| FEC FORM 3X | AN | PORT O ID DISBU Other Than Ar | IRSEM | ENTS | ee | | Office Use Only | |
|---|---|--|----------------------|---------------------------------|---------------------|---------------|--------------------------|---|
| 1. NAME OF COMMITTEE (in f | | FEC MAILING LA | =// | ample:If typing er the lines | , type | | | |
| | of Rheumatology | y (RheumPAC) | | | | | | |
| ADDRESS (number and | street) | 200 Lake Boulevarc | NE _ _ _ | | | | | |
| Check if differ than previousl reported. (AC | У ГА | tlanta | | | | GA L | 30319 | - |
| 2. FEC IDENTIFICAT | TION NUMBER | ▼ | CITY 🛋 | | 5 | STATE | ZIPCOI | DE 🔺 |
| C00432823 | | | 3. IS THIS REPORT | | NEW N) OR | AM (A) | IENDED | |
| X October Quarterly January Quarterly January Quarterly July 31 M Report(N Year Onl | orts: r Report(Q1) r Report(Q2) 15 r Report(Q3) 31 r Report(YE) Aid-Year lon-election | (b) Monthly Report Due On: (c) 12-Day PRE -Elect Report for (d) 30-Day Post -Elec Report for | the: | | 12C) | Sep | 2S) in the State o | Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) |
| (TER) | | | Election on | | | | in the State o | f |
| 5. Covering Period | 07 | 01 201 | 0 | through | 09 | 30 | 2010 | |
| I certify that I have exan Type or Print Name of T | | t and to the best of Fred Dietz | my knowledge | and belief it is | true, correct a | and complete. | | |
| Signature of Treasurer | Electronically | / Filed by Fred D | ietz | | Da | ate 10 | 14 | 2010 |
| NOTE : Submission of | false, erroneous | , or incomplete info | rmation may su | bject the pers | on signing this | Report to the | penalties of 2 U.S | S.C 437g. |
| Office Use Only | | | | | | | FEC FOR (Rev. 12/20 | |

Image# 10931436600

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 23

| | Write or Type Committee Name American College of Rheumatology (Rheum | nPAC) | |
|-----|--|-------------------------|-----------------------------------|
| | Report Covering the Period: From: | 0 1 0 1 0 1 | To: |
| | _ | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. | (a) Cash on Hand January 1 2010 Y Y | | 89718.72 |
| | (b) Cash on Hand at Begining of Reporting Period | 102336.00 |] |
| | (c) Total Receipts (from Line 19) | 15195.85 | 51326.85 |
| | (d) Subtotal (add lines 6(b) and | | |
| | 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 117531.85 | 141045.57 |
| 7. | Total Disbursements (from Line 31) | 23518.35 | 47032.07 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 94013.50 | 94013.50 |
| 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 | |

X 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

FE6AN026

Image# 10931436601

DETAILED SUMMARY PAGE OF RECEIPTS

| FEC Form 3X (Rev. 06/2004) | | 3 / 23 |
|--|-------------------------------|--|
| Write or Type Committee Name American College of Rheumatology (Rhe | umPAC) | |
| Report Covering the Period: From: | | To: 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| Contributions (other than loans) From: (a) Individuals/Persons Other | | |
| (i) Itemized (use Schedule A) | 12100.00 | 40000.00 |
| (ii) Unitemized | 2874.00 | 9108.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) P | 14974.00 | 49108.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines | 0.00 | 0.00 |
| 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 14974.00 | 49108.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| Loan Repayments Received Offsets To Operating Expenditures | 0.00 | 0.00 |
| (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made | 0.00 | 0.00 |
| to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 221.85 | 2218.85 |
| 8. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 15195.85 | 51326.85 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 15195.85 | 51326.85 |

