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FEC

REPORT OF RECEIPTS

01/18/2022 17 : 21

PAGE 1 / 74	

		Than An /					Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR	PRINT ▼		mple: If typi r the lines.	ng, type	12FE4M	5	
American College of Rh	neumate	ology (Rhe	eumPAC))				1
ADDRESS (number and street)	2200 Lal	e Boulevard N	E					
Check if different than previously reported. (ACC)	Atlanta					GA	30319	
2. FEC IDENTIFICATION NU	MBER V		CITY A		S		ZIP C	ODE 🔺
C C00432823		3	. IS THIS REPORT		NEW (N) OR	AN (A)	/IENDED	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Mor Rep Due	oort oon:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	Ū.	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
Quarterly Report (Q1 July 15 Quarterly Report (Q2 October 15 Quarterly Report (Q3	(C) 2)	12-Day PRE -Election Report for the		Primary (12F		General Special (Runoff (12R)
January 31 Year-End Report (YE		El	ection on	M M /	D D /	Y Y Y Y Y	in the State	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day POST -Electio Report for the		General (300	G)	Runoff (3	30R)	Special (30S)
Termination Report (TER)		El	ection on	M M /	D D /	Y Y Y Y	in the State	
5. Covering Period 07	/ D 01		21 21	through	12 12	/ D D / 31	2021]
I certify that I have examined this Type or Print Name of Treasurer		nd to the bes , Zachary, , Dr.		wledge and	belief it is true	e, correct and	d complete.	
	e, Zachary,	Dr				M	1 / D D /	YYYYY
Signature of Treasurer	.с, 2аснату,	, <i>D</i> 1.,		[Electronicall	y Filed] Da	ate 01	18	2022
NOTE: Submission of false, erroned	ous, or inc	omplete inform	nation may su	ibject the per	son signing th	is Report to th	he penalties of 5	2 U.S.C. § 3010
Office Use Only							FEC FO	

AND DISBURSEMENTS

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name American College of Rheumatology (RheumPAC) M D D М D M T. 07 01 2021 12 31 2021 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. 276091.18 Januarv 1. 2021 (b) Cash on Hand at 291399.29 Beginning of Reporting Period..... 94741.48 158670.41 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 434761.59 386140.77 6(a) and 6(c) for Column B)..... 52015.00 100635.82 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 334125.77 334125.77 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D).....

X

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

For further information contact:

0.00

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American College of Rheumatology (RheumPAC) MM DD 07 01 2021 31 2021 12 Report Covering the Period: From: To: COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 79695.00 133572.00 (i) Itemized (use Schedule A)..... 15036.02 22797.00 (ii) Unitemized (iii) TOTAL (add 156369.00 94731.02 Lines 11(a)(i) and (ii)..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 156369.00 94731.02 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 2281.47 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 19.94 (Dividends, Interest, etc.)..... 10.46 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3) 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) (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))..... 158670.41 94741.48

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......►



Page 3

158670.41

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4				
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Tear-to-Date				
(i) Federal Share	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating Expenditures	15.00	1730.82				
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 	15.00	1730.82				
Transfers to Affiliated/Other Party Committees	0.00	0.00				
Contributions to Federal Candidates/Committees and Other Political Committees	52000.00	97000.00				
Independent Expenditures						
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00				
(use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made Refunds of Contributions To:	0.00	0.00				
(a) Individuals/Persons Other Than Political Committees	0.00	1905.00				
(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	1905.00				
Other Disbursements (Including Non-Federal Donations)	0.00	0.00				
Federal Election Activity (52 U.S.C. § 30101(2	47. 47. 48.					
(a) Allocated Federal Election Activity (from Schedule H6)						
(i) Federal Share	0.00	0.00				
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00				
Entirely With Federal Funds (c) Total Federal Election Activity (add	0.00	0.00				
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	52015.00	100635.82				
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	52015.00	100635.82				

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 .	05/2010	,

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

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		-			-	1730.82
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COLUMN B

Calendar Year-to-Date



Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 6 OF

				etailed Summary Page	×	11a 13] 11b	b	11c		12 16	17				
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay no addres	t be sold or used by any post of any political committee	erson for to sol	or the	purp ntrib	pose	e of s ons fro	oliciting	con	tributi	ons				
\rangle	NAME OF COMMITTEE (In Full) American College of Rheumato	logy (Rhe	eum	PAC)													
Α.	Full Name of Individual (Last, First, Middle Ini Venuturupalli, Swamy, , ,	tial) or Full O	Organi	zation Name		Date of	Re	eceip	ot								
	Mailing Address 8750 Wilshire Blvd, Suite 350				M M / D D / Y Y Y Y 08 / 01 2021 2021												
	City Beverly Hills	State CA		Zip Code 90211	Transaction ID : 18352093 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			500.00												
	Name of Employer (for Individual) Cedars Sinai Medical Center			on (for Individual) ologist	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date V 1000.00	1												
	Full Name of Individual (Last, First, Middle Ini Harvey, William, , Dr.,	tial) or Full O	Organi	zation Name		Date of	Re	eceip	ot								
	Mailing Address 800 Washington St Box 406				08 / D D / Y Y Y Y Y 2021												
	City Boston	State MA		Zip Code 02111		Transaction ID : 18352095 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С				1000.00											
	Name of Employer (for Individual) Tufts Medical Center		•	on (for Individual) rofessor of Medicine		Me	emo	o Ite	m								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 2000.00													
С.	Full Name of Individual (Last, First, Middle Ini Onel, Karen, , Dr.,	tial) or Full O	Organi	zation Name		Date of	Re	eceip	ot								
	Mailing Address 1441 3rd avenue #24A					м м 08	/	D	01	/ Y	202	21 [°]	Y				
	City New York	State NY	4	Zip Code 10028	A					835209 ceipt th		eriod					
	FEC ID number of contributing federal political committee.	С						9		9		125.0	0				
	Name of Employer (for Individual) HSS		•	on (for Individual) ision of Pediatric Rheumatol		Me	emo	o Ite	em								
	Receipt For: Primary General Other (specify)	Aggregate	Year-	to-Date ▼ 250.00	1												
s	UBTOTAL of Receipts This Page (optional)			••••••				7		9	1	625.0	0				
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Use separate schedule(s) for each category of the

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PAGE 7 OF

	EMIZED RECEIPTS			for each category of the Detailed Summary Page		× 1'	1a 3		11b 14		11c		12 16	17	
	y information copied from such Reports and Statem for commercial purposes, other than using the name					n for	the		oose		soliciting		ntribu	tions	
	NAME OF COMMITTEE (In Full) American College of Rheumatology	/ (Rhe	eu	mPAC)											
Α.	Full Name of Individual (Last, First, Middle Initial) o Solow, Elizabeth Blair, , Dr., Mailing Address 916 Shadyside Lane	or Full C	Orga	anization Name		Date of Receipt									
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	FEC ID number of contributing federal political committee.	;							.				1000.	00	
	Name of Employer (for Individual) UT Southwestern Medical Center		•	ation (for Individual) ant Professor of Medicine			Me	emo	Item	1					
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в.	Full Name of Individual (Last, First, Middle Initial) o Ramsey-Goldman, Rosalind, , Dr.,	or Full C	Orga	anization Name		Dat	e of	Re	ceipt						
	Mailing Address 633 N. St. Clair, 18th Floor Soom					M / D / Y									
	,	State IL		Zip Code 60611					-		1835210 eceipt th		eriod		
	FEC ID number of contributing federal political committee.	;				125.00									
	Name of Employer (for Individual) Northwestern University		cupa ysic	ation (for Individual) sian			Me	emo	Item	I					
	Receipt For: Age Primary General Other (specify) ▼	gregate	e Ye	ear-to-Date ▼ 250.00]										
с.	Full Name of Individual (Last, First, Middle Initial) o Oates, Jim, , Dr.,	or Full C	Orga	anization Name		Dat	e of	Re	ceipt						
	Mailing Address 96 Jonathan Lucas St., Ste 822 MSC 637						08 ^M	/	D	D)1	/ Y)21 [°]	Y	
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	Name of Employer (for Individual) Medical University of SC			ation (for Individual) sor of Medicine, Director, Divis		Memo Item									
	Receipt For: Age Primary General Other (specify)	gregate	e Ye	ear-to-Date ▼ 300.00]										
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PAGE 8 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17											
or for commercial purposes, other than using			erson for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full) American College of Rheuma	tology (Rhe	eumPAC)												
Full Name of Individual (Last, First, Middle Myers, Amanda, , ,	Initial) or Full C	Organization Name	Date of Receipt											
Mailing Address 514 Gregory Ave	State	Zip Code	07 / 07 / 2021											
Wilmette	IL	60091	Transaction ID : 18514490 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		200.00											
Name of Employer (for Individual) NorthShore University HealthSystem		upation (for Individual) /sician	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]											
Full Name of Individual (Last, First, Middle B. Yonker, Richard, , Dr.,	Initial) or Full C	Organization Name	Date of Receipt											
Mailing Address 1945 Versailles St			M M / D D / Y Y Y Y 07 07 2021											
City Sarasota	State FL	Zip Code 34239-6900	Transaction ID : 18516572 Amount of Each Receipt this Period											
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Name of Employer (for Individual) Sarasota Arthritis Center		upation (for Individual) vsician	Memo Item											
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Full Name of Individual (Last, First, Middle C. Buchoff, Howard, , Dr.,	Initial) or Full C	Organization Name	Date of Receipt											
Mailing Address 825 Douglas Ave			07 08 2021											
City Altamonte Springs	State FL	Zip Code 32714	Transaction ID : 18516580											
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Name of Employer (for Individual) AdventHealth		upation (for Individual) sumatologist	Memo Item											
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		Detailed Summary Page	×	11a		11b	11c	12	<u> </u>						
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or for commercial purposes, other than usin															
NAME OF COMMITTEE (In Full)		_													
American College of Rheum	atology (Rhe	eumPAC)													
Full Name of Individual (Last, First, Midd Oza, Meera, , Dr.,	le Initial) or Full O	rganization Name		Date of	Re	eceipt									
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Name of Employer (for Individual) Arthritis & Osteoporosis Treatment Cen		upation (for Individual) sician		M	emo	tem									
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Mailing Address MUSC College of Health	Professions			™ M 07	1	09	/ Y	y y 2021	Y						
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Charleston	SC	29425-9620	A	mount	of	Each Re	eceipt thi	is Period							
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Name of Employer (for Individual) Medical University of South Carolina		upation (for Individual) ociate Professor		M	emo	tem									
Receipt For:	Aggregate	Year-to-Date ▼													
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Name of Employer (for Individual)	Occi	upation (for Individual)	\dashv	M	emc	b Item									
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 10 OF

			Detailed Summary Page		×	-		11b	11	ŀ	12	·
	y information copied from such Reports and Stater for commercial purposes, other than using the nan									iting		
$\left\rangle$	NAME OF COMMITTEE (In Full) American College of Rheumatolog	y (Rhe	umPAC)									
A.	Full Name of Individual (Last, First, Middle Initial) Hirsh, Marc, , , Mailing Address 15300 Jog Rd	or Full Or	ganization Name			Date of		D I		Y	YYY	Y
	,	State FL	Zip Code 33446-2164					12 i on ID : Each F	1851		2021 Period	
	FEC ID number of contributing federal political committee.	C								y	250.	00
	Name of Employer (for Individual) The Hirsh Center Receipt For:	Rher	pation (for Individual) natologist Year-to-Date ▼			M	emo	tem				
	Primary General Other (specify) ▼		250.00									
B.	Full Name of Individual (Last, First, Middle Initial) Menzies, Victoria, , Dr.,	or Full Or	ganization Name		[Date of		eceipt				
	Mailing Address 8668 SW 77th Ave	State	Zip Code			07		20		Ŷ	2021	Y
	Gainesville	FL	32608-8484					ion ID : Each F			Period	
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	Name of Employer (for Individual) University of Florida		ipation (for Individual) ociate Professor			М	emo	tem				
	Receipt For: A(Primary General Other (specify) ▼	ggregate `	Year-to-Date ▼ 240.00									
C.	Full Name of Individual (Last, First, Middle Initial) Ott, Stephanie, Jo, Dr., Mailing Address 4133 Fieldstone St	or Full Or	ganization Name			Date of		· .	_			
		Stata	Zip Code			07		20			2021	Ŷ
	City Carroll	State OH	43112					ion ID : Each F			s Period	
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	Name of Employer (for Individual) Fairfield Medical Center Receipt For:	Rheu	pation (for Individual) Imatologist			М	emo	tem				
	Primary General Other (specify)	ygregate	Year-to-Date ▼ 1500.00									
s	UBTOTAL of Receipts This Page (optional)			▶				,		9	770.	00
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PAGE 11 OF

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11		11b 14	11c 15	12 16	17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements ma g the name and a	ay not be sold or used by any p ddress of any political committe	person for t e to solicit	he pu contri	rpose of butions	f soliciting from sucl	contribut	ions ee.
American College of Rheum	atology (Rhe	eumPAC)						
Full Name of Individual (Last, First, Middl Snow, Marcus, , Dr,	e Initial) or Full O	rganization Name	Date	e of R	eceipt			
Mailing Address 2521 Brookside Ave				^M	/ D 20		2021	Y
City Omaha	State NE	Zip Code 68124				: 1853577 Receipt th	77 nis Period	_
FEC ID number of contributing federal political committee.	С				-		50.0	00
Name of Employer (for Individual) University of Nebraska Medical Center		upation (for Individual) sician		Mem	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	1					
Full Name of Individual (Last, First, Middl B. Fahey, Sean , , Dr .,	e Initial) or Full O	rganization Name	Date	e of R	eceipt			
Mailing Address 128 Medical Park Rd Suit	e 101		M	[™]	/21	D / Y	y y 2021	Y
City Mooresville	State NC	Zip Code 28117				1853642 Receipt th	25 nis Period	
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Name of Employer (for Individual) Piedmont HealthCare		upation (for Individual) rsician		Mem	o Item			
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Other (specify) ▼		315.00						
Full Name of Individual (Last, First, Middl c. Kuhn, Kristine, , Dr.,	e Initial) or Full O	rganization Name	Date	e of R	eceipt			
Mailing Address Mail Stop B115 1775 Aur	ora Court,		M)7	/ D 14		2021	Y
City Aurora	State CO	Zip Code 80045				: 1853643 Receipt th	31 nis Period	_
FEC ID number of contributing federal political committee.	С				y		500.0	00
Name of Employer (for Individual) University of Colorado Anschutz Medica		upation (for Individual) umatologist		Mem	io Item			
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PAGE 12 OF

