., [Electronically Filed] Date / / 2018

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="2017"/>	<input type="text" value="259514.11"/>	<input type="text" value="259514.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="259514.11"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="63049.79"/>	<input type="text" value="63049.79"/>
(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="322563.90"/>	<input type="text" value="322563.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="64813.08"/>	<input type="text" value="64813.08"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="257750.82"/>	<input type="text" value="257750.82"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	56800.00	56800.00
(ii) Unitemized	4565.00	4565.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	61365.00	61365.00
(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)	61365.00	61365.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1684.79	1684.79
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)).....▶	63049.79	63049.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	63049.79	63049.79

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.....	63000.00	63000.00
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).....	1813.08	1813.08
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)) ..	64813.08	64813.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64813.08	64813.08

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	61365.00	61365.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61365.00	61365.00
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

Correcting beginning and ending cash balances due to changes made in previous reports.

Form/Schedule:

Transaction ID:

**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 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Blanco, Irene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 Concord Street
 City Cresskill State NJ Zip Code 07626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Albert Einstein College of Medicine Occupation (for Individual) Fellowship Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 04 / 2017**
Transaction ID : 14560927
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hargrove, Jody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1293 Yukon Court N
 City Golden Valley State MN Zip Code 55427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis and Rheumatology Consultants Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **01 / 12 / 2017**
Transaction ID : 14597320
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Baraf, Herbert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2730 University Blvd W Ste 310
 City Wheaton State MD Zip Code 20902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis & Rheumatism Associates, P.C Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 09 / 2017**
Transaction ID : 14597321
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL 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 47
<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. Worthing, Angus, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5025 Sherier Place NW
 City Washington State DC Zip Code 20016
 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 01 / 09 / 2017
Transaction ID : 14597322
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Sivaraman, Padmapriya, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5811 Waters Edge Drive
 City Irving State TX Zip Code 75039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheumatology Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 18 / 2017
Transaction ID : 14614026
 Amount of Each Receipt this Period 250.00
 Memo Item

C. May, Jennifer, K, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3809 Ponderosa Court
 City Rapid City State SD Zip Code 57702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 24 / 2017
Transaction ID : 14620534
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL 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 47
<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. Abeles, Aryeh, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 816 Broad Street St 14

City Meriden	State CT	Zip Code 06450
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Micha Abeles	Occupation (for Individual) rheumatologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : 14620535

Amount of Each Receipt this Period
500.00

Memo Item

B. Maier, William, P, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 633 E 11th Street

City Eugene	State OR	Zip Code 97401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WILLIAM P MAIER MD PC	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2017

Transaction ID : 14620536

Amount of Each Receipt this Period
500.00

Memo Item

C. Herzig, Edward, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2121 Alpine Place
703

City Cincinnati	State OH	Zip Code 45206
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Rheumatologist
--	---