FE6AN026

Image# 10931436602

DETAILED SUMMARY PAGE

| FEC Form 3X (Rev. 02/2003) | | 4 / 23 |
|---|-------------------------------|-----------------------------------|
| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| 21. Operating Expenditures: (a) Shared Federal/Non-Federal | | |
| Activity (from Schedule H4) | 0.00 | 0.00 |
| (i) Federal Share | | 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 | | 0.00 |
| Committees 23. Contributions to | 0.00 | 0.00 |
| Federal Candidates/Committees and Other Political Committees | 23000.00 | 45000.00 |
| and Other Political Committees | 2000.00 | 43000.00 |
| (use Schedule E) | 0.00 | 0.00 |
| Coordinated Expenditures Made by Party | | |
| Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| | 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 | 125.00 | 125.00 |
| | | |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | 0.00 | 0.00 |
| (such as PACs) (d) Total Contribution Refunds | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶ | 125.00 | 125.00 |
| (add Linos 20(a), (b), and (b)) | | |
| 29. Other Disbursements | 393.35 | 1907.07 |
| | | |
| Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity | | |
| (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| () | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely | 0.00 | 0.00 |
| With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add | 0.00 | 0.00 |
| Lines 30(a)(i), 30(a)(ii) and 30(b)) | | |
| T. D | | |
| 31. Total Disbursements (add Lines 21(c), 22, | 00510.05 | 47020.07 |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 23518.35 | 47032.07 |
| 32. Total Federal Disbursements | | |
| Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| from Line 31) | 23518.35 | 47032.07 |
| | | |

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DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbursements

5 / 23

| | 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) | 14974.00 | 49108.00 |
| 34. | Total Contribution Refunds (from Line 28(d)) | 125.00 | 125.00 |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33) | 14849.00 | 48983.00 |
| 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 |

FE6AN026

| I | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and 3 | Statements may | Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers | FOR LINE NUMBER: PAGE 6 / 23 (check only one) 11a 11a 11b 11c 12 13 14 15 16 X 17 on for the purpose of soliciting contributions |
|------------|--|-------------------------------|--|--|
| A . | or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) American College of Rheumatology (Full Name (Last, First, Middle Initial) American College of Rheumatology Mailing Address 2200 Lake Boulevard | RheumPAC) | dress of any political committee to | Date of Receipt |
| | City Atlanta FEC ID number of contributing federal political committee. Name of Employer | State GA C Occupatio | Zip Code 30319 | 07 19 2010 Transaction ID: 9282524 Amount of Each Receipt this Period 127.82 |
| - | Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) | Aggregate | PYear-to-Date ▼ 2124.82 | |
| Β. | American College of Rheumatology Mailing Address 2200 Lake Boulevard City Atlanta FEC ID number of contributing federal political committee. Name of Employer | NE State GA C | Zip Code 30319 | Date of Receipt M M M / D D / Y Y Y Y Transaction ID: 9489463 Amount of Each Receipt this Period 94.03 |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2218.85 |] |

| SUBTOTAL of Receipts This Page (optional) | ► | | | 221.85 |
|---|---|--|--|--------|
| TOTAL This Period (last page this line number only) | ► | | | 221.85 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Statements may | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 23 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions remetides remetides 17 |
|----|--|-------------------------|---|--|
| | NAME OF COMMITTEE (In Full) American College of Rheumatology (| | | |
| Α. | Full Name (Last, First, Middle Initial) Allan H Morton Mailing Address 30101 Hoover | | | Date of Receipt |
| | City | State | Zip Code | Transaction ID: 9282534 |
| | Warren | MI | 48093 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Allan H Morton, D.O.P.C. | Occupation physiciar | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date 500.00 |] |
| в. | Full Name (Last, First, Middle Initial) Gloria Higgins Mailing Address 2202 Bryden Rd. | | | Date of Receipt |
| | <u></u> | 0 1 1 | | 07 21 2010 |
| | City | State | Zip Code | Transaction ID: 9293110 |
| | Columbus FEC ID number of contributing federal political committee. | ОН | 43209 | Amount of Each Receipt this Period 350.00 |
| | Name of Employer Ohio State University and Pediatric Ac | Occupation physiciar | 1 | _ |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 350.00 |] |
| с. | Full Name (Last, First, Middle Initial) Joseph Aaron Markenson | | | Date of Receipt |
| | Mailing Address 35 Suffolk Lane | | | 07 27 2010 |
| | City | State | Zip Code | Transaction ID: 9315288 |
| | Tenafly | NJ | 07670 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Hospital for Special Surg- ery Process For | Occupation Physician | n | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 300.00 |] |
| | SUBTOTAL of Receipts This Page (optional) . | | | 950.00 |
| | TOTAL This Period (last page this line numbe | r only) | | |