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<u> </u>	NAME OF COMMITTEE (In Full) American College of Rheumatolo						. rer HJ	. ul		ou	0					
A.	Full Name of Individual (Last, First, Middle Initia Kassan, Stuart, , Dr.,	ιl) or Full O)rgan	ization Name		Date of	f Re	ece	eipt							
	Mailing Address 198 Union Blvd Ste 150					07			D D 14	1	2	2021	Ŷ			
	City Lakewood	State CO		Zip Code 80228-2259	A	Trans				185364 eceipt		Period				
	FEC ID number of contributing federal political committee.	C					_	,		-		2000.0	0			
	Name of Employer (for Individual) Colorado Arthritis Associates		upatio vsiciar	on (for Individual) n		M	emo	o li	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 2000.00												
	Full Name of Individual (Last, First, Middle Initia Strand, Vibeke, , Dr.,	ו) or Full O	rgan	ization Name		Date of	f Re	ece	eipt							
	Mailing Address 306 Ramona Road	0.		Zin Octo		07 21 Y Y Y Y Y 2021										
	City Portola Valley	State CA		Zip Code 94028		Trans Amount				185364 eceipt		Period				
	FEC ID number of contributing federal political committee.	С						,				500.0	0			
	Name of Employer (for Individual) Stanford University School of Medicine		•	ion (for Individual) Clinical Professor		M	emo	o li	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 500.00												
	, , , ,	ו) or Full O	rgan	ization Name		Date of	f Re	ece	eipt							
	Mailing Address 512 Harbor Rd					м м 07			D D D	JЦ	2	021	Y			
	City cold spring harbor	State NY		Zip Code 11743		Trans				185364 eceipt		Period				
	FEC ID number of contributing federal political committee.	С	_				_	y		, ,		100.0	0			
	Name of Employer (for Individual) Northwell Health, Division of Rheumato	Nurs	se Pra	on (for Individual) actitioner		M	emo	o l	tem							
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 350.00												
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	y information copied from such Reports and Stat for commercial purposes, other than using the na															
\rangle	NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (Rhe	eumF	PAC)												
Α.	Full Name of Individual (Last, First, Middle Initial Yonker, Richard, , Dr.,) or Full C	rganiz	ation Name		Date o	f Re	ceipt								
	Mailing Address 1945 Versailles St	0				м м 07	/	D D D 20	/ Y	Y Y 2021	Ŷ					
	City Sarasota	State FL		ip Code 34239-6900				on ID : 1 Each Re		is Perioc						
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	Name of Employer (for Individual) Sarasota Arthritis Center		upatior sician	n (for Individual)		М	emo	Item								
	Receipt For: Primary General	Aggregate	Year-t	o-Date ▼												
	Other (specify) v		-JF	2000.00												
в.	Full Name of Individual (Last, First, Middle Initial Wofsy, David, , Dr.,) or Full C	rganiz	ation Name		Date o	f Re	ceipt								
	Mailing Address 533 Parnassus Avenue Box 0633	3				07	/	D D D 21	/ Y	2021	Y					
	City	State		ip Code				on ID : 1		-						
	San Francisco	CA		94143	_	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				<u> </u>		7		250	00					
	Name of Employer (for Individual) University of California		upatioi /sician	n (for Individual)		M	emo	ltem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-t	o-Date ▼ 250.00												
<u> </u>	Full Name of Individual (Last, First, Middle Initial Smith, Brett, , ,) or Full C	rganiz	ation Name		Date o	f Re	ceipt								
	Mailing Address 562 Stone Villa Ln					м м 07	/	23	/ Y	2021	Y					
	City Knoxville	State TN		ip Code 37934				on ID : 1		i 3 iis Perioc						
	FEC ID number of contributing federal political committee.	С				Amoun					.00					
	Name of Employer (for Individual) Blount Memorial Hospital		upatior nding	n (for Individual)		М	emo	Item								
	Receipt For: Primary General Other (specify)	Year-t	o-Date ▼ 350.00													
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\setminus	NAME OF COMMITTEE (In Full)										
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Α.	Full Name of Individual (Last, First, Middle Initia Shepherd, Rebecca, , Dr.,	al) or Full O	Organization Name		Date of	f Re	ceipt				
	Mailing Address 20 Herr Rd.				м м 07	/	D 24		y 202	21	
	City New Providence	State PA	Zip Code 17560	_				185454 Receipt ti		riod	_
	FEC ID number of contributing federal political committee.	С			<u> </u>			-		500.00)
	Name of Employer (for Individual) Lancaster General Health		upation (for Individual) rsician		M	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
в.	Full Name of Individual (Last, First, Middle Initia Kim, Alfred, , ,	al) or Full O	Organization Name		Date of	f Re	ceipt				
	Mailing Address 660 S Euclid Ave Mailstop 8045-0020-10				08	/	04		y 202		
	City	State MO	Zip Code				-	1857109			
	St. Louis		63110		Amount	t of	Each F	Receipt t	his Pe	riod	
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	Name of Employer (for Individual) Washington University School of Medici		upation (for Individual) sistant Professor		M	emo	Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		, 250.00	1							
с.	Full Name of Individual (Last, First, Middle Initia Kumar, Bharat, , ,	al) or Full O	Organization Name		Date of	f Re	ceipt				
	Mailing Address 200 Hawkins Drive C42 GH				08 N	/	D 04		202		
	City Iowa City	State IA	Zip Code 52242					: 185710 Receipt t		riod	_
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	Name of Employer (for Individual) University of Iowa Hospitals and Clini		upation (for Individual) ical Assistant Professor		M	emo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]							
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	y information copied from such Reports and for commercial purposes, other than using th					or the		pose o		oliciting	contribu	itions				
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Α.	Full Name of Individual (Last, First, Middle Ir Perkins, Elizabeth, , Dr.,	nitial) or Full C)rgar	nization Name		Date of	Re	ceipt								
	Mailing Address 772 Chestnut Park Lane	State		Zip Code		м м 08		06	6		2021	Ŷ				
	City Birmingham	State AL		35226	A					eeipt thi	4 is Perioc					
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	Name of Employer (for Individual) Rheumatology Care Center		•	ion (for Individual) atologist		Me	emc	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1000.00]											
Β.	Full Name of Individual (Last, First, Middle Ir Myers, Amanda, , ,	nitial) or Full C)rgar	nization Name		Date of	Re	ceipt								
	Mailing Address 514 Gregory Ave			7. 0		M M / D D / Y										
	City Wilmette	State IL		Zip Code 60091		Transaction ID : 18571741 Amount of Each Receipt this Period										
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	Name of Employer (for Individual) NorthShore University HealthSystem		cupat ysicia	ion (for Individual) an		Me	emc	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 450.00]											
C.	Full Name of Individual (Last, First, Middle Ir Breland, Hazel, L, Dr.,	-	Drgar	nization Name		Date of	Re	ceipt								
	Mailing Address MUSC College of Health Pro		·			08 ^M	L.	D 09	9		2021	Y				
	City Charleston	State SC		Zip Code 29425-9620	A					8571759 ceipt thi	9 s Perioc					
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	Name of Employer (for Individual) Medical University of South Carolina	Asso	ociat	ion (for Individual) e Professor		M	emc	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 672.00]											
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	y information copied from such Reports and Stat for commercial purposes, other than using the na														
	NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (Rhe	eumPAC)												
Α.	Full Name of Individual (Last, First, Middle Initial Bass, Anne, , Dr., Mailing Address 535 E 70th St) or Full C	Organization Nar	ne		Date o	_	D D	/ Y		Y	Y			
	City New York	State NY	Zip Code 10021		_			09 i on ID : 1 Each Re							
	FEC ID number of contributing federal political committee.	С				<u> </u>					250.0	0			
	Name of Employer (for Individual) Hospital for Special Surgery Receipt For: Primary General Other (specify) ▼	Fell	upation (for Indi owship Program Year-to-Date ▼	,		Memo Item									
в.	Full Name of Individual (Last, First, Middle Initial Singer, Nora, , Dr., Mailing Address 2500 Metrohealth Dr			ne		Date o	f Re	ceipt	/ Y	Ý 202	Y 21	Y			
	City Cleveland FEC ID number of contributing federal political committee.	State OH	Zip Code 44109-19	00		Amoun	t of	on ID : 1 Each Re		his Pe	eriod 100.0	0			
	Name of Employer (for Individual) The MetroHealth System Receipt For: Primary General Other (specify) ▼	Divi	upation (for Indi ision Director Year-to-Date ▼	ividual) 650.00		Memo Item									
C.	Full Name of Individual (Last, First, Middle Initial White, Douglas, , Dr., Mailing Address 3111 Gundersen Dr) or Full C	organization Nar	ne		Date o	_	ceipt	/ Y	202	Y 21	Y			
	City Onalaska FEC ID number of contributing federal political committee.	State WI	Zip Code 54650-84	47				ion ID : ⁷ Each Re		53 his Pe		0			
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NAME OF COMMITTEE (In Full) American College of Rheuma	atology (Rhe	eumPAC)	
Full Name of Individual (Last, First, Middle Menzies, Victoria, , Dr., Mailing Address 8668 SW 77th Ave	Initial) or Full O	rganization Name	Date of Receipt
City Gainesville	State FL	Zip Code 32608-8484	Transaction ID : 18602411 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) University of Florida Receipt For:	Ass	upation (for Individual) ociate Professor Year-to-Date ▼ 260.00	Memo Item
B. Snow, Marcus, , Dr, Mailing Address 2521 Brookside Ave	Initial) or Full O	rganization Name	Date of Receipt
City Omaha FEC ID number of contributing federal political committee.	State NE	Zip Code 68124	Transaction ID : 18602412 Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) University of Nebraska Medical Center Receipt For: Primary General Other (specify) ▼	Phy	upation (for Individual) vsician Year-to-Date ▼ 1400.00	Memo Item
Full Name of Individual (Last, First, Middle C. Fahey, Sean, , Dr., Mailing Address 128 Medical Park Rd Suite	e 101		Date of Receipt
City Mooresville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Piedmont HealthCare Receipt For: Primary General Other (specify)	Phys	Zip Code 28117 upation (for Individual) sician Year-to-Date ▼ 360.00	Transaction ID : 18602519 Amount of Each Receipt this Period 45.00 Memo Item
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	y information copied from such Reports and Sta for commercial purposes, other than using the r													
\rangle	NAME OF COMMITTEE (In Full) American College of Rheumatolo	ogy (Rhe	eumPAC)											
Α.	Full Name of Individual (Last, First, Middle Initia Smith, Brett, , ,	ll) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 562 Stone Villa Ln	State	Zip Code	08 / 23 / 2021										
	Knoxville	TN	37934	Transaction ID : 18602535 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		50.00										
	Name of Employer (for Individual) Blount Memorial Hospital		cupation (for Individual) ending	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00											
в.	Full Name of Individual (Last, First, Middle Initia DeMarco, Paul, , Dr.,	l) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 17620 Goose Creek Road			08 / D / Y Y Y Y Y 22 2021										
	City Olney	State MD	Zip Code 20832	Transaction ID : 18602537 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		2000.00										
	Name of Employer (for Individual) Arthritis & Rheumatism Associates		cupation (for Individual) eumatologist	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4000.00											
С.	Full Name of Individual (Last, First, Middle Initia Sinha, Jayashree, , Dr.,	l) or Full C	Drganization Name	Date of Receipt										
	Mailing Address Arthritis ad Medical Center 1600	- 1		08 / D / Y Y Y Y 2021										
	City Clovis	State NM	Zip Code 88101	Transaction ID : 18602588 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		250.00										
	Name of Employer (for Individual) Jayashree Sinha, MD	Occ Dr	cupation (for Individual)	Memo Item										
	Receipt For:	Aggregate	e Year-to-Date ▼ 250.00											
s	UBTOTAL of Receipts This Page (optional)			2300.00										
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\rangle	American College of Rheumatology	y (Rheu	umPAC)												
A.	Full Name of Individual (Last, First, Middle Initial) of Blumstein, Howard, , Dr.,	or Full Org	ganization Name		Date of	f Re	eceipt								
	Mailing Address 9 Oakland Hills Drive				м м 08		2	24	/ Y	y y 2021	Y				
	,	State NY	Zip Code 11766	-					860283	34 nis Peric	d				
	FEC ID number of contributing federal political committee.								ос.рт 		0.00				
	Name of Employer (for Individual) Rheumatology Associates of Long Island	Occup Physi	pation (for Individual) cian) Item	I										
	Receipt For: Ag Primary General Other (specify) ▼	jgregate Y	′ear-to-Date ▼ 1360.00]											
B.	Full Name of Individual (Last, First, Middle Initial) of Mund, Douglas, , Dr.,	or Full Org	ganization Name		Date of	f Re	eceipt								
	Mailing Address 63 Maplewood Drive				м м 08	1	2	24	/ Y	2021	Y				
	5	State NY	Zip Code 11803	-	Transaction ID : 18602836 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.			720.00											
	Name of Employer (for Individual) ProHealthcare, Inc	Occup Physi	pation (for Individual) ician		Μ	emc	ltem	ו							
	Receipt For: Ag Primary General Other (specify) ▼	igregate Y	′ear-to-Date ▼ 720.00]											
С.	Full Name of Individual (Last, First, Middle Initial) of Csuka, Mary, E., Dr.,	or Full Org	ganization Name		Date of	f Re	eceipt								
	Mailing Address Medical College of Wisconsin HUB				м м 08	1		20 ^D	/ Y	ү ү 2021	Y				
	5	State WI	Zip Code 53226	-					860290	02 nis Peric	d				
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	Name of Employer (for Individual) Medical College of Wisconsin		pation (for Individual) matologist		М	emo	o Item	ı							
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	NAME OF COMMITTEE (In Full) American College of Rheumatolog	gy (Rhe	eum	PAC)												
Α.	Full Name of Individual (Last, First, Middle Initial) Schuster, Michael, , Dr., Mailing Address 615 S 20th St) or Full C	Organi	zation Name		_	ate of	f Re	ecei	ipt D D	/	Y	Y	Ý	Ŷ	
	City Philadelphia	State PA		Zip Code 19146	_					25 ID: Ich R			92	021 Period		
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	Name of Employer (for Individual) Arthritis, Rheumatic and Bac Receipt For: Primary General Other (specify) ▼	Rhe	eumat	on (for Individual) tologist -to-Date ▼ 500.00			M	emo	o Ite	эm						
в.	Full Name of Individual (Last, First, Middle Initial) Deane, Kevin, , Dr., Mailing Address 2215 Ivy Street					Da	ate of 08	f Re	ecei	ipt 25	/	Y	ү 20	Y 121	Ŷ	
	City Denver FEC ID number of contributing federal political committee.	CO		Zip Code 80207						ID:				eriod 250.	-	
	Name of Employer (for Individual) University of Colorado Denver Receipt For: Primary General Other (specify) ▼	Ass	sociat	on (for Individual) e Professor of Medicine -to-Date ▼ 250.00		L	M	emo	o Ite	эm						
С.	Full Name of Individual (Last, First, Middle Initial) Bridges, S. Louis, , Dr., Jr Mailing Address 535 E 70th Street) or Full C	Organi	zation Name		_	ate of	f Re		ipt 26	. /	Y)21	Y	
	City New York FEC ID number of contributing federal political committee.		upatio	Zip Code 10021 on (for Individual) r and Division Director			Frans nount		Ea	ID: ich Ri			32		-	
	Receipt For: // Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 300.00												
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\rangle	NAME OF COMMITTEE (In Full) American College of Rheumato	logy (Rhe	eumPAC)										
Α.	Wener, Mark, , Dr.,												
	Mailing Address 1856 East Shelby	State	Zip Code	08 25 2021 Transaction ID : 18603234									
	Seattle	WA	98112	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		250.00									
	Name of Employer (for Individual) University of Washington		upation (for Individual) fessor	Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		250.00										
В.	Full Name of Individual (Last, First, Middle Init Herzig, Edward, , Dr,	tial) or Full C	Organization Name	Date of Receipt									
	Mailing Address 2121 Alpine PI Apt 703	08 / D D / Y Y Y Y 2021											
	City Cincinnati	State OH	Zip Code 45206-3612	Transaction ID : 18603406 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C											
	Name of Employer (for Individual) Retired		upation (for Individual) tired	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
С.	Full Name of Individual (Last, First, Middle Init Ritchlin, Christopher, , Dr.,	tial) or Full C	Organization Name	Date of Receipt									
	Mailing Address 4459 Middle Cheshire Rd			08 / D D / Y Y Y Y Y 2021									
	City Canandaigua	State NY	Zip Code 14424	Transaction ID : 18603709 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С											
	Name of Employer (for Individual) University of Rochester Medical Center		upation (for Individual) fessor of Medicine	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]									
s	UBTOTAL of Receipts This Page (optional)			1750.00									
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A.	Full Name of Individual (Last, First, Middle Init Tran, Trinh, , Dr.,	ial) or Full C	Drgar	nization Name	[Date of	f Re	eceip	ot							
	Mailing Address 13214 Griffin Run					м м 08	/		28	/ Y	2021	Y	1			
	City	State		Zip Code		Transaction ID : 18603795										
	Carmel	IN		46033-8231	#	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.			_		-		-19-	50	0.00						
	Name of Employer (for Individual) AllCare Rheumatology LLC		cupat vsicia	ion (for Individual) an	Memo Item											
	Receipt For:	Aggregate	Yea	r-to-Date ▼												
	Primary General Other (specify) ▼		-	500.00												
	Full Name of Individual (Last, First, Middle Init Power, Deborah, , Dr.,	ial) or Full C	Drgai	nization Name		Date of	f Re	eceip	ot							
	Mailing Address 7520 N Oracle Rd Suite 100					08 / D D / Y Y Y Y 2021										
	City	State		Zip Code		Trans	acti	ion I	ID : 18	360382	4		_			
	Tucson	AZ		85704-4448	/	Amount	t of	Eac	h Re	ceipt th	is Peri	bc				
	FEC ID number of contributing federal political committee.	С			1000.00											
	Name of Employer (for Individual) Catalina Pointe Arthritis & Rheumatolo		•	tion (for Individual) atologist		M	emo	o Iter	m							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1000.00												
	Full Name of Individual (Last, First, Middle Init Abeles, Aryeh, , Dr.,	ial) or Full C	Drgai	nization Name		Date of	f Re	eceip	ot							
	Mailing Address 26 Winding Brook Ln					м м 08	1	D	31	/ Y	2021	Ý				
	City	State CT		Zip Code						860393						
	Wallingford			06492	/	Amount	t of	Eac	h Re	ceipt th	is Peri	bc				
	FEC ID number of contributing federal political committee.	С				_	_	y		y	50	0.00				
	Name of Employer (for Individual) Micha Abeles		•	ion (for Individual) tologist	Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 500.00	1											
s	UBTOTAL of Receipts This Page (optional)				•			9		<i>y</i>	200	0.00				
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
	y information copied from such Reports and Stat for commercial purposes, other than using the n													
	NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (Rhe	eumPAC)											
Α.	Full Name of Individual (Last, First, Middle Initia Snow, Marcus, , Dr,	l) or Full C	Organization Name	Date of Receipt										
	Mailing Address 2521 Brookside Ave	State	Zip Code	08 01 2021 Transaction ID - 18604068										
	Omaha	NE	68124	Transaction ID : 18604068 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		500.00										
	Name of Employer (for Individual) University of Nebraska Medical Center		upation (for Individual) vsician	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1350.00											
В.	Full Name of Individual (Last, First, Middle Initia Menzies, Victoria, , Dr.,	l) or Full C	Organization Name	Date of Receipt										
	Mailing Address 8668 SW 77th Ave	08 / D D / Y Y Y Y Y 20 2021												
	City	State FL	Zip Code	Transaction ID : 18604089										
	Gainesville FEC ID number of contributing federal political committee.	С	32608-8484	Amount of Each Receipt this Period										
	Name of Employer (for Individual) University of Florida		supation (for Individual) sociate Professor											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00											
С.	Full Name of Individual (Last, First, Middle Initia Myers, Amanda, , ,	l) or Full C	Organization Name	Date of Receipt										
	Mailing Address 514 Gregory Ave	-		09 / 07 / Y Y Y Y 2021										
	City Wilmette	State IL	Zip Code 60091	Transaction ID : 18604945										
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
	Name of Employer (for Individual) NorthShore University HealthSystem		upation (for Individual) sician	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00											
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or	y information copied from such Reports and for commercial purposes, other than using t	Statements ma he name and a	ay not be sold or used by any p ddress of any political committee	erson fo e to soli	or the cit cor	purp ntrib	pos outic	se of sons fr	soliciting om sucl	contribut	ions ee.				
\rangle	NAME OF COMMITTEE (In Full) American College of Rheumat	ology (Rhe	eumPAC)												
A.	Full Name of Individual (Last, First, Middle Hauptman, Howard, , Dr.,	Initial) or Full C	rganization Name	D	ate of	Re	ecei	pt							
	Mailing Address 1504 Pinnacle Rd				м м 09	/	ſ	04	/ Y	2021	Y				
	City Baltimore	State MD	Zip Code 21286	A	Transaction ID : 18604963										
	FEC ID number of contributing federal political committee.	С			250.00										
	Name of Employer (for Individual) Rheumatology Associates of Baltimore		upation (for Individual) sician		Me	emo	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 250.00													
	Full Name of Individual (Last, First, Middle Kennedy, Stacy, , Dr.,	Initial) or Full C	rganization Name		ate of	Re	ecei	pt							
	Mailing Address 644 Georgetown Drive NW				09 / 06 / Y Y Y Y Y 2021										
	City Concord	State NC	Zip Code 28027				-		1 860496 eceipt th	4 iis Period					
	FEC ID number of contributing federal political committee.	С			500.00										
	Name of Employer (for Individual) Rowan Diagnostic Clinic		upation (for Individual) eumatologist		Me	emo) Ite	əm							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00												
C.	Full Name of Individual (Last, First, Middle Breland, Hazel, L, Dr.,		rganization Name		ate of	Re	ecei	pt							
	Mailing Address MUSC College of Health Pr				[™] 09	1		09	/ Y	y y 2021	Y				
	City Charleston	State SC	Zip Code 29425-9620	A					1862652 eceipt th	28 Iis Period					
	FEC ID number of contributing federal political committee.	С		ļ			y		y	84.0	00				
	Name of Employer (for Individual) Medical University of South Carolina		upation (for Individual) ociate Professor	Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 756.00												
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American College	ot Rheumatolo	gy (Rhe	eur	nPAC)			_	_									
Full Name of Individual (Las A. Wells, Alvin, F, ,	st, First, Middle Initial	l) or Full C	Drgai	nization Name	[Date of	Re	ce	ipt								
Mailing Address 4225 W. O	akwood Park Court					09 14 Y Y Y Y 2021											
City		State		Zip Code	Transaction ID : 18653961												
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Primary Gen		ryyregate	rea	r-to-Date ▼													
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Full Name of Individual (Las <u>Kempf, Kevin, , Dr.</u> ,	st, First, Middle Initial	l) or Full C	Drgar	nization Name		Date of	Re	ce	ipt								
Mailing Address 19272 Stor		09 / 19 / 2021															
City		State		Zip Code		Trans	acti	ion	ו ID : י	18655	739						
San Antonio		TX		78258		Amount	t of	Eε	ach R	eceip	t this	Period					
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Full Name of Individual (Las C. Menzies, Victoria, ,		l) or Full C	Drgar	nization Name		Date of	Re) <u>(</u> (e	ipt								
Mailing Address 8668 SW 7						09			20	/		y y 2021	Ŷ				
City		State		Zip Code		Trans	acti	ior	ו ID :	1865	5776						
Gainesville		FL		32608-8484	A	۹mount	of	Ea	ach R	eceip	this	Period					
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Name of Employer (for Indiv University of Florida	Name of Employer (for Individual) Occupati Jniversity of Florida Associat					Memo Item											
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\rangle	NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (Rhe	eum	PAC)											
Α.		l) or Full O	rgani	zation Name	1	Date of Receipt									
	Mailing Address 2521 Brookside Ave	State		Zin Code		09 / 20 / Y Y Y Y 20 2021									
	City Omaha	State NE		Zip Code 68124		Transaction ID : 18655777 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С								50	00				
	Name of Employer (for Individual) University of Nebraska Medical Center		upatio siciar	on (for Individual)		Me	emo I	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	to-Date ▼ 1450.00											
В.	Full Name of Individual (Last, First, Middle Initia Fahey, Sean, , Dr.,	l) or Full O	Irgani	zation Name		Date of	Rec	eipt							
	Mailing Address 128 Medical Park Rd Suite 101			м м 09	/	D D 21	/ Y	y y 2021	Y						
	City Mooresville	State NC		Zip Code 28117					18655980 eceipt thi						
	FEC ID number of contributing federal political committee.	С				45.00									
	Name of Employer (for Individual) Piedmont HealthCare		upatio vsiciar	on (for Individual)		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	to-Date ▼ 405.00											
с.	Full Name of Individual (Last, First, Middle Initia Smith, Brett, , ,	l) or Full O	Irgani	zation Name		Date of	Rec	eipt							
	Mailing Address 562 Stone Villa Ln	1				м м 09	1	D D D 23	/ Y	2021 Y	Y				
	City Knoxville	State TN		Zip Code 37934					1865657 eceipt thi						
	FEC ID number of contributing federal political committee.	С					,		j	50	_				
	Name of Employer (for Individual) Blount Memorial Hospital		upatio nding	on (for Individual)		Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year	to-Date ▼ 450.00											
s	UBTOTAL of Receipts This Page (optional)									145.	00				
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NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (RheumPAC)									
Full Name of Individual (Last, First, Middle Initia Wallace, Zachary, , Dr., Mailing Address 291 Woodland Rd	I) or Full Organization Name	Date of Receipt								
City Newton	StateZip CodeMA02466	09 23 2021 Transaction ID : 18656579 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	200.00								
Name of Employer (for Individual) Massachusetts General Hospital Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Physician Aggregate Year-to-Date ▼ 600.00	Memo Item								
Full Name of Individual (Last, First, Middle Initia B. Flood, Joseph, , , Mailing Address 751 Jaeger St	I) or Full Organization Name	Date of Receipt								
City Columbus FEC ID number of contributing federal political committee. Name of Employer (for Individual) Columbus Arthritis Center	State Zip Code OH 43206-2272 C Occupation (for Individual) Rheumatologist	Transaction ID : 18657352 Amount of Each Receipt this Period 1000.00 Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00									
Full Name of Individual (Last, First, Middle Initia Gewanter, Harry, , , Mailing Address 2600 E Cary St Apt 3102	I) or Full Organization Name	Date of Receipt								
City Richmond	StateZip CodeVA23223-7888	Transaction ID : 18657437 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С	25.00								
Name of Employer (for Individual) Medical Home Plus, Inc Receipt For: Primary General Other (specify)	Occupation (for Individual) Rheumatologist Aggregate Year-to-Date ▼ 225.00	Memo Item								
SUBTOTAL of Receipts This Page (optional)	-	1225.00								