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
01	/	20	/	2017

Transaction ID : 14620539

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL 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 47
	<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. kolba, karen, , , MD
 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) none Occupation (for Individual) retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 21 / 2017
Transaction ID : 14620540
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Fitzgerald, John, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Veteran Avenue #32 - 59
 City Los Angeles State CA Zip Code 90095-1670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCLA School of Medicine Rehabilitation Occupation (for Individual) Associate Clinical Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 21 / 2017
Transaction ID : 14620542
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Upchurch, Katherine, S, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 Musketaquid Road
 City Concord State MA Zip Code 01742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UMass Memorial Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2017
Transaction ID : 14620550
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL 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 47
	<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. Mintz, Sandra, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4030 Raymond Avenue
 City Montrose State CA Zip Code 91020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Hospital of LA Occupation (for Individual) Nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 27 / 2017
Transaction ID : 14621786
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Cruz, Nilsa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2901 W KK River Pkwy Ste. 301
 City Milwaukee State WI Zip Code 53215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Milwaukee Rheumatology Center Occupation (for Individual) Practice Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 26 / 2017
Transaction ID : 14621787
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Sampson, Roy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2784 N Brookbury Xing
 City Fayetteville State AR Zip Code 72703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington Regional Medical Center Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 26 / 2017
Transaction ID : 14621788
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL 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 47
<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. Huffstutter, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4229 Leedy Moutain Lane
 City Signal Moutain State TN Zip Code 37377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 26 / 2017
Transaction ID : 14621789
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Fenton, Ira, F, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 565 Lakeview Parkway #116
 City Vernon Hills State IL Zip Code 60061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Deerbrook Medical Associates Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 26 / 2017
Transaction ID : 14621799
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Cronstein, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 550 First Avenue MSB255
 City New York State NY Zip Code 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU School of Medicine Occupation (for Individual) Physician/Professor of Medicine
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 26 / 2017
Transaction ID : 14621802
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL 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 47
	<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. Weselman, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6035 Riverwood Dr. NW
 City Sandy Springs State GA Zip Code 30328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wellstar Rheumatology Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2017
Transaction ID : 14621803
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Feinman, Mitchell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 477 Creek Landing St.
 City Daniel Island State SC Zip Code 29492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis & Osteoporosis Center Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2017
Transaction ID : 14621804
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Klein-Gitelman, Marisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 260 East Chestnut #3801
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ann & Robert H. Lurie Children's Hospi Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2017
Transaction ID : 14635976
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL 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 47
	<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. Rhea, Christian, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 22nd Avenue N
 Suite 100
 City Nashville State TN Zip Code 37203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Heritage Medical Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 04 / 2017**
Transaction ID : 14640636
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Morris, Christopher, Richard, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 Hanover Ct
 City Kingsport State TN Zip Code 37660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis Associates Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 10 / 2017**
Transaction ID : 14655071
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Robinson, William, , Dr., MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 269 Campus Drive
 City Stanford State CA Zip Code 94305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stanford University School of Medicine Occupation (for Individual) Associate Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 10 / 2017**
Transaction ID : 14655072
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL 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 47
<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. Punaro, Marilynn, 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 ▼ 500.00

Date of Receipt **02 / 13 / 2017**
Transaction ID : 14673868
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Huston, Kent, Kwas, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2517 W. 118th St.
 City Leawood State KS Zip Code 66211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KCPP Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **01 / 26 / 2017**
Transaction ID : 14674781
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. SINGER, NORA, G, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 PEPPER CREEK DRIVE
 City PEPPER PIKE State OH Zip Code 44124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) METROHEALTH SYSTEM Occupation (for Individual) RHEUM/PEDS RHEUM MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 17 / 2017**
Transaction ID : 14677522
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL 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 47
<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. Abelson, Abby, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19000 South Woodland Rd

City Shaker Hills	State OH	Zip Code 44122
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Cleveland Clinic	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2017

Transaction ID : 14677523

Amount of Each Receipt this Period
400.00

Memo Item

B. Lakhnpal, Sharad, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5320 Royal Lane

City Dallas	State TX	Zip Code 75229
----------------	-------------	-------------------

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

Name of Employer (for Individual) Rheumatology 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
02	/	18	/	2017

Transaction ID : 14677524

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 757 Jasmine Way

City Birmingham	State AL	Zip Code 35226-4215
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Rheumatology Care Center	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2017

Transaction ID : 14678537

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2900.00
TOTAL 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 17 OF 47
	<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. DesRosier, Kenneth, F, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8527 Village Dr Ste 103
 City San Antonio State TX Zip Code 78217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Antonio Arthritis Care Centers 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
 03 / 04 / 2017
Transaction ID : 14730054
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Starz, Terence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 179 Woodshire Drive
 City Pittsburgh State PA Zip Code 15215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPMC 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
 03 / 06 / 2017
Transaction ID : 14731283
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Johnson, Dannette, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2122 Angel Falls Drive
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Veteran's Affairs 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
 03 / 07 / 2017
Transaction ID : 14731289
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL 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 18 OF 47
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Sharma, Anupama, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10215 Fernwood Rd.
 City Bethesda State MD Zip Code 20817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center for Rheumatic Diseases Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2017
Transaction ID : 14750500
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Karp, David, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5323 Harry Hines Blvd.
 City Dallas State TX Zip Code 75390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Occupation (for Individual) Professor and Chief, Rheumatic Disease
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2017
Transaction ID : 14759189
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Wright, Grace, C, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 # 37th Street Suite #303C
 City New York State NY Zip Code 10016-3256
 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 03 / 11 / 2017
Transaction ID : 14759233
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL 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 19 OF 47
<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. Lawson, Erica, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1258 Clayton St.

