

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American College of Rheumatology (RheumPAC)

ADDRESS (number and street) 2200 Lake Boulevard NE Atlanta GA 30319 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00432823 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] AMENDED (A)

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

5. Covering Period 07 / 01 / 2021 through 12 / 31 / 2021

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

Signature of Treasurer Wallace, Zachary, , Dr., [Electronically Filed] Date 01 / 18 / 2022

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		276091.18
(b) Cash on Hand at Beginning of Reporting Period.....	291399.29	
(c) Total Receipts (from Line 19)	94741.48	158670.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	386140.77	434761.59
7. Total Disbursements (from Line 31).....	52015.00	100635.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	334125.77	334125.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	79695.00	133572.00
(ii) Unitemized	15036.02	22797.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	94731.02	156369.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	94731.02	156369.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	2281.47
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	10.46	19.94
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	94741.48	158670.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	94741.48	158670.41

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	15.00	1730.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15.00	1730.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	52000.00	97000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	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
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	52015.00	100635.82
32. 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

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	94731.02	156369.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1905.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	94731.02	154464.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	15.00	1730.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	2281.47
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15.00	- 550.65

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Venuturupalli, Swamy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8750 Wilshire Blvd, Suite 350
 City Beverly Hills State CA Zip Code 90211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cedars Sinai Medical Center Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 01 / 2021
Transaction ID : 18352093
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Harvey, William, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Washington St Box 406
 City Boston State MA Zip Code 02111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tufts Medical Center Occupation (for Individual) Assoc. Professor of Medicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 01 / 2021
Transaction ID : 18352095
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Onel, Karen, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1441 3rd avenue #24A
 City New York State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HSS Occupation (for Individual) Chief, Division of Pediatric Rheumatol
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 01 / 2021
Transaction ID : 18352099
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1625.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Solow, Elizabeth Blair, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 916 Shadyside Lane

City Dallas	State TX	Zip Code 75223
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UT Southwestern Medical Center	Occupation (for Individual) Assistant Professor of Medicine
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2021

Transaction ID : 18352103

Amount of Each Receipt this Period
1000.00

Memo Item

B. Ramsey-Goldman, Rosalind, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 633 N. St. Clair, 18th Floor Soom

City Chicago	State IL	Zip Code 60611
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Northwestern University	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2021

Transaction ID : 18352104

Amount of Each Receipt this Period
125.00

Memo Item

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

Mailing Address 96 Jonathan Lucas St.,
Ste 822 MSC 637

City Charleston	State SC	Zip Code 29425
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medical University of SC	Occupation (for Individual) Professor of Medicine, Director, Divis
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2021

Transaction ID : 18352105

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Myers, Amanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 Gregory Ave
 City Wilmette State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NorthShore University HealthSystem Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2021
Transaction ID : 18514490
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Yonker, Richard, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1945 Versailles St
 City Sarasota State FL Zip Code 34239-6900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sarasota Arthritis Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2021
Transaction ID : 18516572
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Buchoff, Howard, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 825 Douglas Ave
 City Altamonte Springs State FL Zip Code 32714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AdventHealth Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2021
Transaction ID : 18516580
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Oza, Meera, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2100 Kingsley Ave

City Orange Park	State FL	Zip Code 32073-5130
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Arthritis & Osteoporosis Treatment Cen	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2021

Transaction ID : 18516581

Amount of Each Receipt this Period
2000.00

Memo Item

B. Breland, Hazel, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address MUSC College of Health Professions

City Charleston	State SC	Zip Code 29425-9620
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medical University of South Carolina	Occupation (for Individual) Associate Professor
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2021

Transaction ID : 18517049

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 200 Spruce St #100

City Denver	State CO	Zip Code 80230
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Denver Arthritis Clinic	Occupation (for Individual) Rheumatologist
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2021

Transaction ID : 18517161

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2334.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hirsh, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15300 Jog Rd
Ste 101

City Delray Beach State FL Zip Code 33446-2164

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

Name of Employer (for Individual) The Hirsh Center Occupation (for Individual) Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 12 / 2021
Transaction ID : 18517283

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 8668 SW 77th Ave

City Gainesville State FL Zip Code 32608-8484

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

Name of Employer (for Individual) University of Florida Occupation (for Individual) Associate Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 20 / 2021
Transaction ID : 18535775

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 4133 Fieldstone St

City Carroll State OH Zip Code 43112

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

Name of Employer (for Individual) Fairfield Medical Center Occupation (for Individual) Rheumatologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 20 / 2021
Transaction ID : 18535776

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	770.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Snow, Marcus, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2521 Brookside Ave

City Omaha	State NE	Zip Code 68124
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Nebraska Medical Center	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2021

Transaction ID : 18535777

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 128 Medical Park Rd Suite 101

City Mooresville	State NC	Zip Code 28117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Piedmont HealthCare	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2021

Transaction ID : 18536425

Amount of Each Receipt this Period
45.00

Memo Item

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

Mailing Address Mail Stop B115 1775 Aurora Court,

City Aurora	State CO	Zip Code 80045
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Colorado Anschutz Medica	Occupation (for Individual) Rheumatologist
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2021

Transaction ID : 18536431

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	595.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kassan, Stuart, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 198 Union Blvd Ste 150

City Lakewood	State CO	Zip Code 80228-2259
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Colorado Arthritis Associates	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2021

Transaction ID : 18536432

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 306 Ramona Road

City Portola Valley	State CA	Zip Code 94028
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Stanford University School of Medicine	Occupation (for Individual) Adjunct Clinical Professor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2021

Transaction ID : 18536435

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 512 Harbor Rd

City cold spring harbor	State NY	Zip Code 11743
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Northwell Health, Division of Rheumato	Occupation (for Individual) Nurse Practitioner
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2021

Transaction ID : 18536436

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Yonker, Richard, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1945 Versailles St

City Sarasota	State FL	Zip Code 34239-6900
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2021

Transaction ID : 18536437

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 533 Parnassus Avenue Box 0633

City San Francisco	State CA	Zip Code 94143
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) University of California	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2021

Transaction ID : 18536676

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 562 Stone Villa Ln

City Knoxville	State TN	Zip Code 37934
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Blount Memorial Hospital	Occupation (for Individual) Attending
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2021

Transaction ID : 18536953

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Shepherd, Rebecca, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Herr Rd.