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\setminus	NAME OF COMMITTEE (In Full)															
	American College of Rheumatolo			,				_								
	Full Name of Individual (Last, First, Middle Initia Lawrence, Anna, , Ms.,	al) or Full C	orga	nization Name		Date d	of Re	ece	eipt			_				
	Mailing Address 500 Medical Ct. Blvd suite 290		_			09 / 28 / Y Y Y Y Y 2021										
	City	State		Zip Code		Tran	sact	tio	on ID : 1	865764	3					
	Lawrenceville	GA		30046	A	\mour	nt of	fΕ	Each Re	eceipt thi	is Pe	eriod				
	FEC ID number of contributing federal political committee.	С	-			_	_	-,	-		_	250.0				
	Name of Employer (for Individual) North GA Rheumatology Group		•	tion (for Individual) e Manager		N	/lemo	io I	Item							
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	Primary General Other (specify) ▼	250.00]													
	Full Name of Individual (Last, First, Middle Initia) or Full O	Irac	nization Name												
	Richards, John, , Dr.,	., or rull U	. yd		r	Date o	of Re	ece	eipt							
	Mailing Address University Drive C (111-U)		09 / 26 / 2021													
	City	State		Zip Code	<u> </u>	Tran	sact	tio	<u>n ID</u> : 1	8657648	8					
	Pittsburgh	PA		15240	A					eceipt thi		eriod	_			
	FEC ID number of contributing federal political committee.	s a l					250.00									
	Name of Employer (for Individual) Veterans Affairs Pittsburgh Healthcare			tion (for Individual) hatologist		Memo Item										
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	Full Name of Indiate 10 (1997)		7	singling N:												
	Full Name of Individual (Last, First, Middle Initia Feldman, Madelaine, , Dr,	aı) or Full C	vrga	mization Name	C	Date c	of Re	ece	eipt							
	Mailing Address 801 Amethyst St					[™] 10	И /	/	D D D 01	/ Y	202	21 [°]	Y			
	City	State		Zip Code		Tran	sac	tio	on ID : 1	1866118	0					
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	Name of Employer (for Individual) The Rheumatology Group		•	tion (for Individual) atologist		Ν	Лет	10	ltem							
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	y information copied from such Reports and State for commercial purposes, other than using the na					
	NAME OF COMMITTEE (In Full) American College of Rheumatolog	gy (Rhe	eun	nPAC)		
Α.	Full Name of Individual (Last, First, Middle Initial) McLain, David, , Dr, II Mailing Address 2229 Cahaba Valley Drive City Birmingham FEC ID number of contributing	or Full O State AL	orgar	Zip Code 35242		Date of Receipt
	Name of Employer (for Individual) McLain Medical Associates, P.C.	Occu Sym	npos	ion (for Individual) ium Director, Congress of Clinio r-to-Date ▼ 250.00	c	Memo Item
В.	Full Name of Individual (Last, First, Middle Initial) Pick, Michael, , Dr., Mailing Address 800 N. 1st Street City Springfield	or Full O State IL	rgar	Zip Code 62702	_	Date of Receipt
	Name of Employer (for Individual) Springfield Clinic	Rhe	euma	tion (for Individual) atologist r-to-Date ▼ 250.00		250.00 Memo Item
C.	Name of Employer (for Individual) CarolinaEast Medical Center	State NC C Occu Phys	upat	Zip Code 28562 ion (for Individual)		Date of Receipt 10 / 06 / 2021 Transaction ID : 18662077 Amount of Each Receipt this Period 250.00 Memo Item
s	UBTOTAL of Receipts This Page (optional)			•		750.00
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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	ny information copied from such Reports and Sta for commercial purposes, other than using the r											
	NAME OF COMMITTEE (In Full) American College of Rheumatolo	ogy (Rhe	eumPAC)									
Α.	Full Name of Individual (Last, First, Middle Initia Myers, Amanda, , , Mailing Address 514 Gregory Ave											
	City Wilmette	State IL	Zip Code 60091	10 07 2021 Transaction ID : 18671095 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		200.00								
	Name of Employer (for Individual) NorthShore University HealthSystem Receipt For: Primary General Other (specify) ▼	Memo Item										
В.	Full Name of Individual (Last, First, Middle Initia Borenstein, David, , Dr., Mailing Address 2021 K St NW Ste 300	Date of Receipt 10 7 7 2021 Transaction ID : 19671152										
	City Washington FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State DC	Zip Code 20006-1012 cupation (for Individual)	Transaction ID : 18671152 Amount of Each Receipt this Period 2000.00 Memo Item								
	Back In Control, Inc/ Arthritis and Rh Receipt For: Primary General Other (specify) ▼	Clin	e Year-to-Date ▼ 2000.00									
c.	Full Name of Individual (Last, First, Middle Initia Busch, Stacey, , Ms., Mailing Address 217 E Lake Worth Ave	al) or Full O	Organization Name	Date of Receipt								
	City Lantana FEC ID number of contributing federal political committee.	State FL	Zip Code 33462	Transaction ID : 18671548 Amount of Each Receipt this Period 250.00								
	Name of Employer (for Individual) FAC Receipt For: Primary General Other (specify)	Prac	cupation (for Individual) actice Manager, Research e Year-to-Date ▼ 250.00	Memo Item								
F	UBTOTAL of Receipts This Page (optional)			2450.00								