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|--------|---|---|------------------------------------|---|--|--|
| SC | CHEDULE A (FEC Form 3X) | Use separate sc | hedule(s) | FOR LINE NUMBER: PAGE 8 / 23 (check only one) | | |
| IT | EMIZED RECEIPTS | for each categor | y of the | \overline{X} 11a $\overline{1}$ 11b $\overline{1}$ 11c $\overline{1}$ 12 | | |
| | | Detailed Summa | ry Page | 13 14 15 16 17 | | |
| An | y information copied from such Reports and S for commercial purposes, other than using the | atements may not be sold or used name and address of any political | by any person f committee to sc | for the purpose of soliciting contributions | | |
| | NAME OF COMMITTEE (In Full) | | | | | |
| | American College of Rheumatology (R | heumPAC) | | | | |
| A. | Full Name (Last, First, Middle Initial) David Fox | Date of Receipt | | | | |
| | Mailing Address 200 Barton N. Dr | | | M M / D D Y | | |
| | City | State Zip Code | | Transaction ID: 9315401 | | |
| | Ann Arbor | MI 48105 | | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | |
| | Name of Employer University of Michigan | Occupation Physician | | | | |
| | Receipt For: | Aggregate Year-to-Date ▼ | | | | |
| | Primary General | | 250.00 | | | |
| | Other (specify) v | | 250.00 | | | |
| 3. | Full Name (Last, First, Middle Initial) William Palmer | | | Date of Receipt | | |
| | Mailing Address 9016 Harney | | | M M / D D / Y | | |
| | City | State Zip Code | | Transaction ID: 9315402 | | |
| | <u>Omaha</u> | NE 68114 | | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | 8 | 1000.00 | | |
| | Name of Employer Westroads Medical Group | Occupation Rheumatologist | | | | |
| | Receipt For: | Aggregate Year-to-Date V | | | | |
| | Primary General Other (specify) ▼ | 1 | 000.00 | | | |
|). | Full Name (Last, First, Middle Initial) Dr. Deborah Doud Fehringer | | | Date of Receipt | | |
| | Mailing Address 121 N. 251st Street | | | M M / D D / Y Y Y Y 07 30 2010 | | |
| | City | State Zip Code | | Transaction ID: 9317612 | | |
| | <u>Omaha</u> | NE 68069 | | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | 8 | 250.00 | | |
| | Name of Employer Nebraska Orthopedic Hospi- tal | Occupation Rheumatologist/Physiciar | 1 | | | |
| | Receipt For: | Aggregate Year-to-Date V | | | | |
| | Primary General Other (specify) ▼ | | 250.00 | | | |
| 6 | UBTOTAL of Receipts This Page (optional) | | | 1500.00 | | |
| | CETCTAL OF RECEIPTS THIS Fage (Optional) | | | | | |
| т | OTAL This Period (last page this line number | only) | ► | | | |