City New Providence	State PA	Zip Code 17560
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Lancaster General Health	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2021

Transaction ID : 18545471

Amount of Each Receipt this Period
500.00

Memo Item

B. Kim, Alfred, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 660 S Euclid Ave
Mailstop 8045-0020-10

City St. Louis	State MO	Zip Code 63110
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Washington University School of Medici	Occupation (for Individual) Assistant Professor
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2021

Transaction ID : 18571093

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 200 Hawkins Drive C42 GH

City Iowa City	State IA	Zip Code 52242
-------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Iowa Hospitals and Clini	Occupation (for Individual) Clinical Assistant Professor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2021

Transaction ID : 18571097

Amount of Each Receipt this Period
250.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 15 OF 74
(check only one)

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

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

Mailing Address 772 Chestnut Park Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2021

Transaction ID : 18571684

Amount of Each Receipt this Period
1000.00

Memo Item

B. Myers, Amanda, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 514 Gregory Ave

City Wilmette	State IL	Zip Code 60091
------------------	-------------	-------------------

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

Name of Employer (for Individual) NorthShore University HealthSystem	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2021

Transaction ID : 18571741

Amount of Each Receipt this Period
200.00

Memo Item

C. Breland, Hazel, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address MUSC College of Health Professions

City Charleston	State SC	Zip Code 29425-9620
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical University of South Carolina	Occupation (for Individual) Associate Professor
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2021

Transaction ID : 18571759

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1284.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Bass, Anne, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 535 E 70th St

City New York	State NY	Zip Code 10021
------------------	-------------	-------------------

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

Name of Employer (for Individual) Hospital for Special Surgery	Occupation (for Individual) Fellowship Program Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2021

Transaction ID : 18580198

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2500 Metrohealth Dr

City Cleveland	State OH	Zip Code 44109-1900
-------------------	-------------	------------------------

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

Name of Employer (for Individual) The MetroHealth System	Occupation (for Individual) Division Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2021

Transaction ID : 18592341

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 3111 Gundersen Dr

City Onalaska	State WI	Zip Code 54650-8447
------------------	-------------	------------------------

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

Name of Employer (for Individual) Gundersen Health System	Occupation (for Individual) Rheumatologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2021

Transaction ID : 18601553

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Menzies, Victoria, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8668 SW 77th Ave

City Gainesville	State FL	Zip Code 32608-8484
---------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Florida	Occupation (for Individual) Associate Professor
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2021

Transaction ID : 18602411

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address 2521 Brookside Ave

City Omaha	State NE	Zip Code 68124
---------------	-------------	-------------------

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

Name of Employer (for Individual) University of Nebraska Medical Center	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2021

Transaction ID : 18602412

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 128 Medical Park Rd Suite 101

City Mooresville	State NC	Zip Code 28117
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Piedmont HealthCare	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2021

Transaction ID : 18602519

Amount of Each Receipt this Period
45.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Smith, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 562 Stone Villa Ln
 City Knoxville State TN Zip Code 37934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blount Memorial Hospital Occupation (for Individual) Attending
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 23 / 2021
Transaction ID : 18602535
 Amount of Each Receipt this Period 50.00
 Memo Item

B. DeMarco, Paul, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17620 Goose Creek Road
 City Olney State MD Zip Code 20832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis & Rheumatism Associates Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 08 / 22 / 2021
Transaction ID : 18602537
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Sinha, Jayashree, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Arthritis ad Medical Center 1600 W
 City Clovis State NM Zip Code 88101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jayashree Sinha, MD Occupation (for Individual) Dr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 23 / 2021
Transaction ID : 18602588
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Blumstein, Howard, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Oakland Hills Drive

City Mount Sinai	State NY	Zip Code 11766
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Rheumatology Associates of Long Island	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2021

Transaction ID : 18602834

Amount of Each Receipt this Period
360.00

Memo Item

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

Mailing Address 63 Maplewood Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2021

Transaction ID : 18602836

Amount of Each Receipt this Period
720.00

Memo Item

C. Csuka, Mary, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Medical College of Wisconsin HUB -

City Milwaukee	State WI	Zip Code 53226
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Medical College of Wisconsin	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2021

Transaction ID : 18602902

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1330.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 615 S 20th St

City Philadelphia	State PA	Zip Code 19146
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis, Rheumatic and Bac	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2021

Transaction ID : 18603192

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2215 Ivy Street

City Denver	State CO	Zip Code 80207
----------------	-------------	-------------------

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

Name of Employer (for Individual) University of Colorado Denver	Occupation (for Individual) Associate Professor of Medicine
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2021

Transaction ID : 18603194

Amount of Each Receipt this Period
250.00

Memo Item

C. Bridges, S. Louis, , Dr., Jr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 535 E 70th Street

City New York	State NY	Zip Code 10021
------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Alabama at Birmingham	Occupation (for Individual) Professor and Division Director
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2021

Transaction ID : 18603232

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Wener, Mark, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1856 East Shelby

City Seattle	State WA	Zip Code 98112
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : 18603234

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 2121 Alpine Pl Apt 703

City Cincinnati	State OH	Zip Code 45206-3612
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : 18603406

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 4459 Middle Cheshire Rd

City Canandaigua	State NY	Zip Code 14424
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) University of Rochester Medical Center	Occupation (for Individual) Professor of Medicine
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : 18603709

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Tran, Trinh, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13214 Griffin Run

City Carmel	State IN	Zip Code 46033-8231
----------------	-------------	------------------------

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

Name of Employer (for Individual) AllCare Rheumatology LLC	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2021

Transaction ID : 18603795

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 7520 N Oracle Rd Suite 100

City Tucson	State AZ	Zip Code 85704-4448
----------------	-------------	------------------------

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

Name of Employer (for Individual) Catalina Pointe Arthritis & Rheumatolo	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2021

Transaction ID : 18603824

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 26 Winding Brook Ln

City Wallingford	State CT	Zip Code 06492
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Micha Abeles	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2021

Transaction ID : 18603939

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Snow, Marcus, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2521 Brookside Ave

City Omaha	State NE	Zip Code 68124
---------------	-------------	-------------------

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

Name of Employer (for Individual) University of Nebraska Medical Center	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2021

Transaction ID : 18604068

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 8668 SW 77th Ave

City Gainesville	State FL	Zip Code 32608-8484
---------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Florida	Occupation (for Individual) Associate Professor
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2021

Transaction ID : 18604089

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 514 Gregory Ave

City Wilmette	State IL	Zip Code 60091
------------------	-------------	-------------------

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

Name of Employer (for Individual) NorthShore University HealthSystem	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2021