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ITEMIZED RECEIPTS				or each category of the Detailed Summary Page	-	X 11a 13		11b 14		11c 15	12		17		
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\	NAME OF COMMITTEE (In Full) American College of Rheumatolog	gy (Rhe	eur	nPAC)											
A.	Full Name of Individual (Last, First, Middle Initial) Malone, Daniel, , Dr, Mailing Address 3437 Edgehill Pkwy) or Full O	rgai	nization Name		Date of Receipt									
-	City	State		Zip Code		10 08 2021 Transaction ID : 18671550									
	Madison	WI		53705-1450		Amount of Each Receipt this Period									
	FEC ID number of contributing rederal political committee.	С						- 7 -		- 7		0.00)		
	Name of Employer (for Individual) Columbus Community Hospital		•	ion (for Individual) atologist, MSK Ultrasonographe	ei	N	lemo	o Item							
Ī	Receipt For: Primary General Other (specify) ▼	r-to-Date ▼ 1000.00													
	Full Name of Individual (Last, First, Middle Initial) Breland, Hazel, L, Dr.,) or Full O	rgai	nization Name		Date o	of Re	eceipt							
l	Mailing Address MUSC College of Health Professi			M 10	/	0)9	/ Y	2021						
	City Charleston	State SC		Zip Code 29425-9620		Transaction ID : 18671553 Amount of Each Receipt this Period 84.00									
	FEC ID number of contributing rederal political committee.	С													
	Name of Employer (for Individual) Medical University of South Carolina		•	tion (for Individual) Ite Professor		N	lem	o Item							
Ì	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 840.00											
	Full Name of Individual (Last, First, Middle Initial) Kenney, Howard, Mark, Dr.,) or Full O	rgai	nization Name		Date o	of Re	eceipt							
	Mailing Address 105 W 8th Ave Suite 6080	1				10	/	D 0)9	/ Y	2021				
(City Spokane	State WA		Zip Code 99204						867989	-	od			
	FEC ID number of contributing rederal political committee.	С						J	ne			00.00			
	Name of Employer (for Individual) Arthritis Northwest	upat	ion (for Individual)		Memo Item										
Ì	Receipt For: Primary General Other (specify)	r-to-Date ▼ 500.00													
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NAME OF COMMITTEE (In Full) American College of Rheumato	logy (RheumP	PAC)											
Full Name of Individual (Last, First, Middle In Menzies, Victoria, , Dr., Mailing Address 8668 SW 77th Ave	tial) or Full Organiza	tion Name	Date of Receipt										
City Gainesville		o Code 32608-8484	Transaction ID : 18708271 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		20.00										
Name of Employer (for Individual) University of Florida Receipt For: Primary General Other (specify) V	Occupation Associate F Aggregate Year-to		Memo Item										
Full Name of Individual (Last, First, Middle In B. Ott, Stephanie, Jo, Dr., Mailing Address 4133 Fieldstone St	tial) or Full Organiza	tion Name	Date of Receipt										
City Carroll FEC ID number of contributing federal political committee. Name of Employer (for Individual) Fairfield Medical Center Receipt For: Primary General Other (specify) ▼	ОН 4		10 20 2021 Transaction ID : 18708272 Amount of Each Receipt this Period 500.00 Memo Item										
Full Name of Individual (Last, First, Middle In C. Snow, Marcus, , Dr, Mailing Address 2521 Brookside Ave	tial) or Full Organiza	tion Name	Date of Receipt										
City Omaha FEC ID number of contributing federal political committee. Name of Employer (for Individual) University of Nebraska Medical Center Receipt For: Primary General Other (specify)	NE 6	o Code 8124 (for Individual) -Date ▼ 1500.00	Transaction ID : 18708273 Amount of Each Receipt this Period 50.00 Memo Item										
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			570.00										