City San Francisco	State CA	Zip Code 94114
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) UCSF	Occupation (for Individual) Pediatric Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2017

Transaction ID : 14759245

Amount of Each Receipt this Period
500.00

Memo Item

B. Scalettar, Raymond, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12433 Ansin Circle Drive

City Potmac	State MD	Zip Code 20854
----------------	-------------	-------------------

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

Name of Employer (for Individual) George Washington University	Occupation (for Individual) Clinical Professor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2017

Transaction ID : 14762677

Amount of Each Receipt this Period
500.00

Memo Item

C. Melton, Gwenesta, B, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 443 Harlow Dr

City Fayetteville	State NC	Zip Code 28314
----------------------	-------------	-------------------

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

Name of Employer (for Individual) LaFayetteville Clinic	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
03		16		2017

Transaction ID : 14762731

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL 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 20 OF 47
<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. Gewanter, Harry, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3805 Cutshaw Ave
 Apt 510
 City Richmond State VA Zip Code 23230-3940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2017
Transaction ID : 14763074
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Gelfand, Gilbert, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2723 Manning Ave
 City Los Angeles State CA Zip Code 90064-4354
 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 ▼ 500.00

Date of Receipt 03 / 26 / 2017
Transaction ID : 14765208
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Torralba, Karina, Marianne D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11234 Anderson Street
 Room 1519
 City Loma Linda State CA Zip Code 92350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loma Linda University Faculty Medical Occupation (for Individual) Associate Program Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2017
Transaction ID : 14765210
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL 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 21 OF 47
	<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. Bryant, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5429 Vining Point Road
 City Minnetonka State MN Zip Code 55345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Minnesota Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 27 / 2017**
Transaction ID : 14765392
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Bergman, Martin, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Morton Ave Ste 304
 City Ridley Park State PA Zip Code 19078-2216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis and Rheumatology Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 28 / 2017**
Transaction ID : 14768254
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Kushi, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7080 N. Port Washington Road
 City Glendale State WI Zip Code 53217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheumatic Disease Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 29 / 2017**
Transaction ID : 14771912
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL 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 22 OF 47
<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. Smith, Ellison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Vanderbilt Park Drive, Suite 200
 City Asheville State NC Zip Code 28803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Asheville Arthritis Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 30 / 2017
Transaction ID : 14772260
 Amount of Each Receipt this Period 2000.00
 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 ▼ 500.00

Date of Receipt 03 / 29 / 2017
Transaction ID : 14772269
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Libman, Bonita, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Colchester Ave
 City Burlington State VT Zip Code 05401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Vermont Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2017
Transaction ID : 14781606
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
TOTAL 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 23 OF 47
	<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. Koval, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3701 Josh Lane
 City Austin State TX Zip Code 78730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Orthopedics Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 31 / 2017**
Transaction ID : 14781607
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Fox, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Barton N. Dr
 City Ann Arbor State MI Zip Code 48105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Michigan Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 04 / 2017**
Transaction ID : 14781692
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Sinha, Jayashree, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 Sandpiper Ct
 City Clovis State NM Zip Code 88101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 04 / 2017**
Transaction ID : 14784174
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL 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 24 OF 47
	<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. 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 04 / 07 / 2017
Transaction ID : 14792234
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Penmetcha, Mohan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4217 Marsh Ridge Rd Suite 110
 City Carrollton State TX Zip Code 75010
 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 ▼ 250.00