Transaction ID : 18604945

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	950.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Hauptman, Howard, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1504 Pinnacle Rd

City Baltimore	State MD	Zip Code 21286
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rheumatology Associates of Baltimore	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2021

Transaction ID : 18604963

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 644 Georgetown Drive NW

City Concord	State NC	Zip Code 28027
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Rowan Diagnostic Clinic	Occupation (for Individual) Rheumatologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2021

Transaction ID : 18604964

Amount of Each Receipt this Period
500.00

Memo Item

C. Breland, Hazel, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address MUSC College of Health Professions

City Charleston	State SC	Zip Code 29425-9620
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical University of South Carolina	Occupation (for Individual) Associate Professor
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2021

Transaction ID : 18626528

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	834.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Wells, Alvin, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4225 W. Oakwood Park Court
 City Franklin State WI Zip Code 53132
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Rheumatology and Immunotherapy Center Occupation (for Individual) Rheumatology Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 09 / 14 / 2021
Transaction ID : 18653961
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

Date of Receipt 09 / 19 / 2021
Transaction ID : 18655739
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Menzies, Victoria, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8668 SW 77th Ave
 City Gainesville State FL Zip Code 32608-8484
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) University of Florida Occupation (for Individual) Associate Professor
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 530.00

Date of Receipt 09 / 20 / 2021
Transaction ID : 18655776
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2020.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Snow, Marcus, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2521 Brookside Ave

City Omaha	State NE	Zip Code 68124
---------------	-------------	-------------------

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

Name of Employer (for Individual) University of Nebraska Medical Center	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2021

Transaction ID : 18655777

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 128 Medical Park Rd Suite 101

City Mooresville	State NC	Zip Code 28117
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Piedmont HealthCare	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2021

Transaction ID : 18655986

Amount of Each Receipt this Period
45.00

Memo Item

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

Mailing Address 562 Stone Villa Ln

City Knoxville	State TN	Zip Code 37934
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Blount Memorial Hospital	Occupation (for Individual) Attending
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2021

Transaction ID : 18656578

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Wallace, Zachary, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 291 Woodland Rd
 City Newton State MA Zip Code 02466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts General Hospital Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 23 / 2021
Transaction ID : 18656579
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Flood, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 751 Jaeger St
 City Columbus State OH Zip Code 43206-2272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbus Arthritis Center Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2021
Transaction ID : 18657352
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Gewanter, Harry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 E Cary St Apt 3102
 City Richmond State VA Zip Code 23223-7888
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Home Plus, Inc Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 28 / 2021
Transaction ID : 18657437
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Lawrence, Anna, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 Medical Ct. Blvd suite 290

City Lawrenceville	State GA	Zip Code 30046
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) North GA Rheumatology Group	Occupation (for Individual) Practice Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2021

Transaction ID : 18657643

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address University Drive C (111-U)

City Pittsburgh	State PA	Zip Code 15240
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Veterans Affairs Pittsburgh Healthcare	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2021

Transaction ID : 18657648

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 801 Amethyst St

City New Orleans	State LA	Zip Code 70124
---------------------	-------------	-------------------

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

Name of Employer (for Individual) The Rheumatology Group	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2021

Transaction ID : 18661180

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. McLain, David, , Dr, II
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2229 Cahaba Valley Drive

City Birmingham	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer (for Individual) McLain Medical Associates, P.C.	Occupation (for Individual) Symposium Director, Congress of Clinic
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2021

Transaction ID : 18661184

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 800 N. 1st Street

City Springfield	State IL	Zip Code 62702
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Springfield Clinic	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2021

Transaction ID : 18661670

Amount of Each Receipt this Period
250.00

Memo Item

c. Moeller, Garland, Radford, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4503 Gloucester Dr

City Trent Woods	State NC	Zip Code 28562
---------------------	-------------	-------------------

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

Name of Employer (for Individual) CarolinaEast Medical Center	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2021

Transaction ID : 18662077

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Myers, Amanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 Gregory Ave
 City Wilmette State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NorthShore University HealthSystem Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 07 / 2021
Transaction ID : 18671095
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Borenstein, David, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2021 K St NW Ste 300
 City Washington State DC Zip Code 20006-1012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Back In Control, Inc/ Arthritis and Rh Occupation (for Individual) Clinical Professor of Medicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 07 / 2021
Transaction ID : 18671152
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Busch, Stacey, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 217 E Lake Worth Ave
 City Lantana State FL Zip Code 33462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FAC Occupation (for Individual) Practice Manager, Research
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2021
Transaction ID : 18671548
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2450.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Malone, Daniel, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3437 Edgehill Pkwy

City Madison	State WI	Zip Code 53705-1450
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Columbus Community Hospital	Occupation (for Individual) Rheumatologist, MSK Ultrasonographer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2021

Transaction ID : 18671550

Amount of Each Receipt this Period
1000.00

Memo Item

B. Breland, Hazel, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address MUSC College of Health Professions

City Charleston	State SC	Zip Code 29425-9620
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical University of South Carolina	Occupation (for Individual) Associate Professor
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2021

Transaction ID : 18671553

Amount of Each Receipt this Period
84.00

Memo Item

C. Kenney, Howard, Mark, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 W 8th Ave Suite 6080

City Spokane	State WA	Zip Code 99204
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis Northwest	Occupation (for Individual) MD
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2021

Transaction ID : 18679896

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1584.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Menzies, Victoria, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8668 SW 77th Ave

City Gainesville	State FL	Zip Code 32608-8484
---------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Florida	Occupation (for Individual) Associate Professor
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2021

Transaction ID : 18708271

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address 4133 Fieldstone St

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

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

Name of Employer (for Individual) Fairfield Medical Center	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2021

Transaction ID : 18708272

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2521 Brookside Ave

City Omaha	State NE	Zip Code 68124
---------------	-------------	-------------------

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

Name of Employer (for Individual) University of Nebraska Medical Center	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2021

Transaction ID : 18708273

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	570.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Fahey, Sean, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 128 Medical Park Rd Suite 101

City Mooresville	State NC	Zip Code 28117
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Piedmont HealthCare	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2021

Transaction ID : 18708978

Amount of Each Receipt this Period
45.00

Memo Item

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

Mailing Address 12433 Ansin Circle Dr

City POTOMAC	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2021

Transaction ID : 18709073

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 562 Stone Villa Ln

City Knoxville	State TN	Zip Code 37934
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Blount Memorial Hospital	Occupation (for Individual) Attending
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2021

Transaction ID : 18709180

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	345.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Blumstein, Howard, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Oakland Hills Drive