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Rheumatolog	y (Rhe	ur	nPAC)												
A.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Fahey, Sean, , Dr., Mailing Address 128 Medical Park Rd Suite 101								Date of Receipt							
	City Mooresville	State NC		Zip Code 28117		10 21 2021 Transaction ID : 18708978 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						-,				45.0	0			
	Name of Employer (for Individual) Piedmont HealthCare	Occu Phys		iion (for Individual) an		N	/lemo	0	Item							
	Receipt For: A Primary General Other (specify) ▼	Iggregate	Yea	ur-to-Date ▼ 450.00]											
B.	Full Name of Individual (Last, First, Middle Initial) Scalettar, Raymond, , ,	nization Name		Date o	of Re	ec	eipt									
	Mailing Address 12433 Ansin Circle Dr		10 21 2021													
	POTOMAC	State MD		Zip Code 20854		Transaction ID : 18709073 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.				250.00							0				
	Name of Employer (for Individual) George Washington University		upation (for Individual) Nical Emeritus Professor of Medicin													
	Receipt For: A Primary General Other (specify) ▼	aggregate N	Yea	ur-to-Date ▼ 250.00												
C.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smith, Brett, , ,								eipt							
	Mailing Address 562 Stone Villa Ln	<u></u>			10 / D D / Y Y Y Y 2021											
	City Knoxville	State TN		Zip Code 37934					on ID : 1 ach Re			riod				
	FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this Period										
	Name of Employer (for Individual) Blount Memorial Hospital Receipt For:	Atten	ndir	•		Memo Item										
	Primary General Other (specify)	Aggregate	Yea	rr-to-Date ▼ 500.00												
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	y information copied from such Reports and Sta													
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\rangle	NAME OF COMMITTEE (In Full) American College of Rheumatolo	ogy (Rhe	eumPAC)											
A.	Full Name of Individual (Last, First, Middle Initi Blumstein, Howard, , Dr.,	al) or Full O	rganization Name		Date of Receipt									
	Mailing Address 9 Oakland Hills Drive		10 27 Y Y Y Y 2021											
	City	State	Zip Code		Trans	sact	ion ID :	1871004	1					
	Mount Sinai	NY	11766	/	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			140.00									
	Name of Employer (for Individual) Rheumatology Associates of Long Island		М	emc	tem									
	Receipt For:													
	Primary General Other (specify) ▼		1500.00]										
B.	Full Name of Individual (Last, First, Middle Initi Gewanter, Harry, , ,	al) or Full O	rganization Name		Date o	f Re	eceipt							
	Mailing Address 2600 E Cary St Apt 3102		M M / D D / Y Y Y Y 10 28 2021											
	City	State	Zip Code		Transaction ID: 18710063									
	Richmond	VA	23223-7888	-	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.						25.	00						
	Name of Employer (for Individual) Medical Home Plus, Inc													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1										
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C.	Full Name of Individual (Last, First, Middle Initi Tindall, Elizabeth, , ,	al) or Full O	rganization Name	ı	Date o	f Re	eceipt							
	Mailing Address 1255 SW Schaeffer Road		10 29 2021											
	City	State	Zip Code		Trans	sact	ion ID :	1871016	68					
	West Linn	OR	97068	/	Amoun	t of	Each R	eceipt th	nis Period					
	FEC ID number of contributing federal political committee.	С			500.00									
	Name of Employer (for Individual)		upation (for Individual) ident, Rheumatology Consultants		Memo Item									
	Rheumatology Consultants of Oregon, LL Receipt For:		, 6,	50										
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Α.	Potter, Jeffrey, , , Mailing Address 2730 University Blvd West #310						Date of Receipt										
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	5	State Zip Code MD 20902								871019							
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в.	Jones, Richard, , Dr., Mailing Address 4280 Watermelon Rd Suite 112						Date of Receipt										
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	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	American College of Rheumatolo	ogy (Rhe	eumPAC)								
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	Mailing Address 975 NE 10th St BRC256	11 02 2021									
	Oklahoma City	State OK	Zip Code 73104	Transaction ID : 18710418 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		500.00							
	Name of Employer (for Individual) University of Oklahoma Health Sciences Receipt For:	Prof	upation (for Individual) fessor Year-to-Date ▼	Memo Item							
	Primary General Other (specify) ▼		500.00								
в.	Full Name of Individual (Last, First, Middle Initia Buchoff, Howard, , Dr.,	Date of Receipt									
	Mailing Address 825 Douglas Ave	11 02 Y Y Y Y 11 02									
	City Altamonte Springs	State FL	Zip Code 32714	Transaction ID : 18710424 Amount of Each Receipt this Period							
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	Name of Employer (for Individual) AdventHealth		cupation (for Individual) eumatologist	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00								
C.	Full Name of Individual (Last, First, Middle Initia Jones, Richard, , Dr.,	Date of Receipt									
	Mailing Address 4280 Watermelon Rd Suite 112	11 02 / Y Y Y Y 11 02 2021									
	City Northport	State AL	Zip Code 35473	Transaction ID : 18710428 Amount of Each Receipt this Period							
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	Name of Employer (for Individual) Self-Employed		cupation (for Individual) istant Professor of Medicine	Memo Item							
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	y information copied from such Reports and Sta for commercial purposes, other than using the n						pose c					17 s
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A.	Full Name of Individual (Last, First, Middle Initia Kumar, Bharat, , ,	l) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 200 Hawkins Drive C42 GH				м м 11	1	D 03		/ Y	y y 2021	Y	
	City Iowa City	State IA	Zip Code 52242						871806 ceipt th	54 nis Peric	d	
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]								
в.	Full Name of Individual (Last, First, Middle Initia Mund, Douglas, , Dr.,	l) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 63 Maplewood Drive				м м 11	/	D 0;		/ Y	y y 2021	Y	
	City Plainview	State NY	Zip Code 11803						8 72564 ceipt th	.3 nis Peric	d	
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с.	Full Name of Individual (Last, First, Middle Initia Oza, Meera, , Dr.,	l) or Full O	rganization Name		Date of	f Re	eceipt					
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	Name of Employer (for Individual) Arthritis & Osteoporosis Treatment Cen		upation (for Individual) sician		М	emo	b Item					
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	y information copied from such Reports and State for commercial purposes, other than using the na				or the		pose		oliciting		ntributi	ons
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	Mailing Address 14995 SHADY GROVE ROAD S	TE 250			M M 11	/		04	/ Y	ү 20)21	Y
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с.	Full Name of Individual (Last, First, Middle Initial) Black, Kathleen, , ,	or Full Or	ganization Name		Date of	Re	eceip	t				
	Mailing Address 633 E 11th Avenue	1			^M 11	1		04	/ Y)21 [°]	Y
	City Eugene	State OR	Zip Code 97401						873259 ceipt th		eriod	
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	Name of Employer (for Individual) William P. Maier, MD, PC		pation (for Individual) nistrator		M	emo	o Iter	m				
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	Mailing Address 1400 Pelham Pkwy S Bldg 1, 3 NO	RTH				м м 11	1	ľ	05		/ Y	y y 2021	Y
	5	State NY		Zip Code 10461-1119	A						373272 eipt thi	9 s Period	
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	Name of Employer (for Individual) Albert Einstein College of Medicine		•	on (for Individual) ologist		Me	emo) It	em				
	Receipt For: Ag Primary General Other (specify) ▼	gregate `	Year ,	to-Date ▼ 500.00									
в.	Full Name of Individual (Last, First, Middle Initial) c Ross, A. Silvia, , Dr.,	or Full Or	rgani	zation Name		ate of	Re	ece	ipt				
	Mailing Address 3101 John Humphries Wynd					^M ^M 11	/	C	D D 05		/ Y	y y 2021	Y
	5	State NC		Zip Code 27612				-			73275 eipt thi	7 is Period	
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	Mailing Address 155 Manor Lake Estates Drive					^M 11	/	l	05		/ Y	y y 2021	Y
	5	State TX		Zip Code 77379	A						373768 eipt thi	5 s Period	
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Rheuma	atology (Rhe	eumPAC)	
Full Name of Individual (Last, First, Middle A. Myers, Amanda, , ,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 514 Gregory Ave			11 D D / Y Y Y Y 107 2021
City Wilmette	State IL	Zip Code 60091	Transaction ID : 18739574 Amount of Each Receipt this Period
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Name of Employer (for Individual) NorthShore University HealthSystem		upation (for Individual) vsician	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1050.00]
Full Name of Individual (Last, First, Middle B. Panthulu, Vedashree, , ,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 938 Cypress Village Blvd Suite A			11 07 / Y Y Y Y Y
City Sun City Center	State FL	Zip Code 33573	Transaction ID : 18739584 Amount of Each Receipt this Period
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Name of Employer (for Individual) Sunshine Rheumatology		cupation (for Individual) eumatologist	Memo Item
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Mailing Address 12456 Washington Blvd			M M / D D / Y Y Y Y 11 07 2021
City Whittier	State CA	Zip Code 90602	Transaction ID : 18739591
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Name of Employer (for Individual) Amicus Arthritis & Osteoporosis Center		upation (for Individual) sician	Memo Item
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\rangle	American College of Rheumatology ((Rheu	mPAC)									
Α.	Full Name of Individual (Last, First, Middle Initial) or Hsu, Sheri, , ,	Full Orga	anization Name	[Date of	f Re	eceip	t				
	Mailing Address 47110 Washington St. Suite 103				м м 11			07	/ Y	y 2021	Y	
	City Sta La Quinta CA		Zip Code 92253						873959 ceipt th	13 nis Perio	bd	
	FEC ID number of contributing federal political committee.						-		-9	30	0.00	
	Name of Employer (for Individual) John F. Kennedy Memorial Hospital	· ·	ation (for Individual) natologist		M	emc	b Iter	n				
	Receipt For: Aggr. Primary General Other (specify) ▼	egate Ye	ear-to-Date ▼ 300.00									
В.	Full Name of Individual (Last, First, Middle Initial) or Wells, Melissa, , Dr,	Full Orga	anization Name		Date of	f Re	eceip	t				
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	City Sta Ames IA	te	Zip Code 50014						8 73959 ceipt th	7 nis Perio	bd	
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	Name of Employer (for Individual) McFarland Clinic	-	ation (for Individual) natologist		М	emc	b Iter	n				
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C.	Full Name of Individual (Last, First, Middle Initial) or Yang, Howard, , ,	Full Orga	anization Name		Date of	f Re	eceip	t				
	Mailing Address 2020 Santa Monica Blvd. Suite 540				™ 11	/		08		2021	Y	
	City Sta Santa Monica CA		Zip Code 90404						874441 ceipt th	I 9 his Perio	bd	
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	Name of Employer (for Individual) UCLA Medical Center	· ·	ation (for Individual) natology Fellow		М	emo	o Iter	m				
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$\left\rangle$	NAME OF COMMITTEE (In Full) American College of Rheumatolo												
A.	Full Name of Individual (Last, First, Middle Initia Mihordin, Carrie, , Dr.,	l) or Full O	rganization Name		(Date of	Re	eceij	pt				
	Mailing Address 5701 W 119th St, Suite 209	0.1	7:0 0			м м 11		L	08	/ Y	2021	Y	
	City Overland Park	State KS	Zip Code 66209							874515 ceipt th	is Perio	d	
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	Name of Employer (for Individual) Mid-America Rheumatology Consultants,		upation (for Individual) umatologist			Me	emo	o Ite	em				
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	Full Name of Individual (Last, First, Middle Initia Breland, Hazel, L, Dr.,		rganization Name			Date of	Re						_
	Mailing Address MUSC College of Health Profess					^M 11	/		09	/ Y	2021	Y	
	City Charleston	State SC	Zip Code 29425-9620							874517 ceipt th	0 iis Perio	d	
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	Name of Employer (for Individual) Medical University of South Carolina		upation (for Individual) ociate Professor			Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	24.00									
	Full Name of Individual (Last, First, Middle Initia Zahabi, Fehmida, , Dr.,	l) or Full O	rganization Name			Date of	Re	eceij	pt				
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	City Plano	State TX	Zip Code 75024							874684 ceipt th	is Perio	d	
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	Name of Employer (for Individual) Texas Rheumatology Care Receipt For:	Rhe	upation (for Individual) umatologist			M	emo	o Ite	əm				
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\rangle	NAME OF COMMITTEE (In Full) American College of Rheumatolo	ogy (Rhe	eumPAC)								
٩.	Full Name of Individual (Last, First, Middle Initi Gaylis, Norman, , Dr.,	al) or Full O	rganization Name	[Date of	f Re	eceip	ot			
	Mailing Address 2801 NE 213th Street, Suite 80)1			м м 11	/	D	12	/ Y	y y 2021	Y
	City Aventura	State FL	Zip Code 33180						874981 ceipt th	2 is Period	
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	Name of Employer (for Individual) Arthritis & Rheumatic Disease Specialt		upation (for Individual) eumatologist		M	emo	o Ite	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	1							
3.	Full Name of Individual (Last, First, Middle Initi Wright, Grace, , ,	al) or Full O	rganization Name		Date of	f Re	eceip	ot			
	Mailing Address 345 E 37th St Suite 303C				™ 11	/	D	14	/ Y	2021	Y
	City New York	State NY	Zip Code 10016-3256						8 74988 ceipt th	2 is Period	
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	Name of Employer (for Individual) Grace C Wright MD PC		upation (for Individual) /sician		M	emo	b Ite	m			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2100.00]							
).	Full Name of Individual (Last, First, Middle Initi Bacha, David, , Dr.,		rganization Name		Date of	f Re					
	Mailing Address 471 N. Cleveland Massillon Rd				11 11	Ŀ.	L	14		2021	Y
	City Akron	State OH	Zip Code 44333				-		875018 ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					7		y	250.0	0
	Name of Employer (for Individual) Crystal Arthritis Center		upation (for Individual) umatologist		М	emo	o Ite	em			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1							
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Rheumato	ology (Rhe	eun	nPAC)									
A.	Full Name of Individual (Last, First, Middle In Singer, Nora, , Dr., Mailing Address 2500 Metrohealth Dr	itial) or Full O)rgar	ization Name		Date of			ipt	/ Y	Y Y	∎ Y	1
	City	State		Zip Code		11 Trans	acti	ion	15 1 D : 1	875020	2021 06		_
	Cleveland FEC ID number of contributing federal political committee.	ОН		44109-1900	/	Amount	of	Ea	ach Re	ceipt th	nis Perio 10	od 0.00	_
	Name of Employer (for Individual) The MetroHealth System		•	ion (for Individual) Director		Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 750.00									
в.	Full Name of Individual (Last, First, Middle In Brooks, Michael, , Dr.,	itial) or Full O	rgar	ization Name		Date of	Re	ecei	ipt				
	Mailing Address 202 10th St SE					м м 11	/		16	/ Y	2021	Y	
	City Cedar Rapids	State IA		Zip Code 52403-2414				-		875066 ceipt th	i 1 nis Perio	od	
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	Name of Employer (for Individual) Physicians Clinic of Iowa		upat /sicia	ion (for Individual) an		Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1000.00									
С.	Full Name of Individual (Last, First, Middle In Birnbaum, Belinda, , Dr.,	itial) or Full O	Orgar	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 825 Old Lancaster Road Ste 470					^M 11	/	L	D D 18	/ Y	2021	Y	
	City Bryn Mawr	State PA		Zip Code 19010						875096 ceipt th	58 nis Perio	bd	
	FEC ID number of contributing federal political committee.	С						y		. y	50	0.00	
	Name of Employer (for Individual) Bryn Mawr Medical Specialists Associat Receipt For:	Rhe	uma	ion (for Individual) tologist		M	emc	o Ite	em				
	Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 500.00									
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	y information copied from such Reports and State for commercial purposes, other than using the na						or the		pos	se of s	solicitin		ntribut	
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A.	Full Name of Individual (Last, First, Middle Initial) Menzies, Victoria, , Dr.,	or Full O	rga	nization Name		D	ate of	Re	ecei	ipt				
	Mailing Address 8668 SW 77th Ave					L	м м 11	/	L	20	/ Y	20	021	Y
	City Gainesville	State FL		Zip Code 32608-8484							875212 eceipt t		Period	
	FEC ID number of contributing federal political committee.	С				ļ	_		-			_	20.0	0
	Name of Employer (for Individual) University of Florida		•	tion (for Individual) ate Professor			Me	emo	o Ite	em				
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 570.00										
В.	Full Name of Individual (Last, First, Middle Initial) Snow, Marcus, , Dr,	or Full O	rga	nization Name		D	ate of	Re	ecei	ipt				
	Mailing Address 2521 Brookside Ave	1				Ľ	[™] [™]	/	ľ	20	/ Y)21	Ŷ
	City Omaha	State NE		Zip Code 68124							87521 2 eceipt t		Period	
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	Name of Employer (for Individual) University of Nebraska Medical Center	Occu Phys	•	tion (for Individual) an		ļ	Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1550.00										
с.	Full Name of Individual (Last, First, Middle Initial) Fahey, Sean, , Dr.,) or Full O	rga	nization Name		D	ate of	Re	ecei	ipt				
	Mailing Address 128 Medical Park Rd Suite 101					Ľ	^M 11	1		D D D 21	/ Y)21)	Y
	City Mooresville	State NC		Zip Code 28117							87521 eceipt t		Period	
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	Name of Employer (for Individual) Piedmont HealthCare Receipt For:	Phys	sicia			l	Me	emc	o It€	em				
	Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 495.00										
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	y information copied from such Reports and Sta for commercial purposes, other than using the										soli	citing			ions
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Α.	Full Name of Individual (Last, First, Middle Initia Epstein, Alan, , Dr.,	al) or Full C	Drga	nization Name		D	ate o	f Re	ecei	ipt					
	Mailing Address 822 Pine St Suite 3A	State		Zip Code		Ľ	м м 11	'	L	21		Y	202		Y
	Philadelphia	PA		19107								5214		riod	
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	Name of Employer (for Individual) Pennsylvania Hospital		•	ation (for Individual) I Professor of Medicine		l	М	emo	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 500.00											
в.	Full Name of Individual (Last, First, Middle Initia Hollander, Adrienne, , Dr.,	al) or Full C	Drga	anization Name		D	ate o	f Re	ecei	ipt					
	Mailing Address 2301 E Evesham Rd Paviollion	800,				Ľ	M M	/	Г	21	/	Y	202		Ŷ
	City Voorhees	State NJ		Zip Code 08043-1559	_				-			52142 ipt th		riod	
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	Name of Employer (for Individual) Arthritis Rheumatic and Back Disease A			ation (for Individual) natology		l	М	emo	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1000,00											
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Smith, Brett, , ,	al) or Full C	Drga	anization Name		D	ate o	f Re	ecei	ipt					
	Mailing Address 562 Stone Villa Ln					C	[™] 11	′	C	23	/	Y	y 202	Y 1	Y
	City Knoxville	State TN		Zip Code 37934	-							5234 ipt thi		riod	
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	Name of Employer (for Individual) Blount Memorial Hospital Receipt For:	Atte	endir	0			M	emc	o Ite	em					
	Primary General Other (specify)	Aggregate	e Yea	ar-to-Date ▼ 550.00											
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	y information copied from such Reports and Stat for commercial purposes, other than using the n												
	NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (Rhe	eur	mPAC)									
Α.	Full Name of Individual (Last, First, Middle Initial Holers, V. Michael, , Dr., Mailing Address 4825 E 1st Ave	l) or Full C)rga	anization Name		Date	of Re	ecei	pt	/ 7	Y	Ý	Y
	City	State CO		Zip Code	_	11 Trai		tion	23 ID : 1	87523	1.00)21	
	FEC ID number of contributing federal political committee.	C		80220		Amou	nt of	Ea	ch Re	eceipt t	nis P	eriod 75.	00
	Name of Employer (for Individual) University of Colorado Receipt For:	Divi	isio	ation (for Individual) n Chief			Memo	o Ite	em				
	Primary General Other (specify) ▼	Aggregate	Ye:	ar-to-Date ▼ 225.00									
в.	Full Name of Individual (Last, First, Middle Initial Gelfand, Gilbert, , Dr.,	l) or Full C)rga	anization Name		Date	of Re	ecei	pt				
	Mailing Address 2723 Manning Ave					[™] 11	M /		25	/ Y	20	ү 21	Y
	City Los Angeles	State CA		Zip Code 90064-4354	_					876802 eceipt t		eriod	
	FEC ID number of contributing federal political committee.	С	_					-		- 40-	_	300.	00
	Name of Employer (for Individual) Amicus Arthritis and Osteoporosis Cent	Occ Phy		ation (for Individual) ian			Memo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 300.00									
С.	, , , , ,	l) or Full C)rga	anization Name		Date	of Re	ecei	pt				
	Mailing Address 2730 University Blvd W Ste 310					M 11		L	26	/ Y	20	21 [°]	Y
	City Wheaton	State MD		Zip Code 20902	_					87680 eceipt t		eriod	
	FEC ID number of contributing federal political committee.	С	_			Ē		y		,		250.	00
	Name of Employer (for Individual) Arthritis & Rheumatism Associate Receipt For:	Phy	sici			Ц	Mem	o Ite	əm				
	Primary General Other (specify)	Aggregate	Ye:	ar-to-Date ▼ 250.00									
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and State for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) American College of Rheumatolog	gy (Rhe	eumPAC)	
Α.	Full Name of Individual (Last, First, Middle Initial) Gewanter, Harry, , , Mailing Address 2600 E Cary St Apt 3102) or Full C	Organization Name	Date of Receipt
	City	State VA	Zip Code 23223-7888	11 28 2021 Transaction ID : 18768072
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Medical Home Plus, Inc Receipt For:	Rhe	cupation (for Individual) neumatologist e Year-to-Date ▼	Memo Item
	Primary General Other (specify) ▼		275.00	
В.	Full Name of Individual (Last, First, Middle Initial) Matsumoto, Alan, , Dr., Mailing Address 2730 University Blvd W Ste 310			Date of Receipt
	City Wheaton FEC ID number of contributing federal political committee.	State MD	Zip Code 20902-1990	Transaction ID : 18768074 Amount of Each Receipt this Period 250.00
	Name of Employer (for Individual) Arthritis and Rheumatism Associates		ccupation (for Individual) nysician	Memo Item
	Receipt For: // Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
C.	Full Name of Individual (Last, First, Middle Initial) Abelson, Abby, , Dr., Mailing Address 9500 Euclid Ave # A50) or Full C	Organization Name	Date of Receipt
	City Cleveland	State OH	Zip Code 44195-0001	11 30 2021 Transaction ID : 18768270 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer (for Individual) Cleveland Clinic Receipt For:	Edu	cupation (for Individual) ucation Program Director	Memo Item
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s	UBTOTAL of Receipts This Page (optional)		•	575.00
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FEC Schedule A (Form 3X) Rev. 06/2016