Date of Receipt 04 / 07 / 2017
Transaction ID : 14792235
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Greenblatt, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6755 W. Beechlands Dr.
 City Cincinnati State OH Zip Code 45237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 07 / 2017
Transaction ID : 14792237
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL 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 25 OF 47
	<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. Kieval, Raphael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1351 Main St
 City Brockton State MA Zip Code 02301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheumatology Consultants, PC Occupation (for Individual) rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 10 / 2017**
Transaction ID : 14803304
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Matteson, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1752 Walden LN SW
 City Rochester State MN Zip Code 55902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : 14819212
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Engelbrecht, James, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4281 Rosemary Ln
 City Rapid City State SD Zip Code 57702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : 14820579
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL 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 26 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 04 / 18 / 2017
Transaction ID : 14823396
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Brooks, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Knapp Rd
 City Cedar Rapids State IA Zip Code 52403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physicians Clinic of Iowa Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 17 / 2017
Transaction ID : 14823397
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Marx, Emily, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2075 Oakland Bend
 City San Antonio State TX Zip Code 78258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheumatology Associates of South Texas Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 27 / 2017
Transaction ID : 14828867
 Amount of Each Receipt this Period 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2350.00
TOTAL 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 27 OF 47
	<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. Deal, Chad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21099 Colby Rd
 City Shaker Heights State OH Zip Code 44122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 25 / 2017
Transaction ID : 14828914
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Jones, Karla, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Childrens Dr
 City Columbus State OH Zip Code 43205-2692
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nationwide Children's Hospital Occupation (for Individual) Pediatric Nurse Practitioner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 04 / 24 / 2017
Transaction ID : 14828916
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Uknis, Audrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Jacqueline Circle
 City Richboro State PA Zip Code 18954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Temple University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 27 / 2017
Transaction ID : 14828917
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL 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 28 OF 47
	<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. 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
05		09		2017

Transaction ID : 14878078

Amount of Each Receipt this Period
1000.00

Memo Item

B. Lawson, Jeffrey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Crescent Ave

City Greenville	State SC	Zip Code 29605
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Piedmont Arthritis Center	Occupation (for Individual) Physician
--	--

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
05		09		2017

Transaction ID : 14878092

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 2036 Orrington Ave.

City Evanston	State IL	Zip Code 60201
------------------	-------------	-------------------

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

Name of Employer (for Individual) Northwestern University School	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 14878093

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL 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 29 OF 47
<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. Herzig, Edward, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2121 Alpine Place
703

City Cincinnati	State OH	Zip Code 45206
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Retired	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
05 / 10 / 2017

Transaction ID : 14889435

Amount of Each Receipt this Period
1000.00

Memo Item

B. Ott, Stephanie, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4133 Fieldstone Street

City Carroll	State OH	Zip Code 43112
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Fairfield Medical Ctr	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2017

Transaction ID : 14889436

Amount of Each Receipt this Period
600.00

Memo Item

C. King II, Charles, M, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 179 Edgewater Cv

City Belden	State MS	Zip Code 38826
----------------	-------------	-------------------

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

Name of Employer (for Individual) NMHS	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
05 / 12 / 2017

Transaction ID : 14901159

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3600.00
TOTAL 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 30 OF 47
	<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. Von Feldt, Joan Marie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 716 Taunton Road

City Wilmington	State DE	Zip Code 19803
--------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Pennsylvania/Philadelphi	Occupation (for Individual) Professor of Medicine
---	--

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
05		12		2017

Transaction ID : 14901170

Amount of Each Receipt this Period
1000.00

Memo Item

B. McMahan, Zsuzsanna, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 230 Overbrook Rd.

City Baltimore	State MD	Zip Code 21212
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Johns Hopkins	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
05		12		2017

Transaction ID : 14901171

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2730 University Blvd W Ste 310

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

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

Name of Employer (for Individual) Arthritis & Rheumatism Associates, P.C	Occupation (for Individual) physician
---	--