City Mount Sinai	State NY	Zip Code 11766
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Rheumatology Associates of Long Island	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2021

Transaction ID : 18710041

Amount of Each Receipt this Period
140.00

Memo Item

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

Mailing Address 2600 E Cary St Apt 3102

City Richmond	State VA	Zip Code 23223-7888
------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical Home Plus, Inc	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2021

Transaction ID : 18710063

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 1255 SW Schaeffer Road

City West Linn	State OR	Zip Code 97068
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rheumatology Consultants of Oregon, LL	Occupation (for Individual) President, Rheumatology Consultants of
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2021

Transaction ID : 18710168

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	665.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Potter, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2730 University Blvd West #310
 City Wheaton State MD Zip Code 20902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis & Rheumatism Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2021
Transaction ID : 18710190
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Jones, Richard, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4280 Watermelon Rd Suite 112
 City Northport State AL Zip Code 35473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Assistant Professor of Medicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2021
Transaction ID : 18710191
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Houk, Richard, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 Gloucester Drive
 City Little Rock State AR Zip Code 72205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baptist Health Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2021
Transaction ID : 18710412
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Humphrey, Mary Beth, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 975 NE 10th St BRC256
 City Oklahoma City State OK Zip Code 73104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Oklahoma Health Sciences Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2021
Transaction ID : 18710418
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Buchoff, Howard, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 825 Douglas Ave
 City Altamonte Springs State FL Zip Code 32714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AdventHealth Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 02 / 2021
Transaction ID : 18710424
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Jones, Richard, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4280 Watermelon Rd Suite 112
 City Northport State AL Zip Code 35473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Assistant Professor of Medicine
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 02 / 2021
Transaction ID : 18710428
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1411 North Flagler Dr. Suite 5600

City West Palm Beach	State FL	Zip Code 33401
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Rheumatologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2021

Transaction ID : 18710442

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 6 Micole Ct

City Dix Hills	State NY	Zip Code 11746
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rheum Assoc of Long Island	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2021

Transaction ID : 18710898

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1500 Associates Dr

City Dubuque	State IA	Zip Code 52002-2260
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Medical Associates Clinic	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2021

Transaction ID : 18718060

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kumar, Bharat, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Hawkins Drive C42 GH
 City Iowa City State IA Zip Code 52242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Iowa Hospitals and Clini Occupation (for Individual) Clinical Assistant Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2021
Transaction ID : 18718064
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mund, Douglas, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 Maplewood Drive
 City Plainview State NY Zip Code 11803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ProHealthcare, Inc Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 03 / 2021
Transaction ID : 18725643
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Oza, Meera, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 Kingsley Ave
 City Orange Park State FL Zip Code 32073-5130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis & Osteoporosis Treatment Cen Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 11 / 04 / 2021
Transaction ID : 18725659
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2280.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Diiorio, Emma, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14995 SHADY GROVE ROAD STE 250

City ROCKVILLE	State MD	Zip Code 20850
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis & Rheumatism Associates	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2021

Transaction ID : 18732582

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 955 North Madison St.

City Arlington	State DC	Zip Code 22205
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2021

Transaction ID : 18732584

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 633 E 11th Avenue

City Eugene	State OR	Zip Code 97401
----------------	-------------	-------------------

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

Name of Employer (for Individual) William P. Maier, MD, PC	Occupation (for Individual) Administrator
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2021

Transaction ID : 18732590

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Bahce-Altuntas, Asena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 Pelham Pkwy S Bldg 1, 3 NORTH
 City Bronx State NY Zip Code 10461-1119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Albert Einstein College of Medicine Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 05 / 2021
Transaction ID : 18732729
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Ross, A. Silvia, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3101 John Humphries Wynd
 City Raleigh State NC Zip Code 27612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Triangle Arthritis & Rheumatology Asso Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 05 / 2021
Transaction ID : 18732757
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Ursani, Mohammad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 Manor Lake Estates Drive
 City Spring State TX Zip Code 77379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Millennium Physician Group Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 05 / 2021
Transaction ID : 18737685
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Myers, Amanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 Gregory Ave
 City Wilmette State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NorthShore University HealthSystem Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 07 / 2021
Transaction ID : 18739574
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Panthulu, Vedashree, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 938 Cypress Village Blvd Suite A
 City Sun City Center State FL Zip Code 33573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sunshine Rheumatology Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 11 / 07 / 2021
Transaction ID : 18739584
 Amount of Each Receipt this Period 1001.00
 Memo Item

C. Su, Tien-I Karleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12456 Washington Blvd
 City Whittier State CA Zip Code 90602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amicus Arthritis & Osteoporosis Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 07 / 2021
Transaction ID : 18739591
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3701.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hsu, Sheri, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 47110 Washington St. Suite 103

City La Quinta	State CA	Zip Code 92253
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) John F. Kennedy Memorial Hospital	Occupation (for Individual) Rheumatologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2021

Transaction ID : 18739593

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 143 Wilder Place

City Ames	State IA	Zip Code 50014
--------------	-------------	-------------------

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

Name of Employer (for Individual) McFarland Clinic	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2021

Transaction ID : 18739597

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2020 Santa Monica Blvd. Suite 540

City Santa Monica	State CA	Zip Code 90404
----------------------	-------------	-------------------

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

Name of Employer (for Individual) UCLA Medical Center	Occupation (for Individual) Rheumatology Fellow
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2021

Transaction ID : 18744419

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	810.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mihordin, Carrie, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5701 W 119th St, Suite 209

City Overland Park	State KS	Zip Code 66209
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Mid-America Rheumatology Consultants,	Occupation (for Individual) Rheumatologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2021

Transaction ID : 18745158

Amount of Each Receipt this Period
250.00

Memo Item

B. Breland, Hazel, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address MUSC College of Health Professions

City Charleston	State SC	Zip Code 29425-9620
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical University of South Carolina	Occupation (for Individual) Associate Professor
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2021

Transaction ID : 18745170

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 4519 Avebury Dr

City Plano	State TX	Zip Code 75024
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2021

Transaction ID : 18746846

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	834.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gaylis, Norman, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2801 NE 213th Street, Suite 801

City Aventura	State FL	Zip Code 33180
------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis & Rheumatic Disease Specialt	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		12		2021

Transaction ID : 18749812

Amount of Each Receipt this Period
100.00

Memo Item

B. Wright, Grace, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 345 E 37th St Suite 303C

City New York	State NY	Zip Code 10016-3256
------------------	-------------	------------------------