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	y information copied from such Reports and Sta		ay not be sold or used b	by any pers						
or	for commercial purposes, other than using the	name and a	ddress of any political c	committee to	o solicit cor	ntributions	from such	n comm	nittee	
	American College of Rheumatolo	ogy (Rhe	eumPAC)							
Α.	Full Name of Individual (Last, First, Middle Initia Koval, Robert, , , Jr	al) or Full O	organization Name		Date of	f Receipt				
	Mailing Address 4700 Seton Center Pkwy Suite 200				M M 11	/ D 30		2021	Y	1
	City Austin	State TX	Zip Code 78759			action ID			od	
	FEC ID number of contributing federal political committee.	С]				25	0.00	
	Name of Employer (for Individual) University of Colorado		upation (for Individual) sician			emo Item				
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в.	Full Name of Individual (Last, First, Middle Initia Bridges, S. Louis, , Dr., Jr	al) or Full O	Organization Name		Date of	f Receipt				
	Mailing Address 535 E 70th Street				м м 12	/ D		y y 2021	Y	1
	City New York	State NY	Zip Code 10021			action ID : t of Each I			od	
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	Name of Employer (for Individual) University of Alabama at Birmingham		upation (for Individual) fessor and Division Direc	tor	M	emo Item				
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с.	Full Name of Individual (Last, First, Middle Initia Baraf, Herbert, , Dr.,	al) or Full O	Organization Name		Date of	f Receipt				
	Mailing Address Arthritis and Rheumatism Asso Suite 310				M M 12	/ D		y 2021	Y]
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	Name of Employer (for Individual) Arthritis and Rheumatism Associates		upation (for Individual) sician		М	emo Item				
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	y information copied from such Reports and Stateme for commercial purposes, other than using the name					the			se of		citing		
$\left\rangle$	NAME OF COMMITTEE (In Full) American College of Rheumatology												
<u> </u>	Full Name of Individual (Last, First, Middle Initial) or Flood, Joseph, , ,	Full Orga	anization Name		Dat	te of	Re	ecei	ipt				
	Mailing Address 751 Jaeger St City Sta	ate	Zip Code		L	12 ^M	/	L	01			2021	Ý
	Columbus O		43206-2272						ID:			s Perio	h
	FEC ID number of contributing federal political committee.												0.00
	Name of Employer (for Individual) Columbus Arthritis Center	· ·	ation (for Individual) natologist			Me	emo	o Ite	эm				
	Receipt For: Agg Primary General Other (specify) ▼	regate Ye	ear-to-Date ▼ 1230.00										
В.	Full Name of Individual (Last, First, Middle Initial) or Echard, Steven, C, ,	Full Orga	anization Name		Dat	te of	Re	ecei	ipt				
	Mailing Address 4060 Wild Sonnet Trail					12	/	Ľ	01	/	Y	y y 2021	Y
	City Sta Peachtree Corners G	ate	Zip Code 30092					-	ID : 1				
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	Name of Employer (for Individual) American College of Rheumatology	· · ·	ation (for Individual) tive Vice President			Me	emo	o Ite	эm				
	Receipt For: Agg Primary General Other (specify) ▼	regate Ye	ear-to-Date ▼ 700.00										
с.	Full Name of Individual (Last, First, Middle Initial) or Sivaraman, Padmapriya, , ,	Full Orga	anization Name		Dat	te of	Re	ecei	ipt				
	Mailing Address 8144 Walnut Hill Lane, Suite 800					12 ^M	/	Г	D D D 01	/	Y	2021 Y	Y
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	y information copied from such Reports and State for commercial purposes, other than using the na												
	NAME OF COMMITTEE (In Full) American College of Rheumatolog	gy (Rhe	eur	nPAC)									
Α.	Full Name of Individual (Last, First, Middle Initial) Desir, Deborah, Dyett, Dr, Mailing Address 11 Zak Hill Dr.	or Full O	rga	nization Name		Date	M	ecei	ipt 01	/)21	Y
	City Woodbridge	State CT		Zip Code 06525	_					87689 ceipt t		eriod	
	FEC ID number of contributing federal political committee.	С						-9-		-95		321.	00
	Name of Employer (for Individual) Yale-New Haven Medical Center Receipt For: Primary General Other (specify) ▼	Phys	sicia	tion (for Individual) an, Medical Director ur-to-Date ▼ 2321.00			Mem	io Ite	em				
в.	Full Name of Individual (Last, First, Middle Initial) Fahey, Sean, , Dr.,	or Full O	rga	nization Name		Date	of R	ecei	ipt				
	Mailing Address 128 Medical Park Rd Suite 101	State		Zip Code		M 12			01	/ Y	20	ү 21	Y
	Mooresville	NC		28117						87689 eceipt t		eriod	
	FEC ID number of contributing federal political committee.	С						-				183.	00
	Name of Employer (for Individual) Piedmont HealthCare	Occi Phy		tion (for Individual) an			Mem	io Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 678.00									
C.	Full Name of Individual (Last, First, Middle Initial) Fahey, Sean, , Dr.,	or Full O	rga	nization Name		Date	of R	ecei	ipt				
	Mailing Address 128 Medical Park Rd Suite 101					[™] 12	2	L	01		20	21	Ŷ
	City Mooresville	State NC		Zip Code 28117						87689	-	eriod	
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	y information copied from such Reports and Statem for commercial purposes, other than using the name					n for the		pose of	solicitin	g con	ntribut	ions
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Α.	Full Name of Individual (Last, First, Middle Initial) o Syverson, Grant, , Dr, Mailing Address 415 8th Street South	r Full C	Drgani	zation Name		Date o		ceipt) / Y	20	■ Y ■	Ŷ
	5	state ND		Zip Code 58103	_	Trans		ion ID :	187689 Receipt t	81		
	FEC ID number of contributing federal political committee.	;							-		137.(00
	Name of Employer (for Individual) Sanford Health			on (for Individual) Rheumatology		Μ	emc	tem				
	Receipt For: Agg Primary General Other (specify) ▼	gregate	Year	-to-Date ▼ 387.00								
B.	Full Name of Individual (Last, First, Middle Initial) o Libman, Bonita, , ,	r Full C	Organi	zation Name		Date o	f Re	ceipt				
	Mailing Address 111 Colchester Ave	state		Zip Code		M M 12	/	01) / Y	202	ү 21	Y
		VT		05401-1473					1876898 Receipt t		eriod	
	FEC ID number of contributing federal political committee.	;						-		-	300.0	00
	Name of Employer (for Individual) University of Vermont		•	on (for Individual) r of Medicine		M	emc	ltem				
	Receipt For: Age Primary General Other (specify) ▼	gregate	Year	to-Date ▼ 2300.00								
с.	Full Name of Individual (Last, First, Middle Initial) o Kolba, Karen, , Dr., Mailing Address 110 Erna Way	r Full C	Organi	zation Name		Date o		ceipt		v	Y	V
				7:- 0		12	J.	01	J L	202		
	5	state CA		Zip Code 93449					187689 Receipt t		eriod	
	FEC ID number of contributing federal political committee.	;				<u> </u>		, .	y		605.0	00
	Name of Employer (for Individual) Retired		upatio	on (for Individual)		N	lemo	tem				
	Receipt For: Age Primary General Other (specify)	gregate	Year	-to-Date ▼ 3605.00								
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Any information copied from such Reports	and Statements ma	y not be sold or used by any pe		13 or the i		14 pose of s	15 soliciting	16 contribut	17 tions
or for commercial purposes, other than usin									
NAME OF COMMITTEE (In Full)									
American College of Rheum	natology (Rhe	eumPAC)	_		-	_	_		_
Full Name of Individual (Last, First, Mide Worthing, Angus, , ,	dle Initial) or Full O	rganization Name	D	Date of	Re	ceipt			
Mailing Address 5025 Sherier Place NW][м м 12	1	D D D 01	/ Y	2021	Y
City	State	Zip Code		Trans	acti	ion ID : 1	18768992	2	
Washington	DC	20016	A	mount	of	Each Re	eceipt thi	is Period	
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Name of Employer (for Individual) Arthritis & Rheumatism Associates, PC		upation (for Individual) sician		Mŧ	emo	tem			
Receipt For:		Year-to-Date ▼							
Primary General Other (specify) ▼		2733.00							
Full Name of Individual (Last, First, Mide Blumstein, Howard, , Dr.,	dle Initial) or Full O	rganization Name		Date of	Re	ceipt			
Mailing Address 9 Oakland Hills Drive			_	M M 12	1	01	/ Y	2021	Y
City	State	Zip Code		Transa	actio	on ID : 1	18768996	5	
Mount Sinai	NY	11766						is Period	
FEC ID number of contributing federal political committee.	С			-		<u>т</u>		518.0	00
Name of Employer (for Individual) Rheumatology Associates of Long Island		upation (for Individual) ⁄sician		M	emo	tem			
Receipt For:		Year-to-Date ▼							
Primary General Other (specify) ▼		2018.00							
Full Name of Individual (Last, First, Mido	dle Initial) or Full O	rganization Name		Date of	Re	ceipt			
Mailing Address 4440 Broadway			_	12	_	01	/ Y	2021	Y
City	State	Zip Code	1	Trans	acti	ion ID : 1	1876899	8	-
Kansas City	MO	64111	A	mount	of	Each Re	eceipt thi	is Period	
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Name of Employer (for Individual) Kansas City Physician Partners		upation (for Individual) sician		M	emo	o Item			
Receipt For:		Year-to-Date ▼	7						
Primary General Other (specify)		1350.00							
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	EMIZED RECEIPTS			or each category of the letailed Summary Page		4 11a 13		11b 4	11c 15	12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the										
	American College of Rheumatol	ogy (Rhe	eum	nPAC)							
Α.	Full Name of Individual (Last, First, Middle Initi White, Patience, , Dr.,	ial) or Full C	Drgan	ization Name		Date of	f Rece	eipt			
	Mailing Address 7516 Arrowood Rd	State		Zip Code		12 Trend		01	/ Y	2021	Y
	Bethesda	MD		20817					1876900 eceipt thi		
	FEC ID number of contributing federal political committee.	С								500.	
	Name of Employer (for Individual) Got Transition		•	on (for Individual) tor, Got Transition		М	emo I	ltem			
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В.	Full Name of Individual (Last, First, Middle Initi Becker, Mara, , Dr.,	ial) or Full C	Drgan	ization Name		Date of	f Rece	eipt			
	Mailing Address 104 Cross Creek Dr	1				^M 12	1	D D 01	/ Y	y y 2021	Y
	City Chapel Hill	State NC		Zip Code 27514					18769002 eceipt thi		
	FEC ID number of contributing federal political committee.	С				<u> </u>				500	00
	Name of Employer (for Individual) Duke University Medical Center/Duke Cl			on (for Individual) tologist		M	emo I	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 700.00							
С.	Full Name of Individual (Last, First, Middle Initi Menzies, Victoria, , Dr.,	ial) or Full C	Drgan	ization Name		Date of	f Rece	eipt			
	Mailing Address 8668 SW 77th Ave					12 ^M	1	D D 01	/ Y	y y 2021	Y
	City Gainesville	State FL		Zip Code 32608-8484					1876900 eceipt thi		
	FEC ID number of contributing federal political committee.	С							j	250.	_
	Name of Employer (for Individual) University of Florida		•	on (for Individual) e Professor		М	emo I	ltem			
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 820.00							
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	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) American College of Rheumatol	ogy (Rhe	eumPAC)	
Α.	Full Name of Individual (Last, First, Middle Initi Phillips, Christopher, , Dr.,	ial) or Full C	Organization Name	Date of Receipt
	Mailing Address 100 Kiana Ct. Suite B	State	Zip Code	12 / D D / Y Y Y Y 12 01 2021
	Paducah	KY	42001	Transaction ID : 18769021 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1463.00
	Name of Employer (for Individual) Paducah Rheumatology		upation (for Individual) rsician	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		2463.00	
В.	Full Name of Individual (Last, First, Middle Initi Schulert, Grant, , ,	ial) or Full C	Organization Name	Date of Receipt
	Mailing Address 2844 E. St. Charles Place			12 02 / Y Y Y Y 2021
	City Cincinnati	State OH	Zip Code 45208	Transaction ID : 18769031
	FEC ID number of contributing federal political committee.	С	+0200	Amount of Each Receipt this Period
	Name of Employer (for Individual) Cincinnati Children's Hospital Medical		upation (for Individual) sistant Professor	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
С.	Full Name of Individual (Last, First, Middle Initi White, Douglas, , Dr.,	ial) or Full C	Organization Name	Date of Receipt
	Mailing Address 3111 Gundersen Dr			11 / D D / Y Y Y Y 11 17 2021
	City Onalaska	State WI	Zip Code 54650-8447	Transaction ID : 18769124
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Gundersen Health System		upation (for Individual) umatologist	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼ 1000.00	
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Α.	Full Name of Individual (Last, First, Middle Initia Karp, David, , Dr.,	al) or Full O	rgar	nization Name		Date o	of R	ece	eipt				
	Mailing Address Rheumatic Diseases Divsion UT	Γ Sout				M N		/	D D	/ Y	Y	Y	Y
				7. 0. 1		12			04)21	
	City Dallas	State TX		Zip Code 75390-8884						876922			
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	Name of Employer (for Individual)		•	ion (for Individual)		Ν	/lem	io l	tem				
	UT Southwestern Medical Center	Prof	fess	or and Chief									
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	Other (specify) ▼		-	1412.00]								
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B.	Mehta, Jay, , ,		-		I	Date o	of R	lece	əipt				
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	Name of Employer (for Individual) Children's Hospital of Philadelphia	Occi Phy	•	tion (for Individual) an		Ν	/lem	io l	tem				
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	Other (specify) ▼		,	1000.00]								
с.	Full Name of Individual (Last, First, Middle Initia Siegel, Evan, L, Dr.,	al) or Full O	rgar	nization Name		Date o	of R	lece	əipt				
	Mailing Address 14995 Shady Grove Road #250					12	Л	/	D D D 06	/ Y	ү 20	21	Y
	City	State		Zip Code		Tran	sac	tio	n ID : 1	876967	9		
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	Name of Employer (for Individual)	Осси	upat	ion (for Individual)	_	N	/lem	no I	ltem				
	Arthritis and Rheumatism Associates, p	Phys	sicia	n									
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	y information copied from such Reports and St for commercial purposes, other than using the					or the		rpo	se of s	oliciting	contrib	utions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Rheumatol	ogy (Rhe	eur	mPAC)								
A.	Full Name of Individual (Last, First, Middle Initi Myers, Amanda, , , Mailing Address 514 Gregory Ave	al) or Full O	Drga	nization Name	[Date c		ece	eipt	/ Y	YY	Y
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	Name of Employer (for Individual) NorthShore University HealthSystem	Occi Phy	•	tion (for Individual) an		N	lem	o l	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1250.00]							
в.	Full Name of Individual (Last, First, Middle Initi Jacob, Ashok, , ,	al) or Full O	Drga	nization Name		Date c	of Re	ece	eipt			
	Mailing Address 13006 Highgrove Rd					[™] 12	/	′	07	/ Y	y 2021	Y
	City Highland	State MD		Zip Code 20777-9587						876999 ceipt th	4 is Period	1
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	Name of Employer (for Individual) Annapolis Rheumatology	Occ Fell	•	tion (for Individual)		N	lem	οľ	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 500.00]							
с.	Full Name of Individual (Last, First, Middle Initi Flint, Kathleen, , Dr.,	al) or Full O	Drga	nization Name		Date c	of Re	ece	eipt			
	Mailing Address 1711 St Julian Pl					^M 12	1 /	/	D D 07	/ Y	y y 2021	Y
	City Columbia	State SC		Zip Code 29204						877000		
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	Name of Employer (for Individual) Articularis Healthcare Group	Occi Phys		tion (for Individual) an		N	lem	io I	tem			
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Rheumato	logy (Rhe	eun	nPAC)								
A.	Full Name of Individual (Last, First, Middle Init Berhanu, Adey, , Dr, Mailing Address 5454 Wisconsin Ave, Suite 60		rgar	nization Name	[Date of	[:] Re	D D	1	Y	Y Y	Y
	City	State		Zip Code	- 1	12 Trans	acti	08 ion ID :	1877	0388	2021	
	Chevy Chase	MD		20815	A			Each R			Period	
	FEC ID number of contributing federal political committee.	С								_	250.0	00
	Name of Employer (for Individual) Arthritis & Rheumatism Associates, PC		•	ion (for Individual) atologist		Me	emo	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 250.00								
в.	Full Name of Individual (Last, First, Middle Init Breland, Hazel, L, Dr.,	tial) or Full O	rgar	nization Name	(Date of	Re	ceipt				
	Mailing Address MUSC College of Health Profe			I		м м 12	/	09	/	Y	2021	Y
	City Charleston	State SC		Zip Code 29425-9620				on ID :			Dariad	
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	Name of Employer (for Individual) Medical University of South Carolina		•	ion (for Individual) te Professor		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1008.00								
С.	Full Name of Individual (Last, First, Middle Init Gewanter, Harry, , ,	tial) or Full O	rgar	nization Name		Date of	Re	ceipt				
	Mailing Address 2600 E Cary St Apt 3102					^M 12	1	09	/		y y 2021	Y
	City Richmond	State VA		Zip Code 23223-7888				ion ID :			Daviad	
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	Name of Employer (for Individual) Medical Home Plus, Inc Receipt For:	Rhe	uma	ion (for Individual) tologist		M	emc	tem				
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	y information copied from such Reports and Stat for commercial purposes, other than using the na											
	NAME OF COMMITTEE (In Full) American College of Rheumatolog	gy (Rhe	eur	mPAC)								
Α.	Full Name of Individual (Last, First, Middle Initial Schnell, Amanda, , , Mailing Address 539 Broadway Street) or Full C)rga	anization Name		Date of	Rece	eipt 10	/ Y	Y 202	21	Ŷ
	City Homewood	State AL		Zip Code 35209	_	Trans Amount			1879230 eceipt tl		riod	
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	Name of Employer (for Individual) University of Alabama at Birmingham Receipt For: Primary General Other (specify) ▼	Fell	Iow-	ation (for Individual) -In-Training ear-to-Date ▼ 350.00		Me	emo I	ltem				
В.	Full Name of Individual (Last, First, Middle Initial Fraenkel, Liana, , Dr., Mailing Address 7C Coldbrooke South)rga			Date of	Rece	eipt D D 10	/ Y	Y 202		Ŷ
	City Lenox FEC ID number of contributing federal political committee.	State MA		Zip Code 01240		Trans: Amount			1879241 eceipt tl	nis Pe	eriod 411.0	0
	Name of Employer (for Individual) Berkshire Medical Center		•	ation (for Individual) ct Professor of Medicine		Me	emo I	tem				
	Receipt For:	Aggregate	Yea	ear-to-Date ▼ 411.00								
C.	Full Name of Individual (Last, First, Middle Initial Harvey, William, , Dr., Mailing Address 800 Washington St Box 406) or Full C)rga	anization Name		Date of	Rece	eipt	/ Y		Y	Y
	City Boston FEC ID number of contributing federal political committee.	State MA	-	Zip Code 02111	_	12 Trans Amount			1879379 eceipt tl	nis Pe		0
	Name of Employer (for Individual) Tufts Medical Center Receipt For: Primary General Other (specify)	Ass	soc. I	ation (for Individual) Professor of Medicine ear-to-Date ▼ 2700.00		Me	emo I	ltem				
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\rangle	American College of Rheumatology	y (Rheı	umPAC)												
A.	Full Name of Individual (Last, First, Middle Initial) of Weselman, Kelly, , Dr,	or Full Org	ganization Name	[Date of Receipt										
	Mailing Address 6035 Riverwood Dr. NW				M M / D D / Y Y Y Y 12 11 2021										
	,	State GA	Zip Code 30328						879725						
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	Name of Employer (for Individual) Wellstar Health System	Occup Physi	pation (for Individual) ician		М	emo) Iter	n							
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	Full Name of Individual (Last, First, Middle Initial) of Slusher, Barbara, , ,	or Full Org	ganization Name		Date of	f Re	eceip	t							
	Mailing Address 2104 Kemper Dr				м м 12	/		л 12	/ Y	2021	Y				
	,	State	Zip Code						879727						
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	Name of Employer (for Individual) University of Texas Medical Branch		pation (for Individual) ician Assistant		М	emo) Iter	n							
	Receipt For: Ag Primary General Other (specify) ▼	gregate Y	′ear-to-Date ▼ 650.00]											
с.	Full Name of Individual (Last, First, Middle Initial) of Holers, V. Michael, , Dr.,	or Full Org	ganization Name		Date of	f Re	eceip	t							
	Mailing Address 4825 E 1st Ave				^м 12	/		13	/ Y	2021	Y				
	,	State CO	Zip Code 80220						879728						
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	Name of Employer (for Individual) University of Colorado		pation (for Individual) on Chief		M	emc	b Iter	n							
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	NAME OF COMMITTEE (In Full)										
\rangle	American College of Rheumato	logy (Rhe	eumPAC)								
Α.	Full Name of Individual (Last, First, Middle In Saag, Kenneth, , Dr.,	itial) or Full C	rganization Name	[Date of	Re	ceipt				
	Mailing Address 4213 Kennesaw Drive				м м 12	1	D 1	р 3	/ Y	y y 2021	Y
	City	State	Zip Code		Trans	acti	ion ID):1	879728	4	
	Birmingham	AL	35213	/	Amount	t of	Each	Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					-		-	500.	00
	Name of Employer (for Individual) The University of Alabama at Birmingha		upation (for Individual) fessor of Medicine		Me	emo	Item				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) v		600.00								
в.	Full Name of Individual (Last, First, Middle In Sharma, Anu, , ,	itial) or Full C	rganization Name		Date of	Re	ceipt				
	Mailing Address 6001 Montrose Rd Ste 702				^M 12	1	D 1	р 3	/ Y	y y 2021	Y
	City	State	Zip Code		Trans	acti	on ID	: 18	879729	8	
	N Bethesda	MD	20852-4873	/	Amount	t of	Each	Re	ceipt th	is Period	
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	Name of Employer (for Individual) Center of Rheumatic Diseases		upation (for Individual) eumatologist		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
с.	Full Name of Individual (Last, First, Middle In Bryant, Gary, , ,	itial) or Full C	rganization Name		Date of	Re	ceipt				
	Mailing Address 412 John Vineyards Ln				^M 12	/	D 1	D 4	/ Y	ү 2021	Y
	City New Castle	State DE	Zip Code 19720	-					880489		
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	NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (Rhe	eu	mPAC)							
Α.	Full Name of Individual (Last, First, Middle Initia Gravallese, Ellen, M., Dr.,	l) or Full C)rga	anization Name		Date o	of Red	ceipt			
	Mailing Address 65 Crafts Road					^M 12	/	D D D 16) / Y	y 2021	
	City Chestnut Hill	State MA		Zip Code 02467					188059: leceipt tl		od
	FEC ID number of contributing federal political committee.	С						y		13	37.00
	Name of Employer (for Individual) Brigham and Women's Hospital, Harvard Receipt For:	Chi	ief, l	ation (for Individual) Division of Rheumatology, Infla		N	lemo	Item			
	Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 687.00							
в.	Full Name of Individual (Last, First, Middle Initia Cooper, Adam, , ,	l) or Full C	Drga	anization Name		Date o	of Red	ceipt			
	Mailing Address 12272 Big Canoe					^M 12	/	D D D 16	/ Y	2021	Ý
	City Big Canoe	State GA		Zip Code 30143	_			-	1880594 leceipt tl	-	od
	FEC ID number of contributing federal political committee.	С	-			<u> </u>		-		10	00.00
	Name of Employer (for Individual) American College of Rheumatology		•	ation (for Individual) Director, Government Affairs		N	lemo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 250.00							
С.	, ,	l) or Full C	Drga	anization Name		Date o	of Red	ceipt			
	Mailing Address 291 Woodland Rd					^M 12	/	D D 18) / Y	2021	Y
	City Newton	State MA		Zip Code 02466				-	188066	-	od
	FEC ID number of contributing federal political committee.	С	_					, .	. ,	73	33.00
	Name of Employer (for Individual) Massachusetts General Hospital	Occ Phy	•	ation (for Individual) an		N	lemo	ltem			
	Receipt For: Primary General Other (specify)	Aggregate	Ye	ar-to-Date ▼ 1333.00							
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American College of Rheumatolo	ogy (Rhe	eumPAC)									
Α.	Full Name of Individual (Last, First, Middle Initia Vargo, Jill, , Dr.,	al) or Full O	rganization Name	Da	ate of	f Re	ceipt					
	Mailing Address 288 Macon Ave Apt 307				12	/	D 19		Y	y 202	21 21	ſ
	City Asheville	State NC	Zip Code 28804-3833				on ID Each				riod	
	FEC ID number of contributing federal political committee.	С							,	20	00.00)
	Name of Employer (for Individual) Asheville Arthritis and Osteoporosis C		upation (for Individual) umatologist		M	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00									
в.	Full Name of Individual (Last, First, Middle Initia Melton, Gwenesta, B, Dr,	al) or Full O	rganization Name	Da	ate of	f Re	ceipt					
	Mailing Address 2125 Valleygate Dr Suite 201	1			12	/	20		Y	y 202	Y 1	
	City Fayetteville	State NC	Zip Code 28304				on ID				riad	
	FEC ID number of contributing federal political committee.	С			noun		Each	necei		-	370.00)
	Name of Employer (for Individual) LaFayette Clinic		upation (for Individual) eumatologist		M	emo	Item					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) V	L	3370.00									
c.	Full Name of Individual (Last, First, Middle Initia Menzies, Victoria, , Dr.,	al) or Full O	rganization Name	Da	ate of	f Re	ceipt					
	Mailing Address 8668 SW 77th Ave				12	/	D 20		Y	202	1	
	City Gainesville	State FL	Zip Code 32608-8484				i on ID Each				riod	
	FEC ID number of contributing federal political committee.	С		ļ			y .		9		20.00)
	Name of Employer (for Individual) University of Florida		upation (for Individual) ociate Professor		М	emo	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 840.00									
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	NAME OF COMMITTEE (In Full) American College of Rheumatolog			10 501	iicit CO	ID	20110115	, irC	JIII SUCI				
<u> </u>	Full Name of Individual (Last, First, Middle Initial) Snow, Marcus, , Dr,) or Full Or	ganization Name		Date of Receipt								
	Mailing Address 2521 Brookside Ave			12 20 Y Y Y Y Y 2021									
	City Omaha	State NE	Zip Code 68124	A					880672 ceipt th	23 nis Peric	od		
	FEC ID number of contributing federal political committee.	С					-		-9	5	0.00		
	Name of Employer (for Individual) University of Nebraska Medical Center	Occu Phys	pation (for Individual) sician		M	emo	o Item						
	Receipt For: µ Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1600.00]									
	Full Name of Individual (Last, First, Middle Initial) Fahey, Sean, , Dr.,) or Full Or	ganization Name		Date of	f Re	ceipt						
	Mailing Address 128 Medical Park Rd Suite 101				^M 12	/	2		/ Y	y y 2021	Y]	
	City Mooresville	State NC	Zip Code 28117	A					880872 ceipt th	1 nis Peric	bd		
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	Name of Employer (for Individual) Piedmont HealthCare		ipation (for Individual) sician		M	emo	o Item						
	Receipt For: A Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1223.00]									
	Full Name of Individual (Last, First, Middle Initial) Hargrove, Jody, , Dr.,) or Full Or	ganization Name		Date of	f Re	ceipt						
	Mailing Address 7600 France Ave S Suite 5100				12 		- All 1997	1		2021	Y		
	City Edina	State MN	Zip Code 55435	A					880900 ceipt th)9 nis Peric	bd		
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	Name of Employer (for Individual) Arthritis & Rheumatology Consultants,	Occu Physi	ipation (for Individual) ician		М	emc	o Item						
	Receipt For: A Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 3000.00]									
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<u>к</u>	Full Name of Individual (Last, First, Middle Initial Jones, Karla, , Ms.,) or Full O	Organi	zation Name		Da	te of	Re	ecei	ipt				
	Mailing Address 6630 Tantallon Sq	1				L	12 ^M	/	L	21	/ Y	1.0	2021	Y
	City Dublin	State OH		Zip Code 43016							188091 eceipt ti		Period	
	FEC ID number of contributing federal political committee.	С				Ē		_	-			_	350.0	00
	Name of Employer (for Individual) not applicable	Occi Reti	•	on (for Individual)			Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 350.00										
в.	Full Name of Individual (Last, First, Middle Initial Smith, Brett, , ,) or Full O	Organi	zation Name		Da	te of	Re	ecei	ipt				
	Mailing Address 562 Stone Villa Ln					M	[™] 12	/		23	/ Y	2	021	Y
	City Knoxville	State TN		Zip Code 37934							1880927 eceipt tl		Period	
	FEC ID number of contributing federal political committee.	С				Ē			-		- 45-	_	50.0	00
	Name of Employer (for Individual) Blount Memorial Hospital		cupation ending	on (for Individual) 9		Ļ	Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	to-Date ▼ 600.00										
с.	Full Name of Individual (Last, First, Middle Initial Wallace, Zachary, , Dr.,) or Full O	Organi	zation Name		Da	te of	Re	ecei	ipt				
	Mailing Address 291 Woodland Rd					M	12 ^M	/	Г	23	/ Y		021	Y
	City Newton	State MA		Zip Code 02466							188092 eceipt ti		Period	
	FEC ID number of contributing federal political committee.	С				Ē		_	9		. y	_	200.0	00
	Name of Employer (for Individual) Massachusetts General Hospital		upatio sician	on (for Individual)			Me	emc	o Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Year	to-Date ▼ 1533.00										
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	EMIZED RECEIPTS		for each categor Detailed Summa			11a 13		11b 14	11c 15	12 16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n										
	NAME OF COMMITTEE (In Full) American College of Rheumatolo	gy (Rhe	eumPAC)								
Α.	Full Name of Individual (Last, First, Middle Initial Sarkissian, Aliese, , , Mailing Address 1042 Flagler Street	l) or Full O	rganization Name		Da	ate of	Re /	ceipt	/ Y	Y Y	Ŷ
	City	State	Zip Code			12 Trans	acti	25 on ID : 1	1880942	2021 20	
	Durham FEC ID number of contributing federal political committee.	NC C	27713		_ Ar	nount	of	Each Re	eceipt th	nis Perioc 18	I .00
	Name of Employer (for Individual) UNC-Chapel Hill Receipt For:	Pedi	upation (for Individuation interview) in the second s	,		Me	emo	ltem			
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼	216.00							
B.	Full Name of Individual (Last, First, Middle Initial Gewanter, Harry, , ,	l) or Full O	rganization Name		Da	ate of	Re	ceipt			
	Mailing Address 2600 E Cary St Apt 3102	Chata	Zin Oodo			12	/	28	/ Y	2021	Y
	City Richmond	State VA	Zip Code 23223-7888						1880971	15 nis Perioc	1
	FEC ID number of contributing federal political committee.	С				nount		7			.00
	Name of Employer (for Individual) Medical Home Plus, Inc		upation (for Individu umatologist	al)		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	437.00							
С.	Full Name of Individual (Last, First, Middle Initial Schulman, Paul, , Dr.,	l) or Full O	rganization Name		Da	ate of	Re	ceipt			
	Mailing Address 315 Middle Country Rd Suite 6					12 ^M	/	28	/ Y	2021	Y
	City Smithtown	State NY	Zip Code 11787						1880993	33 nis Perioc	1
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	Name of Employer (for Individual) Rheumatology Associates of Long Island		upation (for Individua sician	al)		Me	emo	Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	250.00							
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ITEMIZED RECEIPTS	X 11a 11b 11c 12 13 14 15 16 17		
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Rheum	atology (Rhe	eumPAC)	
Full Name of Individual (Last, First, Middl A. Machua, Wambui, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1800 Howell Mill Rd Suite 500			M M / D D / Y Y Y Y 12 31 2021
City Atlanta	State GA	Zip Code 30318	Transaction ID : 18810707 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Piedmont Hospital, Atlanta		upation (for Individual) umatologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middl B.	e Initial) or Full O	rganization Name	Date of Receipt
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Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
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S	HEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 69 OF 74
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b	one) 22 X 23 26 27
	y information copied from such Reports and State for commercial purposes, other than using the na				
\square	NAME OF COMMITTEE (In Full)				
	American College of Rheumatolog	gy (Rheu	mPAC)		
Α.	Full Name (Last, First, Middle Initial) Barragan For Congress				Date of Disbursement
	Mailing Address 1840 South Gaffey Street #421				09 <u>15</u> <u>2021</u>
	City	State	Zip Code		FEC Identification Number
	San Pedro	CA	90731		
	Purpose of Disbursement Primary 2022 Contribution			011	C C00577353
	Candidate Name				Transaction ID : 18706916
	Barragan, Nanette, , Rep.,			Category/ Type	Amount of Each Disbursement this Period
		ement For:	2022	7 1	2500.00
	Senate 🗶	Primary	General		Primary 2022 Contribution
	President	Other (spe	ecify) 🔻		Memo Item
	State: CA District: 44				lend .
B.	Full Name (Last, First, Middle Initial) Debbie Dingell For Congress				Date of Disbursement
	Debble Dingell For Congress				
	Mailing Address 19855 W. Outer Dr. Ste 103 Ae				09 20 2021
	City Dearborn	State MI	Zip Code 48124		FEC Identification Number
	Purpose of Disbursement Primary 2022 Contribution			011	C C00558213
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Dingell, Debbie, , Rep.,			Туре	
		ement For:			2500.00
	President	Primary Other (spe	General		Primary 2022 Contribution
	State: MI District: 12		city)		Memo Item
_	Full Name (Last, First, Middle Initial)				
C.	Dr Kim Schrier For Congress				Date of Disbursement
	Mailing Address PO Box 2728				09 / 20 / Y Y Y Y 2021
	City	State	Zip Code		FEC Identification Number
	Issaquah Purpose of Disbursement	WA	98027		C C00652628
	Primary 2022 Contribution			011	
	Candidate Name			Category/	Transaction ID : 18706918 Amount of Each Disbursement this Period
	Schrier, Kim, , Rep.,			Туре	
		ement For:			5000.00
	Senate X	Primary Other (spe	General		Primary 2022 Contribution
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	y information copied from such Reports and State for commercial purposes, other than using the na				
$\left \right\rangle$	NAME OF COMMITTEE (In Full)				
	American College of Rheumatolog	gy (Rheu	umPAC)		
A.	Full Name (Last, First, Middle Initial) Kinzinger For Congress				Date of Disbursement
	Mailing Address PO Box 2365				09 20 2021
	City Ottawa	State IL	Zip Code 61350		FEC Identification Number
	Purpose of Disbursement Primary 2022 Contribution			011	C C00458877
	Candidate Name			Category/	Transaction ID : 18706919 Amount of Each Disbursement this Period
	Kinzinger, Adam, , Rep., Office Sought: x House Disburse	ement For:	2022	Туре	1000.00
	Senate X	1	General		Primary 2022 Contribution
	State: IL District: 16		(), (), (), (), (), (), (), (), (), (),		Memo Item
B.	Full Name (Last, First, Middle Initial) Kuster For Congress, Inc				Date of Disbursement
	Mailing Address PO Box 1498				09 20 2021
	City Concord	State NH	Zip Code 03302		FEC Identification Number
	Purpose of Disbursement Primary 2022 Contribution			011	C C00462861 Transaction ID : 18706920
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Kuster, Ann, , Rep.,			Туре	2500.00
	••	ement For: Primary	2022 General		2500.00 Primary 2022 Contribution
	State: NH District: 02	Other (spe	ecify)		Memo Item
-	Full Name (Last, First, Middle Initial)	nmittac			Date of Disbursement
0.	Richard E Neal For Congress Cor	millee			
	Mailing Address 76 Magnolia Terrace				09 20 2021
	City Springfield	State MA	Zip Code 01108		FEC Identification Number
	Purpose of Disbursement Primary 2022 Contribution			011	C C00226522
	Candidate Name Neal, Richard, , Rep.,			Category/ Type	Transaction ID : 18706921 Amount of Each Disbursement this Period
		ement For:	2022	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5000.00
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American College of Rhe		y (Rheu	mPAC)															
Full Name (Last, First, Middle Initial A. Terri Sewell For Congres	,						Date	of Di	sburse		nt		Ý	14				
Mailing Address PO Box 1964							09		2	20			021	Ŷ				
City		State	Zip Code				FEC	dent	ificatio	n N	umbe	r						
Birmingham Purpose of Disbursement		AL	35201							-								
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B. Upton For All Of Us							Date	of Di	sburse	eme	nt							
Mailing Address P.O. Box 490							M 09		D 2	20	/		021	Y				
City																		
St. Joseph		State MI	Zip Code 49085				FEC	dent	ificatio	n N	umbe	r						
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Primary 2022 Contribution				(011		T	ransa	action	ID :	1870)692:	3					
Candidate Name					egory	/	Amou	nt of	Each	Dis	burse	men	t this F	Period				
Upton, Frederick, , Rep. Office Sought: K House		ment For: 2	2022	I	ype								2500.0	0				
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President	~	Other (spec						lomo				2022	Contin	Julion				
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Full Name (Last, First, Middle Initial C. Mckinley For Congress)						Date	of Di	sburse	eme	nt							
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Mailing Address PO Box 642							09		2	21		2	021					
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Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or us Iress of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.										
\setminus	NAME OF COMMITTEE (In Full)														
	American College of Rheumatolog	gy (Rheu	ImPAC)												
Α.	Full Name (Last, First, Middle Initial) Wenstrup For Congress				Date of Disbursement										
	Mailing Address PO Box 9551				09 21 2021										
	City Cincinnati	State OH	Zip Code 45209		FEC Identification Number										
	Purpose of Disbursement Primary 2022 Contribution			011	C C00497818										
	Candidate Name			Category/	Transaction ID : 18706925 Amount of Each Disbursement this Period										
	Wenstrup, Brad, , Rep.,			Туре	2500.00										
	Office Sought: X House Disburse Senate Y Y Y President Y Y	ement For: Primary Other (spe	General		Primary 2022 Contribution Memo Item										
	State: OH District: 02														
B.	Full Name (Last, First, Middle Initial) Mckinley For Congress Mailing Address PO Box 642				Date of Disbursement										
	City Morgantown	State WV	Zip Code 26507		FEC Identification Number										
	Purpose of Disbursement Primary 2022 Contribution			011	C C00473132										
	Candidate Name			Category/	Transaction ID : 18718285 Amount of Each Disbursement this Period										
	McKinley, David, , Rep.,			Туре	4000.00										
	···	ement For: Primary	2022 General		4000.00 Primary 2022 Contribution										
	State: WV District: 01	Other (spe			Memo Item										
_	Full Name (Last, First, Middle Initial)				Date of Disbursement										
С.	Miller-Meeks For Congress														
	Mailing Address PO Box 33				10 12 2021										
	City Ottumwa	State IA	Zip Code 52501		FEC Identification Number										
	Purpose of Disbursement Primary 2022 Contribution	<u> </u>		011	C C00558825 Transaction ID : 18718286										
	Candidate Name Miller-Meeks, Mariannette, , Rep.			Category/ Type	Amount of Each Disbursement this Period										
		ment For:	2022		2500.00										
	Senate X President	Primary Other (spe	General ecify) ▼		Primary 2022 Contribution Memo Item										
_	State: IA District: 02				<u> </u>										
s	UBTOTAL of Disbursements This Page (optional).			•	9000.00										
т	OTAL This Period (last page this line number only	/)		••••••											