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
05		11		2017

Transaction ID : 14901172

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL 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 31 OF 47
<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. Harvey, William, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 72 Fairway Rd
 City Chestnut Hill State MA Zip Code 02467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tufts Medical Center Physician's Organ Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 11 / 2017
Transaction ID : 14901173
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. St. Clair, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 West Haven Place
 City Durham State NC Zip Code 27705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 22 / 2017
Transaction ID : 14901925
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. 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 ▼ 2000.00

Date of Receipt 05 / 22 / 2017
Transaction ID : 14901926
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL 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 32 OF 47
	<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. 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
05		22		2017

Transaction ID : 14901928

Amount of Each Receipt this Period
750.00

Memo Item

B. Craig-Muller, Jurgen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 665 Mystic Dr

City Marstons Mills	State MA	Zip Code 02648
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Cape Cod Healthsystem	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2017

Transaction ID : 14906079

Amount of Each Receipt this Period
300.00

Memo Item

C. Borofsky, Michael, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2760 Century Blvd. Ste. 3

City Wyomissing	State PA	Zip Code 19610-3359
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Arthritis and Osteoporosis Center of R	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2017

Transaction ID : 14913956

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL 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 33 OF 47
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. 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

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2017

Transaction ID : 14915450

Amount of Each Receipt this Period
1000.00

Memo Item

B. 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
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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
06	/	22	/	2017

Transaction ID : 14974708

Amount of Each Receipt this Period
250.00

Memo Item

Chk #5097

C. 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
06	/	22	/	2017

Transaction ID : 14974709

Amount of Each Receipt this Period
1000.00

Memo Item

Chk #1051

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL 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 34 OF 47
	<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. 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) Occupation (for Individual)
 Ullinois Bone and Joint Inst Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2017
Transaction ID : 14974712
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Chk #6350

B. Kempf, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19272 Stone Oak Pkwy, #101
 City San Antonio State TX Zip Code 78258
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Rheumatology Assoc. of So. TX rheumatologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2017
Transaction ID : 14981817
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Laukaitis, Joseph, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2141 K Street NW Suite 407
 City Washington State DC Zip Code 20037
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Self-Employed Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2017
Transaction ID : 14985416
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	56800.00

**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 35 OF 47
<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

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. 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 ▼
369.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2017

Transaction ID : 14762775

Amount of Each Receipt this Period
369.56

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 ▼
856.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2017

Transaction ID : 15018467

Amount of Each Receipt this Period
486.75

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 ▼
1684.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2017

Transaction ID : 15291633

Amount of Each Receipt this Period
828.48

Memo Item

Chk #097296

SUBTOTAL of Receipts This Page (optional).....	1684.79
TOTAL This Period (last page this line number only).....	1684.79

**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 Sherrod Brown		Date of Disbursement MM / DD / YYYY 04 / 10 / 2014	
Mailing Address PO Box 76187		FEC Identification Number C00264697 Transaction ID : 14614034	
City Washington	State DC	Zip Code 20013	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Funds Reported On 2014 July Quarterly		Category/ Type 011	Funds Reported On 2014 July Quarterly
Candidate Name Brown, Sherrod, , Sen.,		<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
State: OH District:	<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Friends Of Sherrod Brown		Date of Disbursement MM / DD / YYYY 01 / 19 / 2017	
Mailing Address PO Box 76187		FEC Identification Number C00264697 Transaction ID : 14614035	
City Washington	State DC	Zip Code 20013	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Re-designated funds for trans. dated 4/10/2014		Category/ Type 011	Re-designated funds for trans. dated 4/10/2014
Candidate Name Brown, Sherrod, , Sen.,		<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
State: OH District:	<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Friends Of Sherrod Brown		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016	
Mailing Address PO Box 76187		FEC Identification Number C00264697 Transaction ID : 14614036	
City Washington	State DC	Zip Code 20013	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Chk #414 Funds Reported On 2016 April Quarterly		Category/ Type 011	Chk #414 Funds Reported On 2016 April Quarterly
Candidate Name Brown, Sherrod, , Sen.,		<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
State: OH District:	<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 Sherrod Brown