| SCHEDULE A (FEC Form | | FOR LINE NUMBER: PAGE 9 / 23 (check only one) |
|--|--|---|
| ITEMIZED RECEIPTS | for each category of the | X 11a 11b 11c 12 |
| | Detailed Summary Page | |
| Any information copied from such Report | s and Statements may not be sold or used by any person sing the name and address of any political committee to s | for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) | | |
| American College of Rheumatol | \log_{10} (PhoumPAC) | |
| American College of Rheumator | | |
| Full Name (Last, First, Middle Initial) Edward Fudman | | Date of Receipt |
| Mailing Address 1301 W 38th Str Suite 702 | reet | M M / D D / Y |
| City | State Zip Code | Transaction ID: 9387508 |
| Austin | TX 78705 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 150.00 |
| Name of Employer self | Occupation | - |
| Receipt For: | physician | - |
| Primary General | Aggregate Year-to-Date | |
| Other (specify) ▼ | 250.00 | |
| Full Name (Last, First, Middle Initial) Audrey Nelson | I | Date of Receipt |
| Mailing Address 2105 Valkyrie D | r. NW | 08 13 2010 |
| City | State Zip Code | Transaction ID: 9402479 |
| Rochester | MN 55901 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Mayo Clinic Retired | Occupation Physician | |
| Receipt For: | Aggregate Year-to-Date V | - |
| Primary General | | |
| Other (specify) | 450.00 | |
| Full Name (Last, First, Middle Initial) James Engelbrecht | | Date of Receipt |
| Mailing Address 4281 Rosemary | Lane | 07 23 2010 |
| | | 2010 |
| City | State Zip Code | Transaction ID: 9408324 |
| | State Zip Code SD 57702 | |
| City | • | Transaction ID: 9408324 |
| City <u>Rapid City</u> FEC ID number of contributing federal political committee. Name of Employer Black Hills Orth and Spine | SD 57702 C Occupation | Transaction ID: 9408324 Amount of Each Receipt this Period |
| City <u>Rapid City</u> FEC ID number of contributing federal political committee. Name of Employer Black Hills Orth and Spine <u>Cen</u> | SD 57702 C Occupation Physician | Transaction ID: 9408324 Amount of Each Receipt this Period |
| City <u>Rapid City</u> FEC ID number of contributing federal political committee. Name of Employer Black Hills Orth and Spine | SD 57702 C Occupation Physician Aggregate Year-to-Date | Transaction ID: 9408324 Amount of Each Receipt this Period |
| City <u>Rapid City</u> FEC ID number of contributing federal political committee. Name of Employer Black Hills Orth and Spine <u>Cen</u> Receipt For: | SD 57702 C Occupation Physician | Transaction ID: 9408324 Amount of Each Receipt this Period |
| City <u>Rapid City</u> FEC ID number of contributing federal political committee. Name of Employer Black Hills Orth and Spine <u>Cen</u> Receipt For: Primary General Other (specify) ▼ | SD 57702 C Occupation Physician Aggregate Year-to-Date | Transaction ID: 9408324 Amount of Each Receipt this Period |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | 3X) Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 23 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 |
|---|---|---|
| Any information copied from such Reports or for commercial purposes, other than usi | and Statements may not be sold or used by any persor ng the name and address of any political committee to s | n for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) American College of Rheumatolo | gy (RheumPAC) | |
| Full Name (Last, First, Middle Initial) Eileen Moynihan | | Date of Receipt |
| Mailing Address 1304 Maple Ave | | M · M / D · D / Y · Y · Y · Y Y · Y · Y Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y · Y · |
| City | State Zip Code | Transaction ID: 9411241 |
| Haddon Heights | NJ 08035 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Information Requested | Occupation Information Requested | |
| Receipt For: | Aggregate Year-to-Date ▼ | 1 |
| Primary General Other (specify) ▼ | 500.00 | |
| Full Name (Last, First, Middle Initial) Angela Bourg | | Date of Receipt |
| Mailing Address 15414 Victory Hil | I Court | 0 8 / D D / Y Y Y Y 0 8 2 4 2 0 1 0 |
| City | State Zip Code | Transaction ID: 9411242 |
| Baton Rouge | LA 70810 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | 500.00 |
| Name of Employer Baton Rogue Clinic | Occupation Rheumatologist | |
| Receipt For: | Aggregate Year-to-Date 🔻 | |
| Other (specify) | 500.00 | |
| Full Name (Last, First, Middle Initial) Charles King | | Date of Receipt |
| Mailing Address 179 Edgewater C | V | 07 26 YYYY 2010 |
| City | State Zip Code | Transaction ID: 9413965 |
| Belden | MS 38826-9145 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer NMMCI | Occupation Physician | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | 1500.00 |
| | umber only) | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | for e Deta | e separate schedule(s) each category of the ailed Summary Page | FOR LINE NUMBER: PAGE 11 / 23 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|---|--|--|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be name and address of | e sold or used by any perso f any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | American College of Rheumatology (R | (neumPAC) | | |
| , A. | Full Name (Last, First, Middle Initial) Amanda Kay Myers | Date of Receipt | | |
| | Mailing Address 9000 Waukegan Road | | | M M / D D / Y Y Y Y 08 31 2010 |
| | City | | p Code | Transaction ID: 9423680 |
| | Morton Grove | IL 60 | 0053 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Illinois Bone & Joint | Occupation Rheumatologis | it | |
| | Receipt For: | Aggregate Year-te | | |
| | Primary General Other (specify) ▼ | | 250.00 | |
| В. | Full Name (Last, First, Middle Initial) Gerald Eisenberg | 1 | | Date of Receipt |
| | Mailing Address 2003 Old Briar Road | | | 08 / 0 · · · · · · · · · · · · · · · · · · |
| | City | | p Code | Transaction ID: 9423681 |
| | Highland Park | | 0035 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | 1000.00 |
| | Name of Employer Illinois Bone and Joint Instit | Occupation Physician | | |
| | Receipt For: | Aggregate Year-te | o-Date 🔻 | |
| | Primary General Other (specify) Image: Content of the specify of the specify of the specify of the specify of the specific of the speci | | 1000.00 | |
| C. | Full Name (Last, First, Middle Initial) William Arnold | 1 | | Date of Receipt |
| | Mailing Address 751 Michigan Ave | | | 08 / 0 · · · · · · · · · · · · · · · · · · |
| | City Wilmotto | | p Code | Transaction ID: 9423682 |
| | <u>Wilmette</u> | | 0091 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Illinois Bone and Joint Inst | Occupation Physician | | |
| | Receipt For: | Aggregate Year-te | o-Date 🔻 | |
| | Primary General Other (specify) ▼ | | 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | b | 1500.00 |
| | TOTAL This Period (last page this line number | | - | |