S	CHEDULE B (FEC Form 3X)			FC			NUMBER: PAGE 73 OF 74
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			heck of		
			Summary Page		2	21b	22 🗶 23 26 27
		Dotanou	eanna.y r age		2	28a	28b 28c 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the na						
\square	NAME OF COMMITTEE (In Full)						
	American College of Rheumatolog	gy (Rheu	mPAC)				
	Full Name (Last, First, Middle Initial)						
А.	Miller-Meeks For Congress		Date of Disbursement				
	Mailing Address DO Poy 22		10 12 2021				
	Mailing Address PO Box 33		10 12 2021				
	City	State	Zip Code				FFC Identification Number
	Ottumwa	IA	52501				FEC Identification Number
	Purpose of Disbursement						C C00558825
	General 2022 Contribution						Transaction ID : 18718287
	Candidate Name		Cate	egory/	′	Amount of Each Disbursement this Period	
	Miller-Meeks, Mariannette, , Rep.,						2500.00
	v	Senate Primary X Genera					2300.00
	President						General 2022 Contribution
	State: IA District: 02	Other (spec	city) 🔻				Memo Item
	Full Name (Last, First, Middle Initial)						
в.	 Friends Of Rosa Delauro 						Date of Disbursement
	Mailing Address 12 Trumbull Street						11 17 2021
	City	State CT	Zip Code 06511				FEC Identification Number
	New Haven Purpose of Disbursement		C C00238865				
	Convention 2022 Contribution	11					
	Candidate Name	osa Rep			011 Category/ Type		Transaction ID : 18769120
	DeLauro, Rosa, , Rep.,					′	Amount of Each Disbursement this Period
							5000.00
	Senate	Primary	General				Convention 2022 Contribution
	President x	Other (spec	cify)				Memo Item
	State: CT District: 03	1	Convention202	22			Memo item
	Full Name (Last, First, Middle Initial)						
C.	Kuster For Congress, Inc		Date of Disbursement				
	Mailing Address PO Box 1498		11 17 2021				
	City	State	Zip Code				
	Concord	NH	03302				FEC Identification Number
	Purpose of Disbursement				C C00462861		
	Primary 2022 Contribution 011						Transaction ID : 18769121
	Candidate Name Kuster, Ann, , Rep., Category/ Type						Amount of Each Disbursement this Period
	Kuster, Ann, , Rep.,		1000.00				
	Office Sought: Image: House Disbursement For: 2022 Senate Image: Primary General						1000.00
	Senate x	Primary Other (spec				Primary 2022 Contribution	
	State: NH District: 02	Other (specify)					Memo Item
s	UBTOTAL of Disbursements This Page (optional).				►		8500.00
Ľ						-	
т	OTAL This Period (last page this line number only	/)			🕨		, ,