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

Name of Employer (for Individual) Grace C Wright MD PC	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		14		2021

Transaction ID : 18749882

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 471 N. Cleveland Massillon Rd

City Akron	State OH	Zip Code 44333
---------------	-------------	-------------------

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

Name of Employer (for Individual) Crystal Arthritis Center	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		14		2021

Transaction ID : 18750189

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Singer, Nora, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 Metrohealth Dr
 City Cleveland State OH Zip Code 44109-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The MetroHealth System Occupation (for Individual) Division Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 15 / 2021
Transaction ID : 18750206
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Brooks, Michael, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 10th St SE
 City Cedar Rapids State IA Zip Code 52403-2414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physicians Clinic of Iowa Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 16 / 2021
Transaction ID : 18750661
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Birnbaum, Belinda, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 825 Old Lancaster Road Ste 470
 City Bryn Mawr State PA Zip Code 19010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bryn Mawr Medical Specialists Associat Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 18 / 2021
Transaction ID : 18750968
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Menzies, Victoria, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8668 SW 77th Ave
 City Gainesville State FL Zip Code 32608-8484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Florida Occupation (for Individual) Associate Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 11 / 20 / 2021
Transaction ID : 18752124
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Snow, Marcus, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2521 Brookside Ave
 City Omaha State NE Zip Code 68124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Nebraska Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1550.00

Date of Receipt 11 / 20 / 2021
Transaction ID : 18752125
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Fahey, Sean, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 Medical Park Rd Suite 101
 City Mooresville State NC Zip Code 28117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Piedmont HealthCare Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 11 / 21 / 2021
Transaction ID : 18752138
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Epstein, Alan, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 822 Pine St Suite 3A

City Philadelphia	State PA	Zip Code 19107
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pennsylvania Hospital	Occupation (for Individual) Clinical Professor of Medicine
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2021

Transaction ID : 18752140

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2301 E Evesham Rd Paviollion 800,

City Voorhees	State NJ	Zip Code 08043-1559
------------------	-------------	------------------------

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

Name of Employer (for Individual) Arthritis Rheumatic and Back Disease A	Occupation (for Individual) Rheumatology
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2021

Transaction ID : 18752142

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 562 Stone Villa Ln

City Knoxville	State TN	Zip Code 37934
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blount Memorial Hospital	Occupation (for Individual) Attending
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2021

Transaction ID : 18752340

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Holers, V. Michael, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4825 E 1st Ave

City Denver	State CO	Zip Code 80220
----------------	-------------	-------------------

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

Name of Employer (for Individual) University of Colorado	Occupation (for Individual) Division Chief
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2021

Transaction ID : 18752341

Amount of Each Receipt this Period
75.00

Memo Item

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

Mailing Address 2723 Manning Ave

City Los Angeles	State CA	Zip Code 90064-4354
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Amicus Arthritis and Osteoporosis Cent	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2021

Transaction ID : 18768027

Amount of Each Receipt this Period
300.00

Memo Item

C. Thomas, Nicole, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2730 University Blvd W Ste 310

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

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

Name of Employer (for Individual) Arthritis & Rheumatism Associate	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2021

Transaction ID : 18768045

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	625.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gewanter, Harry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 E Cary St Apt 3102
 City Richmond State VA Zip Code 23223-7888
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Home Plus, Inc Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 18768072
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Matsumoto, Alan, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2730 University Blvd W Ste 310
 City Wheaton State MD Zip Code 20902-1990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis and Rheumatism Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 18768074
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Abelson, Abby, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9500 Euclid Ave # A50
 City Cleveland State OH Zip Code 44195-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Education Program Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 30 / 2021
Transaction ID : 18768270
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	575.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Koval, Robert, , , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4700 Seton Center Pkwy
Suite 200

City Austin State TX Zip Code 78759

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

Name of Employer (for Individual) University of Colorado Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2021
Transaction ID : 18768386

Amount of Each Receipt this Period 250.00

Memo Item

B. Bridges, S. Louis, , Dr., Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 535 E 70th Street

City New York State NY Zip Code 10021

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

Name of Employer (for Individual) University of Alabama at Birmingham Occupation (for Individual) Professor and Division Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 712.00

Date of Receipt 12 / 01 / 2021
Transaction ID : 18768925

Amount of Each Receipt this Period 412.00

Memo Item

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

Mailing Address Arthritis and Rheumatism Associate
Suite 310

City Wheaton State MD Zip Code 20902

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 01 / 2021
Transaction ID : 18768928

Amount of Each Receipt this Period 321.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	983.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Flood, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 751 Jaeger St
 City Columbus State OH Zip Code 43206-2272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbus Arthritis Center Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1230.00

Date of Receipt 12 / 01 / 2021
Transaction ID : 18768929
 Amount of Each Receipt this Period 230.00
 Memo Item

B. Echard, Steven, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4060 Wild Sonnet Trail
 City Peachtree Corners State GA Zip Code 30092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American College of Rheumatology Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 01 / 2021
Transaction ID : 18768951
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Sivaraman, Padmapriya, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8144 Walnut Hill Lane, Suite 800
 City Dallas State TX Zip Code 75231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheumatology Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 274.00

Date of Receipt 12 / 01 / 2021
Transaction ID : 18768964
 Amount of Each Receipt this Period 274.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1004.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Desir, Deborah, Dyett, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Zak Hill Dr.

City Woodbridge	State CT	Zip Code 06525
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Yale-New Haven Medical Center	Occupation (for Individual) Physician, Medical Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2321.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2021

Transaction ID : 18768966

Amount of Each Receipt this Period
321.00

Memo Item

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

Mailing Address 128 Medical Park Rd Suite 101

City Mooresville	State NC	Zip Code 28117
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Piedmont HealthCare	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
678.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2021

Transaction ID : 18768968

Amount of Each Receipt this Period
183.00

Memo Item

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

Mailing Address 128 Medical Park Rd Suite 101

City Mooresville	State NC	Zip Code 28117
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Piedmont HealthCare	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1178.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2021

Transaction ID : 18768970

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1004.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Syverson, Grant, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 415 8th Street South

City Fargo	State ND	Zip Code 58103
---------------	-------------	-------------------

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

Name of Employer (for Individual) Sanford Health	Occupation (for Individual) Pediatric Rheumatology
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
387.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2021

Transaction ID : 18768981

Amount of Each Receipt this Period
137.00

Memo Item

B. Libman, Bonita, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 Colchester Ave

City Burlington	State VT	Zip Code 05401-1473
--------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Vermont	Occupation (for Individual) Professor of Medicine
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2021