| SCHEDULE A (FEC Form | | FOR LINE NUMBER: PAGE 12 / 23 (check only one) |
|---|--|--|
| ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | $\begin{array}{c c} \hline X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 11 \\ \hline 16 \\ \hline 11 \\ \hline 11 \\ \hline 16 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 12 \\ \hline 16 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 12 \\ \hline 16 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 12 \\ \hline 11 \\ \hline 12 \\ \hline 13 \\ \hline 14 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 12 \\ \hline 11 \\ 11 \\ \hline 11$ |
| Any information copied from such Report or for commercial purposes, other than u | ts and Statements may not be sold or used by any person sing the name and address of any political committee to s | n for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) | | |
| American College of Rheumato | logy (RheumPAC) | |
| Full Name (Last, First, Middle Initial) Patrick Schuette | | Date of Receipt |
| Mailing Address 1334 West Arth | ur | 0 8 / D D / Y Y Y Y 0 8 3 1 2 0 1 0 |
| City | State Zip Code | Transaction ID: 9423683 |
| Chicago | IL 60626 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Ullinois Bone and Joint Inst | Occupation Physician | |
| Receipt For: | Aggregate Year-to-Date ▼ | - |
| Other (specify) ▼ | 1000.00 | |
| Full Name (Last, First, Middle Initial) Mary Moran | I | Date of Receipt |
| Mailing Address 1152 Scott | | M M / D D / Y |
| City | State Zip Code | Transaction ID: 9423684 |
| Winnetka | IL 60093 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Illinois Bone & Joint Inst | Occupation Physician | |
| | Aggregate Year-to-Date 🔻 | |
| Primary General Other (specify) ▼ | 500.00 | |
| Full Name (Last, First, Middle Initial) Stuart Kassan | | Date of Receipt |
| Mailing Address 9940 E Progress | s Cir | M M / D D / Y Y Y Y 09 01 2010 |
| City | State Zip Code | Transaction ID: 9423685 |
| Greenwood Village | CO 80111 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Self-Employed | Occupation Physician |] |
| | Aggregate Year-to-Date 🔻 | |
| Primary General Other (specify) ▼ | 500.00 | |
| SUBTOTAL of Receipts This Page (ont | tional) | 2000.00 |
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| ITEMIZED RECEIPTS | te schedule(s) FOR LINE NUMBER: PAGE 13/23 tegory of the (check only one) mmary Page X 11a 11b 11c 12 used by any person for the purpose of soliciting contributions 16 17 litical committee to solicit contributions from such committee. 10 10 17 |
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| Any information copied from such Reports and Statements may not be sold or | tegory of the mmary Page X 11a 11b 11c 12 used by any person for the purpose of soliciting contributions |
| Any information copied from such Reports and Statements may not be sold or | used by any person for the purpose of soliciting contributions |
| Any information copied from such Reports and Statements may not be sold or or for commercial purposes, other than using the name and address of any po | used by any person for the purpose of soliciting contributions |
| | |
| NAME OF COMMITTEE (In Full) | |
| American College of Rheumatology (RheumPAC) | |
| Full Name (Last, First, Middle Initial) A. Erin Arnold | Date of Receipt |
| Mailing Address 1331 Greenwood | |
| City State Zip Code | Transaction ID: 9423686 |
| Wilmette IL 60091 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | 1000.00 |
| Name of Employer Occupation Illinois Bone and Joint Physician | |
| Receipt For: Aggregate Year-to-Date | ▼ |
| Primary General Other (specify) ▼ | 1000.00 |
| Full Name (Last, First, Middle Initial) B. Ami Kurani Kothari, MD | Date of Receipt |
| Mailing Address 41 E. 8th St. Apt. 1003 | M · M / D · D Y Y · Y < |
| City State Zip Code | Transaction ID: 9426051 |
| Chicago IL 60605-23 | 69 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | 500.00 |
| Name of Employer Occupation Illinois Bone and Joint Rheumatologist | |
| Receipt For: Aggregate Year-to-Date | ▼ |
| Primary General | |
| Other (specify) | 500.00 |
| Full Name (Last, First, Middle Initial) C. Herbert Baraf | Date of Receipt |
| Mailing Address 2730 University Blvd W Ste 310 | M M / D D / Y Y Y Y 09 20 2010 |
| City State Zip Code | Transaction ID: 9500849 |
| Wheaton MD 20902 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | 1000.00 |
