

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="203910.59"/>	<input type="text" value="203910.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="185255.59"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="36227.41"/>	<input type="text" value="54334.81"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="221483.00"/>	<input type="text" value="258245.40"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16076.41"/>	<input type="text" value="52838.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="205406.59"/>	<input type="text" value="205406.59"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2016 To: M M / D D / Y Y Y Y 06 / 30 / 2016

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).....	29901.00	44901.00
(ii) Unitemized	1750.00	3095.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	31651.00	47996.00
(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)	31651.00	47996.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	4000.00	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	576.41	2338.81
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))..... ▶	36227.41	54334.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36227.41	54334.81

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	50500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	576.41	2338.81
30. Federal Election Activity (2 U.S.C. §431(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)) ..	16076.41	52838.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16076.41	52838.81

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	31651.00	47996.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31651.00	47996.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Sharad Lakhanpal
Full Name (Last, First, Middle Initial)

Mailing Address 5320 Royal Lane

City Dallas State TX Zip Code 75229

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

Name of Employer Rheumatology Associates Occupation Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
04 / 06 / 2016
Transaction ID : 13981945

Amount of Each Receipt this Period
2000.00

Memo Item

B. Gwenesta B Melton
Full Name (Last, First, Middle Initial)

Mailing Address 443 Harlow Dr

City LaFayetteville State NC Zip Code 28314

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

Name of Employer LaFayetteville Clinic Occupation Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
04 / 06 / 2016
Transaction ID : 13997075

Amount of Each Receipt this Period
2000.00

Memo Item

C. Dr. Dannette Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 2500 N State St

City Jackson State MS Zip Code 39216

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

Name of Employer University of MS Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
04 / 11 / 2016
Transaction ID : 13997077

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00

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 26
	<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. Purani Palaniswami
Full Name (Last, First, Middle Initial)

Mailing Address 7351 Chamberlain Ave

City St. Louis State MO Zip Code 63130

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

Name of Employer St. Louis University Occupation Rheumatology Fellow

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
 04 / 12 / 2016
Transaction ID : 13997080

Amount of Each Receipt this Period
 250.00

Memo Item

B. Chris Morris
Full Name (Last, First, Middle Initial)

Mailing Address 3 Sheridan Square

City Kingsport State TN Zip Code 37660

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

Name of Employer Arthritis Associates Occupation 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
 04 / 12 / 2016
Transaction ID : 13997081

Amount of Each Receipt this Period
 500.00

Memo Item

C. Angus Worthing MD
Full Name (Last, First, Middle Initial)

Mailing Address 5530 Wisconsin Ave #1150

City Chevy Chase State MD Zip Code 20815

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

Name of Employer Arthritis and Rheumatism Associates, P Occupation 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
 04 / 12 / 2016
Transaction ID : 13997082

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
	<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. Ellison Smith
Full Name (Last, First, Middle Initial)

Mailing Address 445 Biltmore Center, Suite 306

City Asheville	State NC	Zip Code 28801
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FEC ID number of contributing federal political committee. **C**

Name of Employer Asheville Arthritis	Occupation 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
04	/	18	/	2016

Transaction ID : 14022422

Amount of Each Receipt this Period

2000.00

 Memo Item

B. William Harvey
Full Name (Last, First, Middle Initial)

Mailing Address 33 Worcester Square #4

City Boston	State MA	Zip Code 02118
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FEC ID number of contributing federal political committee. **C**

Name of Employer Tufts Medical Center	Occupation 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
04	/	27	/	2016

Transaction ID : 14030686

Amount of Each Receipt this Period

2000.00

 Memo Item

C. Chad Deal
Full Name (Last, First, Middle Initial)

Mailing Address 21099 Colby Rd

City Shaker Heights	State OH	Zip Code 44122
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FEC ID number of contributing federal political committee. **C**

Name of Employer Cleveland Clinic	Occupation 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
04	/	28	/	2016

Transaction ID : 14031218

Amount of Each Receipt this Period

250.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4250.00
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 26
<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. Deborah D. Desir MD
Full Name (Last, First, Middle Initial)

Mailing Address 3018 Dixwell Ave.