Transaction ID : 18768988

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 110 Erna Way

City Pismo Beach	State CA	Zip Code 93449
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3605.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2021

Transaction ID : 18768990

Amount of Each Receipt this Period
1605.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2042.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 OF 74
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Worthing, Angus, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5025 Sherier Place NW
 City Washington State DC Zip Code 20016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis & Rheumatism Associates, PC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2733.00

Date of Receipt 12 / 01 / 2021
Transaction ID : 18768992
 Amount of Each Receipt this Period 733.00
 Memo Item

B. Blumstein, Howard, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Oakland Hills Drive
 City Mount Sinai State NY Zip Code 11766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheumatology Associates of Long Island Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2018.00

Date of Receipt 12 / 01 / 2021
Transaction ID : 18768996
 Amount of Each Receipt this Period 518.00
 Memo Item

C. Huston, Kent Kwas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4440 Broadway
 City Kansas City State MO Zip Code 64111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kansas City Physician Partners Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 12 / 01 / 2021
Transaction ID : 18768998
 Amount of Each Receipt this Period 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1601.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. White, Patience, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7516 Arrowood Rd

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

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

Name of Employer (for Individual) Got Transition	Occupation (for Individual) Co-Director, Got Transition
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2021

Transaction ID : 18769000

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 104 Cross Creek Dr

City Chapel Hill	State NC	Zip Code 27514
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Duke University Medical Center/Duke Cl	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2021

Transaction ID : 18769002

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 8668 SW 77th Ave

City Gainesville	State FL	Zip Code 32608-8484
---------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Florida	Occupation (for Individual) Associate Professor
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
820.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2021

Transaction ID : 18769004

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Phillips, Christopher, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Kiana Ct. Suite B

City Paducah	State KY	Zip Code 42001
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Paducah Rheumatology	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2463.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2021

Transaction ID : 18769021

Amount of Each Receipt this Period
1463.00

Memo Item

B. Schulert, Grant, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2844 E. St. Charles Place

City Cincinnati	State OH	Zip Code 45208
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Cincinnati Children's Hospital Medical	Occupation (for Individual) Assistant Professor
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2021

Transaction ID : 18769031

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 3111 Gundersen Dr

City Onalaska	State WI	Zip Code 54650-8447
------------------	-------------	------------------------

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

Name of Employer (for Individual) Gundersen Health System	Occupation (for Individual) Rheumatologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2021

Transaction ID : 18769124

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2263.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Karp, David, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Rheumatic Diseases Division UT Sout

City Dallas	State TX	Zip Code 75390-8884
----------------	-------------	------------------------

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

Name of Employer (for Individual) UT Southwestern Medical Center	Occupation (for Individual) Professor and Chief
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1412.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2021

Transaction ID : 18769224

Amount of Each Receipt this Period
412.00

Memo Item

B. Mehta, Jay, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Rheumatology Children's Hospital o

City Philadelphia	State PA	Zip Code 19104
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Children's Hospital of Philadelphia	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2021

Transaction ID : 18769254

Amount of Each Receipt this Period
1000.00

Memo Item

C. Siegel, Evan, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14995 Shady Grove Road #250

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis and Rheumatism Associates, p	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2021

Transaction ID : 18769679

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2412.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Myers, Amanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 Gregory Ave
 City Wilmette State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NorthShore University HealthSystem Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2021
Transaction ID : 18769684
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Jacob, Ashok, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13006 Highgrove Rd
 City Highland State MD Zip Code 20777-9587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Annapolis Rheumatology Occupation (for Individual) Fellow
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2021
Transaction ID : 18769994
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Flint, Kathleen, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1711 St Julian Pl
 City Columbia State SC Zip Code 29204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Articularis Healthcare Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2021
Transaction ID : 18770002
 Amount of Each Receipt this Period
 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Berhanu, Adey, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5454 Wisconsin Ave, Suite 600

City Chevy Chase	State MD	Zip Code 20815
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis & Rheumatism Associates, PC	Occupation (for Individual) Rheumatologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2021

Transaction ID : 18770388

Amount of Each Receipt this Period
250.00

Memo Item

B. Breland, Hazel, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address MUSC College of Health Professions

City Charleston	State SC	Zip Code 29425-9620
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical University of South Carolina	Occupation (for Individual) Associate Professor
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2021

Transaction ID : 18772276

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 2600 E Cary St Apt 3102

City Richmond	State VA	Zip Code 23223-7888
------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical Home Plus, Inc	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
412.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2021

Transaction ID : 18792289

Amount of Each Receipt this Period
137.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	471.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Schnell, Amanda, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 539 Broadway Street

City Homewood	State AL	Zip Code 35209
------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Alabama at Birmingham	Occupation (for Individual) Fellow-In-Training
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2021

Transaction ID : 18792369

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 7C Coldbrooke South

City Lenox	State MA	Zip Code 01240
---------------	-------------	-------------------

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

Name of Employer (for Individual) Berkshire Medical Center	Occupation (for Individual) Adjunct Professor of Medicine
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
411.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2021

Transaction ID : 18792417

Amount of Each Receipt this Period
411.00

Memo Item

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

Mailing Address 800 Washington St Box 406

City Boston	State MA	Zip Code 02111
----------------	-------------	-------------------

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

Name of Employer (for Individual) Tufts Medical Center	Occupation (for Individual) Assoc. Professor of Medicine
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2021

Transaction ID : 18793791

Amount of Each Receipt this Period
700.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1361.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Weselman, Kelly, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6035 Riverwood Dr. NW

City Sandy Springs	State GA	Zip Code 30328
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Wellstar Health System	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2021

Transaction ID : 18797258

Amount of Each Receipt this Period
500.00

Memo Item

B. Slusher, Barbara, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2104 Kemper Dr

City League City	State TX	Zip Code 77573-4468
---------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Texas Medical Branch	Occupation (for Individual) Physician Assistant
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2021

Transaction ID : 18797275

Amount of Each Receipt this Period
500.00

Memo Item

C. Holers, V. Michael, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4825 E 1st Ave

City Denver	State CO	Zip Code 80220
----------------	-------------	-------------------

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

Name of Employer (for Individual) University of Colorado	Occupation (for Individual) Division Chief
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2021

Transaction ID : 18797281

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Saag, Kenneth, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4213 Kennesaw Drive

City Birmingham	State AL	Zip Code 35213
--------------------	-------------	-------------------