Mailing Address PO Box 76187

City
Washington

State
DC

Zip Code
20013

Purpose of Disbursement
Chk #414 Re-designated funds for trans. dated 2/29/2016

011

Category/
Type

Candidate Name

Brown, Sherrod, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	9		2	0	1	7		

FEC Identification Number

C C00264697

Transaction ID : 14614037

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0	0	0
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Memo Item Chk #414 Re-designated funds for trans. dated 2/29/2016

Full Name (Last, First, Middle Initial)

B. Stabenow For Us Senate

Mailing Address P.O. Box 4945

City
East Lansing

State
MI

Zip Code
48826

Purpose of Disbursement
Chl #458 Funds Reported On 2016 October Quarterly

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

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	7		2	0	1	6		

FEC Identification Number

C C00344473

Transaction ID : 14614038

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

Memo Item Chl #458 Funds Reported On 2016 October Quarterly

Full Name (Last, First, Middle Initial)

C. Stabenow For Us Senate

Mailing Address P.O. Box 4945

City
East Lansing

State
MI

Zip Code
48826

Purpose of Disbursement
Chl #458 Re-designated funds for trans. dated 9/7/2016

011

Category/
Type

Candidate Name

Stabenow, Debbie, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	9		2	0	1	7		

FEC Identification Number

C C00344473

Transaction ID : 14614039

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

Memo Item Chl #458 Re-designated funds for trans. dated 9/7/2016

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

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

0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

**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 Sherrod Brown		Date of Disbursement MM / DD / YYYY 02 / 14 / 2017
Mailing Address PO Box 76187		FEC Identification Number C00264697 Transaction ID : 14759740
City Washington	State DC	Zip Code 20013
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Brown, Sherrod, , Sen.,	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District:	

Full Name (Last, First, Middle Initial) B. Kaine For Virginia		Date of Disbursement MM / DD / YYYY 02 / 13 / 2017
Mailing Address 1751 Potomac Greens Drive		FEC Identification Number C00495358 Transaction ID : 14759741
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 5000.00
Candidate Name Kaine, Tim, , Sen.,	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District:	

Full Name (Last, First, Middle Initial) C. Kevin Mccarthy For Congress		Date of Disbursement MM / DD / YYYY 02 / 14 / 2017
Mailing Address PO Box 12667		FEC Identification Number C00420935 Transaction ID : 14759742
City Bakersfield	State CA	Zip Code 93389
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name McCarthy, Kevin, , Rep.,	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 23	

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. Ryan For Congress		Date of Disbursement MM / DD / YYYY 02 / 08 / 2017
Mailing Address PO Box 1488		FEC Identification Number C00330894 Transaction ID : 14759743
City Janesville	State WI	Zip Code 53547
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 5000.00
Candidate Name Ryan, Paul, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: WI District: 01	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hudson For Congress		Date of Disbursement MM / DD / YYYY 03 / 01 / 2017
Mailing Address PO Box 5053		FEC Identification Number C00504522 Transaction ID : 14802750
City Concord	State NC	Zip Code 28027
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Hudson, Richard, , Rep., Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: NC District: 08	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bera For Congress		Date of Disbursement MM / DD / YYYY 03 / 14 / 2017
Mailing Address Post Office Box 582496		FEC Identification Number C00461061 Transaction ID : 14802752
City Elk Grove	State CA	Zip Code 95758
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 3000.00
Candidate Name Bera, Amerish, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: CA District: 07	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

9000.00

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. Healthcare Freedom Fund		Date of Disbursement MM / DD / YYYY 03 / 13 / 2017	
Mailing Address PO Box 2485		FEC Identification Number C [REDACTED]	
City Springfield	State VA	Zip Code 22152	Transaction ID : 14802753
Purpose of Disbursement		<input type="checkbox"/> 011	Amount of Each Disbursement this Period 5000.00
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Marsha Blackburn For Congress Inc.		Date of Disbursement MM / DD / YYYY 03 / 24 / 2017	
Mailing Address PO Box 682185		FEC Identification Number C C00376939	
City Franklin	State TN	Zip Code 37068	Transaction ID : 14802754
Purpose of Disbursement		<input type="checkbox"/> 011	Amount of Each Disbursement this Period 2500.00
Candidate Name Blackburn, Marsha, , Rep.,		Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: TN District: 07			