SCHEDULE B (FEC For	m 3X)	11		FOR LINE I	NUMBER: PAGE 74 OF 74		
ITEMIZED DISBURSEME	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Rep or for commercial purposes, other that	ports and State n using the nar	ments may i me and addi	not be sold or us ress of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)		<i>(</i> _ .					
American College of Rh	eumatolog	ly (Rheu	mPAC)				
Full Name (Last, First, Middle Initia A. Warnock For Georgia	Date of Disbursement						
Mailing Address PO Box 991	11 17 2021						
City Decatur		State GA	Zip Code 30031		FEC Identification Number		
Purpose of Disbursement		GA	30031		С С00736876		
Primary 2022 Contribution	date Name				Transaction ID : 18769122		
Candidate Name					Amount of Each Disbursement this Period		
Warnock, Raphael, , Se		Туре	5000.00				
× Senate					Primary 2022 Contribution		
President		Other (spec	cify) 🔻		Memo Item		
State: GA District: Full Name (Last, First, Middle Initia							
B. Guthrie For Congress	Date of Disbursement						
Mailing Address PO Box 9639	12 / Y Y Y Y Y 22 / 2021						
City		State	Zip Code				
Bowling Green		KY	42102		FEC Identification Number		
Purpose of Disbursement Primary 2022 Contribution				011	C C00445023		
Candidate Name							
Guthrie, S., , Rep.,				Туре	Amount of Each Disbursement this Period		
Office Sought: X House		ment For:			2500.00		
Senate President	×	Primary Other (spec	General		Primary 2022 Contribution		
State: KY District: 02			- ,		Memo Item		
Full Name (Last, First, Middle Initia	Full Name (Last, First, Middle Initial)						
0.							
Mailing Address	Mailing Address						
City		State	Zip Code		FEC Identification Number		
Purpose of Disbursement	C						
Candidate Name		Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House	Disburse						
Senate President							
State: District:		Other (spec	city) 🔻		Memo Item		
	1						
SUBTOTAL of Disbursements This F	age (optional)			······ ►	7500.00		
TOTAL This Period (last page this lin	ne number only	·)		····· ►	52000.00		