| Name of Employer Occupation Arthritis & Rheumatism As- sociates P.C. physician | |
| sociates, P.C privsician Receipt For: Aggregate Year-to-Date | ▼ |
| Primary General | |
| Other (specify) | 1000.00 |
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| C | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 14/23 |
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| | NAME OF COMMITTEE (In Full) | | | |
| | American College of Rheumatology (F | RheumPAC) | | |
| × م. | Full Name (Last, First, Middle Initial) Kathleen Price | | | Date of Receipt |
| | Mailing Address 6410 Waterway Drive | | | M M / D D / Y |
| | City | State | Zip Code | Transaction ID: 9501681 |
| | Falls Church1 | VA | 22044 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer | Occupatio physicia | | |
| | Receipt For: | 1 1 | e Year-to-Date 🔻 | - |
| | Primary General | | 250.00 | 1 |
| | Other (specify) v | 0 0 | 230.00 | |
| B | Full Name (Last, First, Middle Initial) Arnaldo Torres, MD | • | | Date of Receipt |
| | Mailing Address 6711 38th Ave N. | | | M M / D D / Y |
| | City | State | Zip Code | Transaction ID: 9502005 |
| | St. Petersburg | FL | 33710-1536 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer St. Petersburg Arthritis Center | Occupatio Physicia | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 0 0 | 250.00 |] |
| ;. | Full Name (Last, First, Middle Initial) H. Malin Prupas, MD | | | Date of Receipt |
| - | Mailing Address 80 Giroux Street | | | M M / D D / Y Y Y Y 09 20 2010 |
| | City | State | Zip Code | Transaction ID: 9502008 |
| | Reno | NV | 89502 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Arthritis Center of Reno | Occupatio Physicia | | 7 |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General Other (specify) | 0 0 | 250.00 |] |
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| | | |
| American College of Rheumatol | ogy (RheumPAC) | |
| Full Name (Last, First, Middle Initial) Steven Wees | | Date of Receipt |
| Mailing Address 16120 W. Dodg | e Ro | M M / D D Y |
| City | State Zip Code | Transaction ID: 9502009 |
| Omaha | NE 08118 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Physicians Clinic | Occupation Rheumatologist | |
| Receipt For: | Aggregate Year-to-Date V | 1 |
| Primary General Other (specify) ▼ | 250.00 | |
| Full Name (Last, First, Middle Initial) Elizabeth Tindall | | Date of Receipt |
| Mailing Address 1255 SW Schae | ffer Rd | M M / D D / Y |
| City | State Zip Code | Transaction ID: 9507865 |
| West Linn | OR 97068 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Self | Occupation Physician | |
| Receipt For: | Aggregate Year-to-Date ▼ | _ |
| Primary General Other (specify) ▼ | 500.00 | |
| Full Name (Last, First, Middle Initial) Deneen C. Dicarlo, MD | | Date of Receipt |
| Mailing Address 220 S Palisades | Drive #101 | 07 / ^D D / <u>Y</u> Y Y Y 27 2010 |
| City | State Zip Code | Transaction ID: 9576689 |
| Santa Maria | CA 93444 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 0.00 |
| Name of Employer | Occupation Rheumatologist | 1 |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0.00 | Refund(s) on Schedule B Totaling \$25.00 This chan- ges the YTD Total to \$0.00 |
| SUBTOTAL of Respire This Page (and | ional) | 750.00 |
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| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 16 / 23 (check only one) 11c X 11a 11b 11c 12 13 14 15 16 17 | | |
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| | Any information copied from such Reports and Si or for commercial purposes, other than using the | tatements may name and ad | y not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. | | |
| ľ | NAME OF COMMITTEE (In Full) | | | | | |
| | American College of Rheumatology (R | heumPAC) | | | | |
| A. | Full Name (Last, First, Middle Initial) George W. Kunkel, M.D. | | | Date of Receipt | | |
| | Mailing Address | | | M M / D D / Y | | |
| | City | State | Zip Code | Transaction ID: 9576690 | | |
| | | | | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 0.00 | | |
| | Name of Employer East Shore Medical Center | me of Employer Occupation st Shore Medical Center Physician | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 100.00 | [MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This cha- nges the YTD Total to \$10- 0.00 | | |