Full Name (Last, First, Middle Initial) C. Dr. Raul Ruiz For Congress		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017	
Mailing Address PO Box 3433		FEC Identification Number C C00502575	
City Palm Desert	State CA	Zip Code 92261	Transaction ID : 14802755
Purpose of Disbursement		<input type="checkbox"/> 011	Amount of Each Disbursement this Period 2000.00
Candidate Name Ruiz, Raul, , Rep., MD		Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 36			

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

9500.00

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. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tiberi, Pat, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2017

FEC Identification Number

C C00347492

Transaction ID : 14802756

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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: 2018
 Primary General
 Other (specify)

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2017

FEC Identification Number

C C00312017

Transaction ID : 14802757

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of John Barrasso

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement
Chk #484

011

Category/
Type

Candidate Name

Barrasso, John, , Sen., MD

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2017

FEC Identification Number

C C00436386

Transaction ID : 14922676

Amount of Each Disbursement this Period

1000.00

Chk #484

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)

Full Name (Last, First, Middle Initial) A. Billy Long For Congress		Date of Disbursement MM / DD / YYYY 04 / 07 / 2017
Mailing Address 3246 E Ridgeview St		FEC Identification Number C00460063 Transaction ID : 14922677
City Springfield	State MO	Zip Code 65804
Purpose of Disbursement Chk #489	Category/Type 011	
Candidate Name Long, Billy, , Rep.,	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District: 07	<input type="checkbox"/> Memo Item Chk #489	

Full Name (Last, First, Middle Initial) B. Brady For Congress		Date of Disbursement MM / DD / YYYY 04 / 07 / 2017
Mailing Address PO Box 8277		FEC Identification Number C00311043 Transaction ID : 14922678
City The Woodlands	State TX	Zip Code 77387
Purpose of Disbursement Chk #490	Category/Type 011	
Candidate Name Brady, Kevin, , Rep.,	Amount of Each Disbursement this Period 5000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 08	<input type="checkbox"/> Memo Item Chk #490	

Full Name (Last, First, Middle Initial) C. Tim Scott For Senate		Date of Disbursement MM / DD / YYYY 04 / 18 / 2017
Mailing Address 1405 Ashley River Rd		FEC Identification Number C00540302 Transaction ID : 14922679
City Charleston	State SC	Zip Code 29407
Purpose of Disbursement Chk #492	Category/Type 011	
Candidate Name Scott, Tim, , Sen.,	Amount of Each Disbursement this Period 1500.00	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District:	<input type="checkbox"/> Memo Item Chk #492	

SUBTOTAL of Disbursements This Page (optional).....▶	7500.00
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. Guthrie For Congress

Mailing Address PO Box 9639

City
Bowling Green

State
KY

Zip Code
42102

Purpose of Disbursement
Chk #494

011

Category/
Type

Candidate Name

Guthrie, S., , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 19 / 2017

FEC Identification Number

C C00445023

Transaction ID : 14922680

Amount of Each Disbursement this Period

1000.00

Chk #494

Memo Item

Full Name (Last, First, Middle Initial)

B. Frelinghuysen For Congress

Mailing Address 19 Cattano Avenue

City
Morristown

State
NJ

Zip Code
07960

Purpose of Disbursement
Chk #493

011

Category/
Type

Candidate Name

Frelinghuysen, Rodney, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NJ District: 11