City Hamden	State CT	Zip Code 06518
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FEC ID number of contributing federal political committee. **C**

Name of Employer Arthritis and Osteoporosis PC	Occupation 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
04	/	28	/	2016

Transaction ID : 14031219

Amount of Each Receipt this Period
250.00

Memo Item

B. Lisa Lowery
Full Name (Last, First, Middle Initial)

Mailing Address 4 Lexington Rd

City Little Rock	State AR	Zip Code 72227-2936
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FEC ID number of contributing federal political committee. **C**

Name of Employer Little Rock Diagnostic Clinic	Occupation 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
04	/	29	/	2016

Transaction ID : 14031220

Amount of Each Receipt this Period
250.00

Memo Item

c. David R Karp
Full Name (Last, First, Middle Initial)

Mailing Address 5323 Harry Hines Blvd.

City Dallas	State TX	Zip Code 75390
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FEC ID number of contributing federal political committee. **C**

Name of Employer University of Texas	Occupation Professor and Chief, Rheumatic Disease
---	--

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
04	/	30	/	2016

Transaction ID : 14035448

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: PAGE 11 OF 26
(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)

Full Name (Last, First, Middle Initial)
A. V. Michael Holers
 Mailing Address 1775 Aurora Ct.
 City Aurora State CO Zip Code 80045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Colorado School of Medic Occupation Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2016
Transaction ID : 14035449
 Amount of Each Receipt this Period 250.00
 Memo Item

Full Name (Last, First, Middle Initial)
B. Henry B Townsend
 Mailing Address 2145 Highland Ave South Ste 200
 City Birmingham State AL Zip Code 35205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rheumatology Associates PC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2016
Transaction ID : 14047972
 Amount of Each Receipt this Period 250.00
 Memo Item

Full Name (Last, First, Middle Initial)
C. Dr. Ruy Carrasco
 Mailing Address 2105 Antone St.
 City Austin State TX Zip Code 78723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dell Children's Medical Center Occupation Pediatric Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 09 / 2016
Transaction ID : 14047974
 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 12 OF 26
<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. James Engelbrecht
Full Name (Last, First, Middle Initial)

Mailing Address 4281 Rosemary Lane

City State Zip Code
Rapid City SD 57702

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

Name of Employer Occupation
Black Hills Orth and Spine Cen Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2016

Transaction ID : 14047975

Amount of Each Receipt this Period
250.00

Memo Item

B. Dr. Stephanie J. Ott
Full Name (Last, First, Middle Initial)

Mailing Address 4133 Fieldstone Street

City State Zip Code
Carroll OH 43112

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

Name of Employer Occupation
Fairfield Medical Ctr physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2016

Transaction ID : 14047976

Amount of Each Receipt this Period
500.00

Memo Item

C. David Goddard
Full Name (Last, First, Middle Initial)

Mailing Address 186 Joralemon Street

City State Zip Code
Brooklyn NY 11201

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

Name of Employer Occupation
YU Medical Williamsburg Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2016

Transaction ID : 14047978

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 13 OF 26
	<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. Edward Herzig
Full Name (Last, First, Middle Initial)

Mailing Address 2121 Alpine Place
Apt. 703

City Cincinnati State OH Zip Code 45206-3612

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

Name of Employer Herzig Krall Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
05 / 11 / 2016
Transaction ID : 14051927

Amount of Each Receipt this Period
1000.00

Memo Item

B. Howard Blumstein
Full Name (Last, First, Middle Initial)

Mailing Address Rheumatology Associates of Long Is
315 Middle Country Rd

City Smithtown State NY Zip Code 11787

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

Name of Employer Rheum Associates of Long Island Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 11 / 2016
Transaction ID : 14051930

Amount of Each Receipt this Period
500.00

Memo Item

C. Dr. Anne R Bass
Full Name (Last, First, Middle Initial)

Mailing Address 535 E 70th St

City New York State NY Zip Code 10021-4823

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

Name of Employer Hospital for Special Surgery Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 12 / 2016
Transaction ID : 14051933

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 26
	<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. Katherine S Upchurch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Belmont St.
 City Worcester State MA Zip Code 01605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMass Memorial Medical Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 14053714
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. Dr. Zsuzsanna McMahan
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 Overbrook Rd.
 City Baltimore State MD Zip Code 21212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Johns Hopkins Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 13 / 2016**
Transaction ID : 14053904
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Bruce Cronstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 First Avenue MSB255
 City New York State NY Zip Code 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYU School of Medicine Occupation Physician/Professor of Medicine
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 13 / 2016**
Transaction ID : 14053906
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 26
(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. Dr. Paula Marchetta
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 Park Ave
 City New York State NY Zip Code 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2016
Transaction ID : 14054068
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Roy C Sampson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2784 N. Brookbury Crossing
 City Fayetteville State AR Zip Code 72703-4386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington Regional Internal Medicine Occupation Physician - Rheumatologis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2016
Transaction ID : 14054071
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Joanne Jordan
 Full Name (Last, First, Middle Initial)
 Mailing Address 3615 Windy Hill Rd
 City Chapel Hill State NC Zip Code 27514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of North Carolina Occupation Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2016
Transaction ID : 14054072
 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 16 OF 26
	<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	<input type="checkbox"/> 17