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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | | FOR LINE NUMBER: P | | | PAGE | 17/2 | 23 | | | |
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| TEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | ′ | (ch | 21b 27 | / one) 22 28a | | 23 28b | 24 28 | 。 - | 25 29 | |
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| r for commercial purposes, other than using the nam | ne and address of any politica | l com | mitt | ee to so | licit contr | ibuti | ons fro | om such | ו com | mittee | |
| NAME OF COMMITTEE (In Full) American College of Rheumatology (Rheu | umPAC) | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | 9279 | 9702 | | |
| Georgians For Isakson | Georgians For Isakson | | | | | | sburse | D / | Y | y y | Y |
| Mailing Address Post Office Box 250116 | | | | | 0 ^M 7 | M / | 1 | 5 | 2 | žo i o | |
| City Atlanta | State Zip Code GA 30325 | | | | Amou | nt of | Each | Disbur | semei | nt this F | Peric |
| Purpose of Disbursement | | | - | - | | | | | 10 | 00.00 | |
| July 18 event in Atlanta Candidate Name | | | 011 | | | | | | | | |
| Sen. Johnny Isakson | | | atego Type | | | | | | | | |
| X Senate President | ement For: 2009 Primary X General Other (specify) ▼ | L | - | | July 1 | 8 e\ | vent i | n Atlar | nta | | |
| State: GA District: | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Matheson For Congress | | | | | Date | of Di | sburse | | | | X |
| Mailing Address P O Box 521048 Suite A | | | | | 0 ^M 7 | M / | □2 | 27 | Ý 2 | žo i o | Ý |
| City Salt Lake City | StateZip CodeUT84152 | | | | Amou | Amount of Each Disbursement this Pe | | | | | |
| Purpose of Disbursement July 29 event in Washington, DC Candidate Name | | | | | L. | | | | 15 | 500.00 | |
| Candidate Name Rep. James Matheson | n | | | | | | | | | | |
| Office Sought: X House Disburs Senate President State: UT District: 02 | ement For: 2009 Primary X General Other (specify) ▼ | - | | | July 2 on, D | :9 e\ C | vent i | n Was | hingt | t- | |
| Full Name (Last, First, Middle Initial) Friends Of John Barrow | | | | | | | on ID: sburse | : 9315 ement | 5102 | | |
| Mailing Address PO Box 8166 | | | | | 0 ^M 7 | M / | □2 | 27 | Y 2 | žoło | Y |
| City Savannah | State Zip Code GA 31412 | | | | Amou | nt of | Each | Disbur | semei | nt this F | Peric |
| Purpose of Disbursement July 28 event in Washington, DC | | | 011 | | | | | | 1(| 00.00 | |
| Candidate Name Rep. John Barrow | ory/ ə | | | | | | | | | | |
| Office Sought: X House Disburs Senate President State: GA District: 12 | ement For: 2009 Primary X General Other (specify) ▼ | I | | | July 2 on, D | | vent i | n Was | hingt | t- | |
| SUBTOTAL of Disbursements This Page (optional) | | | | • | | | | | 35 | 00.00 | |
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| TEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | | 21b 27 | 22 28a | X | 23 28b | F | 24 28c | | 25 29 | \square |
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| r for commercial purposes, other than using the nam | e and address of any political | l com | mitt | ee to so | licit contr | ibuti | ons fr | om | such o | comr | nittee | |
| NAME OF COMMITTEE (In Full) American College of Rheumatology (Rheumatology) | mPAC) | | | | | | | | | | | |
| American College of Aneumatology (Aneu | IIIFAO) | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Friends Of Joe Pitts | | | | | | | on ID sburs | | 93151 ent | 03 | | |
| Mailing Address PO Box 775 | | | | | 0 ^M 7 | М | D 2 | 27 | / ` | ž | οìα |) Y |
| City Unionville | State Zip Code PA 19375 | | | | Amou | int o | f Each | ו Dis | sburse | | | |
| Purpose of Disbursement July 28 event in Washington, DC | | | | | | | | | | 10 | 00.00 |) |
| Candidate Name Rep. Joseph Pitts | | Ca | 011 ateg Type | ory/ | | | | | | | | |
| Office Sought: X House Disburs Senate President State: PA District: 16 | ement For: 2009 Primary X General Other (specify) ▼ | | | | July 2 on, D | 28 e C | venti | in V | Vashi | ngt- | | |
| Full Name (Last, First, Middle Initial) | | | | | Trans | acti | on ID | | 93151 | 04 | | |