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 10 / 2017

FEC Identification Number

C C00299404

Transaction ID : 14923088

Amount of Each Disbursement this Period

5000.00

Chk #493

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Rosa Delauro

Mailing Address 12 Trumbull Street

City
New Haven

State
CT

Zip Code
06511

Purpose of Disbursement
Chl #495

011

Category/
Type

Candidate Name

DeLauro, Rosa, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 16 / 2017

FEC Identification Number

C C00238865

Transaction ID : 14923089

Amount of Each Disbursement this Period

1500.00

Chl #495

Memo Item

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

7500.00

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. John Lewis For Congress

Mailing Address PO Box 2323

City
Atlanta

State
GA

Zip Code
30301

Purpose of Disbursement
Chk #496

011

Category/
Type

Candidate Name

Lewis, John, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2017

FEC Identification Number

C C00202416

Transaction ID : 14923090

Amount of Each Disbursement this Period

5000.00

Chk #496

Memo Item

Full Name (Last, First, Middle Initial)

B. Mckinley For Congress

Mailing Address PO Box 642

City
Morgantown

State
WV

Zip Code
26507

Purpose of Disbursement
Chk #497

011

Category/
Type

Candidate Name

McKinley, David, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WV District: 01

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2017

FEC Identification Number

C C00473132

Transaction ID : 14923091

Amount of Each Disbursement this Period

5000.00

Chk #497

Memo Item

Full Name (Last, First, Middle Initial)

C. Graves For Congress

Mailing Address PO Box 335

City
Calhoun

State
GA

Zip Code
30703

Purpose of Disbursement
Chk #501

011

Category/
Type

Candidate Name

Graves, Tom, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: GA District: 14

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2017

FEC Identification Number

C C00462556

Transaction ID : 15017012

Amount of Each Disbursement this Period

1500.00

Chk #501

Memo Item

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

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

11500.00

**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 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. MICHAEL BURGESS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 2334

M M M	/	D D D	/	Y Y Y Y Y
06		09		2017

City Denton State TX Zip Code 76202

FEC Identification Number

Purpose of Disbursement Chk #498

C	C00372532
---	-----------

Candidate Name
Burgess, Michael C., , ,

011
Category/ Type

Transaction ID : 15017013

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TX District: 00

Amount	1000.00
--------	---------

Memo Item Chk #498

B. Bilirakis For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 606

M M M	/	D D D	/	Y Y Y Y Y
06		27		2017

City Tarpon Springs State FL Zip Code 34688

FEC Identification Number

Purpose of Disbursement Chk #499

C	C00408534
---	-----------

Candidate Name
Bilirakis, Gus, , Rep.,

011
Category/ Type

Transaction ID : 15017014

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District: 12

Amount	1000.00
--------	---------

Memo Item Chk #499

C. Scalise For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 23219

M M M	/	D D D	/	Y Y Y Y Y
06		27		2017

City Jefferson State LA Zip Code 70183

FEC Identification Number

Purpose of Disbursement Chk #502

C	C00394957
---	-----------

Candidate Name
Scalise, Steve, , Rep.,

011
Category/ Type

Transaction ID : 15017015

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: LA District: 01

Amount	2500.00
--------	---------

Memo Item Chk #502

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

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

Amount	4500.00
--------	---------

Amount	63000.00
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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 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)

A. SunTrust Bank Charges

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 09 / 2017

FEC Identification Number: C

Transaction ID : 14762773

Amount of Each Disbursement this Period: 369.56

Memo Item

B. SunTrust Bank Charges

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 09 / 2017

FEC Identification Number: C

Transaction ID : 15018468

Amount of Each Disbursement this Period: 486.75

Memo Item

C. SunTrust Bank Charges

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 09 / 2017

FEC Identification Number: C

Transaction ID : 15025093

Amount of Each Disbursement this Period: 170.15

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1026.46

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 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)

A. SunTrust Bank Charges

Mailing Address PO Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : 15025094

Amount of Each Disbursement this Period

[REDACTED] 273.82

Memo Item

Full Name (Last, First, Middle Initial)

B. SunTrust Bank Charges

Mailing Address PO Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : 15025095

Amount of Each Disbursement this Period

[REDACTED] 120.93

Memo Item

Full Name (Last, First, Middle Initial)

C. SunTrust Bank Charges

Mailing Address PO Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : 15025096

Amount of Each Disbursement this Period

[REDACTED] 391.87

Memo Item

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

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

[REDACTED] 786.62

[REDACTED] 1813.08