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

Name of Employer (for Individual) The University of Alabama at Birmingham	Occupation (for Individual) Professor of Medicine
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2021

Transaction ID : 18797284

Amount of Each Receipt this Period
500.00

Memo Item

B. Sharma, Anu, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6001 Montrose Rd Ste 702

City N Bethesda	State MD	Zip Code 20852-4873
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Center of Rheumatic Diseases	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2021

Transaction ID : 18797298

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 412 John Vineyards Ln

City New Castle	State DE	Zip Code 19720
--------------------	-------------	-------------------

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

Name of Employer (for Individual) GSK	Occupation (for Individual) Professor of Medicine
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2021

Transaction ID : 18804898

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Gravallesse, Ellen, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 65 Crafts Road

City Chestnut Hill	State MA	Zip Code 02467
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Brigham and Women's Hospital, Harvard	Occupation (for Individual) Chief, Division of Rheumatology, Infla
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
687.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2021

Transaction ID : 18805937

Amount of Each Receipt this Period
137.00

Memo Item

B. Cooper, Adam, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12272 Big Canoe

City Big Canoe	State GA	Zip Code 30143
-------------------	-------------	-------------------

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

Name of Employer (for Individual) American College of Rheumatology	Occupation (for Individual) Senior Director, Government Affairs
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2021

Transaction ID : 18805940

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 291 Woodland Rd

City Newton	State MA	Zip Code 02466
----------------	-------------	-------------------

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

Name of Employer (for Individual) Massachusetts General Hospital	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1333.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2021

Transaction ID : 18806667

Amount of Each Receipt this Period
733.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	970.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Vargo, Jill, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 288 Macon Ave Apt 307

City Asheville	State NC	Zip Code 28804-3833
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Asheville Arthritis and Osteoporosis C	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2021

Transaction ID : 18806676

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 2125 Valleygate Dr Suite 201

City Fayetteville	State NC	Zip Code 28304
----------------------	-------------	-------------------

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

Name of Employer (for Individual) LaFayette Clinic	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2021

Transaction ID : 18806690

Amount of Each Receipt this Period
1370.00

Memo Item

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

Mailing Address 8668 SW 77th Ave

City Gainesville	State FL	Zip Code 32608-8484
---------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Florida	Occupation (for Individual) Associate Professor
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2021

Transaction ID : 18806722

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3390.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Snow, Marcus, , Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2521 Brookside Ave

City Omaha	State NE	Zip Code 68124
---------------	-------------	-------------------

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

Name of Employer (for Individual) University of Nebraska Medical Center	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2021

Transaction ID : 18806723

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 128 Medical Park Rd Suite 101

City Mooresville	State NC	Zip Code 28117
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Piedmont HealthCare	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1223.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2021

Transaction ID : 18808721

Amount of Each Receipt this Period
45.00

Memo Item

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

Mailing Address 7600 France Ave S Suite 5100

City Edina	State MN	Zip Code 55435
---------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis & Rheumatology Consultants,	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2021

Transaction ID : 18809009

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	595.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Jones, Karla, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6630 Tantallon Sq

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

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

Name of Employer (for Individual) not applicable	Occupation (for Individual) Retired
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2021

Transaction ID : 18809151

Amount of Each Receipt this Period
350.00

Memo Item

B. Smith, Brett, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 562 Stone Villa Ln

City Knoxville	State TN	Zip Code 37934
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Blount Memorial Hospital	Occupation (for Individual) Attending
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2021

Transaction ID : 18809273

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 291 Woodland Rd

City Newton	State MA	Zip Code 02466
----------------	-------------	-------------------

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

Name of Employer (for Individual) Massachusetts General Hospital	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1533.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2021

Transaction ID : 18809274

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sarkissian, Aliese, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1042 Flagler Street
 City Durham State NC Zip Code 27713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNC-Chapel Hill Occupation (for Individual) Pediatric Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 12 / 25 / 2021
Transaction ID : 18809420
 Amount of Each Receipt this Period 18.00
 Memo Item

B. Gewanter, Harry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 E Cary St Apt 3102
 City Richmond State VA Zip Code 23223-7888
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Home Plus, Inc Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.00

Date of Receipt 12 / 28 / 2021
Transaction ID : 18809715
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Schulman, Paul, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 Middle Country Rd Suite 6
 City Smithtown State NY Zip Code 11787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheumatology Associates of Long Island Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 28 / 2021
Transaction ID : 18809933
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	293.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 68 OF 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Machua, Wambui, , ,

Mailing Address 1800 Howell Mill Rd
 Suite 500

City Atlanta State GA Zip Code 30318

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

Name of Employer (for Individual) Occupation (for Individual)
 Piedmont Hospital, Atlanta Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2021

Transaction ID : 18810707

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	79695.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Barragan For Congress		Date of Disbursement MM / DD / YYYY 09 / 15 / 2021
Mailing Address 1840 South Gaffey Street #421		FEC Identification Number C C00577353 Transaction ID : 18706916
City San Pedro	State CA	Zip Code 90731
Purpose of Disbursement Primary 2022 Contribution		Amount of Each Disbursement this Period 2500.00 Primary 2022 Contribution
Candidate Name Barragan, Nanette, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 44	Category/Type 011	

Full Name (Last, First, Middle Initial) B. Debbie Dingell For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2021
Mailing Address 19855 W. Outer Dr. Ste 103 Ae		FEC Identification Number C C00558213 Transaction ID : 18706917
City Dearborn	State MI	Zip Code 48124
Purpose of Disbursement Primary 2022 Contribution		Amount of Each Disbursement this Period 2500.00 Primary 2022 Contribution
Candidate Name Dingell, Debbie, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 12	Category/Type 011	

Full Name (Last, First, Middle Initial) C. Dr Kim Schrier For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2021
Mailing Address PO Box 2728		FEC Identification Number C C00652628 Transaction ID : 18706918
City Issaquah	State WA	Zip Code 98027
Purpose of Disbursement Primary 2022 Contribution		Amount of Each Disbursement this Period 5000.00 Primary 2022 Contribution
Candidate Name Schrier, Kim, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District: 08	Category/Type 011	

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

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

10000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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

Form A: Kinzinger For Congress. Includes fields for Name, Address, City (Ottawa), State (IL), Zip Code (61350), Purpose (Primary 2022 Contribution), Candidate Name (Kinzinger, Adam, Rep.), Office Sought (House), Disbursement For (2022 Primary), Date (09/20/2021), FEC ID (C00458877), Transaction ID (18706919), and Amount (1000.00).