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

A. Timothy Laing
Full Name (Last, First, Middle Initial)
Mailing Address 5522 Warren Road
City Ann Arbor State MI Zip Code 48105
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Michigan Occupation MD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 05 / 17 / 2016
Transaction ID : 14080392
Amount of Each Receipt this Period 4000.00
 Memo Item

B. Abby Abelson
Full Name (Last, First, Middle Initial)
Mailing Address 19000 South Woodland Rd
City Shaker Hills State OH Zip Code 44122
FEC ID number of contributing federal political committee. **C**
Name of Employer Cleveland Clinic Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt 05 / 17 / 2016
Transaction ID : 14080393
Amount of Each Receipt this Period 400.00
 Memo Item

C. Eric Matteson
Full Name (Last, First, Middle Initial)
Mailing Address 1752 Walden LN SW
City Rochester State MN Zip Code 55902
FEC ID number of contributing federal political committee. **C**
Name of Employer Mayo Clinic Occupation MD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 17 / 2016
Transaction ID : 14080394
Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4650.00
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 26
	<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. Douglas W White
Full Name (Last, First, Middle Initial)

Mailing Address 3111 Gundersen Dr

City	State	Zip Code
Onalaska	WI	54650

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

Name of Employer	Occupation
Onalaska Clinic	Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
501.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2016

Transaction ID : 14097160

Amount of Each Receipt this Period
501.00

Memo Item

Chk 4011

B. Robert Koval
Full Name (Last, First, Middle Initial)

Mailing Address 3701 Josh Lane

City	State	Zip Code
Austin	TX	78730

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

Name of Employer	Occupation
Texas Orthopedics	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
04	/	21	/	2016

Transaction ID : 14121300

Amount of Each Receipt this Period
250.00

Memo Item

c. Roy C Sampson
Full Name (Last, First, Middle Initial)

Mailing Address 2784 N. Brookbury Crossing

City	State	Zip Code
Fayetteville	AR	72703-4386

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

Name of Employer	Occupation
Washington Regional Internal Medicine	Physician - Rheumatologis

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
06	/	19	/	2016

Transaction ID : 14157621

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1001.00
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 26
	<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. Raphael Kieval
Full Name (Last, First, Middle Initial)

Mailing Address 1351 Main St

City State Zip Code
Brockton MA 02301

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

Name of Employer Occupation
Rheumatology Consultants, PC rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 20 / 2016
Transaction ID : 14157856

Amount of Each Receipt this Period
250.00

Memo Item

B. Jeffrey Lawson
Full Name (Last, First, Middle Initial)

Mailing Address 20 Crescent Ave

City State Zip Code
Greenville SC 29605

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

Name of Employer Occupation
Piedmont Arthritis Center Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
06 / 21 / 2016
Transaction ID : 14158765

Amount of Each Receipt this Period
2000.00

Memo Item

Chk #0886

C. Jeffrey D Lieberman M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2712 n. Dectaur Rd.

City State Zip Code
Decatur GA 30033

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

Name of Employer Occupation
DeKalb Medical Specialty Center Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 21 / 2016
Transaction ID : 14158771

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Joseph P. Lemmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 5342 Doe Run Rd.
 City Poanoke State VA Zip Code 24018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lewis-Gale Phys. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 24 / 2016**
Transaction ID : 14161762
 Amount of Each Receipt this Period **500.00**
 Memo Item
 Chk # 10046

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

Date of Receipt **06 / 28 / 2016**
Transaction ID : 14162796
 Amount of Each Receipt this Period **250.00**
 Memo Item

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	29901.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. American College of Rheumatology

Mailing Address 2200 Lake Boulevard NE

City Atlanta State GA Zip Code 30319

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1915.93

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2016
Transaction ID : 14008048

Amount of Each Receipt this Period
153.53

Memo Item

March bank fees

Full Name (Last, First, Middle Initial)
B. American College of Rheumatology

Mailing Address 2200 Lake Boulevard NE

City Atlanta State GA Zip Code 30319

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2005.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2016
Transaction ID : 14091110