Form B: Kuster For Congress, Inc. Includes fields for Name, Address, City (Concord), State (NH), Zip Code (03302), Purpose (Primary 2022 Contribution), Candidate Name (Kuster, Ann, Rep.), Office Sought (House), Disbursement For (2022 Primary), Date (09/20/2021), FEC ID (C00462861), Transaction ID (18706920), and Amount (2500.00).

Form C: Richard E Neal For Congress Committee. Includes fields for Name, Address, City (Springfield), State (MA), Zip Code (01108), Purpose (Primary 2022 Contribution), Candidate Name (Neal, Richard, Rep.), Office Sought (House), Disbursement For (2022 Primary), Date (09/20/2021), FEC ID (C00226522), Transaction ID (18706921), and Amount (5000.00).

SUBTOTAL of Disbursements This Page (optional) 8500.00
TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Terri Sewell For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2021

Mailing Address PO Box 1964

FEC Identification Number

C	C00458976
---	-----------

City Birmingham State AL Zip Code 35201

Transaction ID : 18706922

Purpose of Disbursement
Primary 2022 Contribution

011
Category/ Type

Amount of Each Disbursement this Period

5000.00

Candidate Name
Sewell, Terri, , Rep.,

Primary 2022 Contribution

Office Sought: House
 Senate
 President
State: AL District: 07

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)
B. Upton For All Of Us

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2021

Mailing Address P.O. Box 490

FEC Identification Number

C	C00200584
---	-----------

City St. Joseph State MI Zip Code 49085

Transaction ID : 18706923

Purpose of Disbursement
Primary 2022 Contribution

011
Category/ Type

Amount of Each Disbursement this Period

2500.00

Candidate Name
Upton, Frederick, , Rep.,

Primary 2022 Contribution

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For: 2022
 Primary General
 Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)
C. Mckinley For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2021

Mailing Address PO Box 642

FEC Identification Number

C	C00473132
---	-----------

City Morgantown State WV Zip Code 26507

Transaction ID : 18706924

Purpose of Disbursement
Primary 2022 Contribution

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name
McKinley, David, , Rep.,

Primary 2022 Contribution

Office Sought: House
 Senate
 President
State: WV District: 01

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Memo Item

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

8500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Wenstrup For Congress		Date of Disbursement MM / DD / YYYY 09 / 21 / 2021
Mailing Address PO Box 9551		FEC Identification Number C00497818 Transaction ID : 18706925
City Cincinnati	State OH	Zip Code 45209
Purpose of Disbursement Primary 2022 Contribution		011 Category/Type
Candidate Name Wenstrup, Brad, , Rep.,		Amount of Each Disbursement this Period 2500.00 Primary 2022 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 02	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Mckinley For Congress		Date of Disbursement MM / DD / YYYY 10 / 12 / 2021
Mailing Address PO Box 642		FEC Identification Number C00473132 Transaction ID : 18718285
City Morgantown	State WV	Zip Code 26507
Purpose of Disbursement Primary 2022 Contribution		011 Category/Type
Candidate Name McKinley, David, , Rep.,		Amount of Each Disbursement this Period 4000.00 Primary 2022 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV	District: 01	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Miller-Meeks For Congress		Date of Disbursement MM / DD / YYYY 10 / 12 / 2021
Mailing Address PO Box 33		FEC Identification Number C00558825 Transaction ID : 18718286
City Ottumwa	State IA	Zip Code 52501
Purpose of Disbursement Primary 2022 Contribution		011 Category/Type
Candidate Name Miller-Meeks, Mariannette, , Rep.,		Amount of Each Disbursement this Period 2500.00 Primary 2022 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA	District: 02	
<input type="checkbox"/> Memo Item		

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

9000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Miller-Meeks For Congress		Date of Disbursement MM / DD / YYYY 10 / 12 / 2021
Mailing Address PO Box 33		FEC Identification Number C00558825 Transaction ID : 18718287
City Ottumwa	State IA	Zip Code 52501
Purpose of Disbursement General 2022 Contribution		011 Category/ Type
Candidate Name Miller-Meeks, Mariannette, , Rep.,		Amount of Each Disbursement this Period 2500.00 General 2022 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IA	District: 02	

Full Name (Last, First, Middle Initial) B. Friends Of Rosa DeLauro		Date of Disbursement MM / DD / YYYY 11 / 17 / 2021
Mailing Address 12 Trumbull Street		FEC Identification Number C00238865 Transaction ID : 18769120
City New Haven	State CT	Zip Code 06511
Purpose of Disbursement Convention 2022 Contribution		011 Category/ Type
Candidate Name DeLauro, Rosa, , Rep.,		Amount of Each Disbursement this Period 5000.00 Convention 2022 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2022	<input type="checkbox"/> Memo Item
State: CT	District: 03	

Full Name (Last, First, Middle Initial) C. Kuster For Congress, Inc		Date of Disbursement MM / DD / YYYY 11 / 17 / 2021
Mailing Address PO Box 1498		FEC Identification Number C00462861 Transaction ID : 18769121
City Concord	State NH	Zip Code 03302
Purpose of Disbursement Primary 2022 Contribution		011 Category/ Type
Candidate Name Kuster, Ann, , Rep.,		Amount of Each Disbursement this Period 1000.00 Primary 2022 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NH	District: 02	

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

8500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Warnock For Georgia			Date of Disbursement MM / DD / YYYY 11 / 17 / 2021		
Mailing Address PO Box 991			FEC Identification Number C 000736876 Transaction ID : 18769122		
City Decatur	State GA	Zip Code 30031	Amount of Each Disbursement this Period 5000.00 Primary 2022 Contribution		
Purpose of Disbursement Primary 2022 Contribution		Category/Type 011	Memo Item <input type="checkbox"/>		
Candidate Name Warnock, Raphael, , Sen.,		Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District:				

Full Name (Last, First, Middle Initial) B. Guthrie For Congress			Date of Disbursement MM / DD / YYYY 12 / 22 / 2021		
Mailing Address PO Box 9639			FEC Identification Number C 000445023 Transaction ID : 18813600		
City Bowling Green	State KY	Zip Code 42102	Amount of Each Disbursement this Period 2500.00 Primary 2022 Contribution		
Purpose of Disbursement Primary 2022 Contribution		Category/Type 011	Memo Item <input type="checkbox"/>		
Candidate Name Guthrie, S., , Rep.,		Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 02				

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

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

7500.00

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

52000.00