Amount of Each Receipt this Period
89.39

Memo Item

Full Name (Last, First, Middle Initial)
C. American College of Rheumatology

Mailing Address 2200 Lake Boulevard NE

City Atlanta State GA Zip Code 30319

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2338.81

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016
Transaction ID : 14181273

Amount of Each Receipt this Period
333.49

Memo Item

May 2016 Bank Fees

SUBTOTAL of Receipts This Page (optional).....	576.41
TOTAL This Period (last page this line number only).....	576.41

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

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

FOR LINE NUMBER: PAGE 21 OF 26
(check only one)

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

A. Price For Congress
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 425
City Roswell State GA Zip Code 30077
FEC ID number of contributing federal political committee. **C** C00386755
Name of Employer Occupation
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 14 / 2016
Transaction ID : 14219911
Amount of Each Receipt this Period
4000.00
 Memo Item
Un-cashed refund

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
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 (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
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).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	4000.00

**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"/> 24	<input type="checkbox"/> 25	<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. Texans For Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street
Suite 200

City Laredo State TX Zip Code 78042

Purpose of Disbursement
Chk 432

011
Category/
Type

Candidate Name

Rep. Henry Cuellar

Office Sought: House
 Senate
 President
State: TX District: 28

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 13976153

Amount of Each Disbursement this Period

Memo Item
Chk 432

Full Name (Last, First, Middle Initial)

B. Hoyer For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
434

011
Category/
Type

Candidate Name

Rep. Steny Hoyer

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 14044312

Amount of Each Disbursement this Period

Memo Item
434

Full Name (Last, First, Middle Initial)

C. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
433

011
Category/
Type

Candidate Name

Rep. Gene Green

Office Sought: House
 Senate
 President
State: TX District: 29

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 14044313

Amount of Each Disbursement this Period

Memo Item
433

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

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"/> 24	<input type="checkbox"/> 25	<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. Dr. Matt Heinz For Arizona		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address P.O. Box 57698		Transaction ID : 14087732
City Tucson	State AZ	
Purpose of Disbursement Chk #435	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 2500.00
Candidate Name Matthew Heinz	Category/ Type	<input type="checkbox"/> Memo Item Chk #435
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District: 02		

Full Name (Last, First, Middle Initial) B. Friends Of John Thune		Date of Disbursement MM / DD / YYYY 06 / 07 / 2016
Mailing Address PO Box 841		Transaction ID : 14097158
City Sioux Falls	State SD	
Purpose of Disbursement Chk 436	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Sen. John Thune	Category/ Type	<input type="checkbox"/> Memo Item Chk 436
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD District:		

Full Name (Last, First, Middle Initial) C. Butterfield For Congress		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address PO Box 2571		Transaction ID : 14163969
City Wilson	State NC	
Purpose of Disbursement Chk # 439	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 1500.00
Candidate Name Rep. George Butterfield	Category/ Type	<input type="checkbox"/> Memo Item Chk # 439
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 01		

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Chk #442

011

Candidate Name

Rep. Renee Ellmers RN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Special-Primary2016**

State: NC District: 02

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2016

Transaction ID : 14168055

Amount of Each Disbursement this Period

1000.00

Memo Item
Chk #442

Full Name (Last, First, Middle Initial)

B. Volunteers For Shimkus

Mailing Address P.O. Box 661
PO Box 5458

City Collinsville State IL Zip Code 62234

Purpose of Disbursement
Chk #443

011

Candidate Name

Rep. John Shimkus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **General**

State: IL District: 19

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2016

Transaction ID : 14168056

Amount of Each Disbursement this Period

2500.00

Memo Item
Chk #443

Full Name (Last, First, Middle Initial)

C. Fleming For Congress

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058

Purpose of Disbursement
Chk #440

011

Candidate Name

Rep. John Fleming MD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **General**

State: LA District: 04

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2016

Transaction ID : 14168057

Amount of Each Disbursement this Period

1000.00

Memo Item
Chk #440

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

4500.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends Of Rosa DeLauro

Mailing Address 12 Trumbull Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement
Chk #441

011

Category/
Type

Candidate Name

Rep. Rosa DeLauro

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : 14168058

Amount of Each Disbursement this Period

1000.00

Memo Item
Chk #441

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

1000.00

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

15500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 14020132

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Chk #093454

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 14091109

Amount of Each Disbursement this Period

Memo Item
Chk #093454

Full Name (Last, First, Middle Initial)

C. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 14189061

Amount of Each Disbursement this Period

Memo Item

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

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