| Friends Of Barbara Boxer | | | | | | | sburs | | | 0- | | |
| Mailing Address PO Box 641751 | | | | | 0 ^M 7 | М | D 2 | 2 [⊅] | / | 2 2 | 0 ľ (|) |
| City Los Angeles | State Zip Code CA 90064 | | | | Amount of Each Disburs | | | | | | | |
| Purpose of Disbursement July 28 event in Washington, DC Candidate Name | | | | | | | | | | 25 | 00.00 |) |
| Candidate Name Sen. Barbara Boxer | e aloget j | | | | | | | | | | | |
| Office Sought: House Disburs X Senate President State: CA District: | ement For: 2009 Primary X General Other (specify) ▼ | | | | July 2 on, D | 28 e C | vent i | in V | Washi | ngt- | | |
| Full Name (Last, First, Middle Initial) | | | | | Trans | acti | on ID | | 94872 | 40 | | |
| Pete Sessions For Congress | | | | | Date | | sburs | eme | ent | | Y | Y |
| Mailing Address PO Box 823047 | | | | | 0 9 | | 0 | 8 | | 2 | 0 ľ (|) |
| City Dallas | StateZip CodeTX75382 | | | | Amou | int o | f Each | ו Di | sburse | men | t this I | Perio |
| Purpose of Disbursement September 11 Event in Dallas | | | 011 | | L. | | | | | 10 | 00.00 |) |
| Candidate Name Rep. Pete Sessions | | | ateg Type | | | | | | | | | |
| Office Sought: X House Disburs Senate President State: TX District: 32 | ement For: 2009 Primary X General Other (specify) ▼ | | | | Septe las | emb | er 11 | Εv | ent ir | ı Da | - | |
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| NAME OF COMMITTEE (In Full) | | I COM | mu | ee to so | | nbut | | | SUCH | | muee | |
| American College of Rheumatology (Rheu | ImPAC) | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Whitfield For Congress Committee | | | | | - | of D | i on ID isburs | eme | | | | |
| Mailing Address P.O. Box 391 | | | | | 0 9 | М | / D | 1 [⊅] | / Y | Ž | ΟľΟ |) ^Y |
| City Hopkinsville | StateZip CodeKY42241 | _ | | | Amou | unt o | f Each | ו Dis | burse | - | | |
| Purpose of Disbursement Event September 22 in DC | | | 011 | | L. | | | | | 20 | 00.00 |) |
| Candidate Name Rep. Edward Whitfield | | | tego Type | | | | | | | | | |
| Office Sought: X House Disburs Senate President State: KY District: 01 | ement For: 2009 Primary X General Other (specify) ▼ | | | | Even | t Se | ptem | ber | 22 in | I DC | ; | |
| Full Name (Last, First, Middle Initial) | | | | | Tran | sacti | ion ID |): Q | 4985 | 13 | | |
| Levin For Congress | | | | | Date | | isburs | - | | | 0 ľ C | Y |
| Mailing Address PO Box 37 | | | | | 09 | | | 17 | | .2 | 010 |) |
| City Roseville | State Zip Code MI 48066 | | | | Amou | unt o | f Each | ו Dis | burse | - | | |
| Purpose of Disbursement Event September 21 | | 011 | | L. | | | | | 20 | 00.00 | | |
| Candidate Name Rep. Sander Levin | | | tego Type | | | | | | | | | |
| Office Sought: X House Disburs Senate President State: MI District: 12 | ement For: 2009 Primary X General Other (specify) ▼ | | | | Even | t Se | ptem | ber | 21 | | | |
| Full Name (Last, First, Middle Initial) | | | | | Trans | sacti | ion ID | : 9 | 4985 | 14 | | |
| Charles A. Gonzalez Congressional Camp | baign | | | | | of D | isburs | - | | | o Y | Y |
| Mailing Address PO Box 12612 | | | | | | | | | | | οἰc | |
| City San Antonio | StateZip CodeTX78212 | | | | Amou | unt o | f Each | n Dis | burse | - | | |
| Purpose of Disbursement Event September 21 in DC | | | 011 | | L. | | | | | 25 | 00.00 | |
| Candidate Name Rep. Charles Gonzalez | | | tego Type | | | | | | | | | |
| Office Sought: X House Disburs Senate President State: TX District: 20 | ement For: 2009 Primary X General Other (specify) ▼ | | | | Even | t Se | ptem | ber | 21 in | DC | ; | |
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| TEMIZED DISBURSEMEN | ITS | for each c | ategory of the Summary Page | | | 21b 27 | 22 28a | X | 23 28b | \square | 24 28c | П | 25 29 | |
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| NAME OF COMMITTEE (In Full) | ing the name | and addres | is of any political | COL | IIIIII | ee to so | licit cont | nbut | | oms | | comm | nillee | |
| American College of Rheumatol | ogy (Rheun | nPAC) | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress | inc. | | | | | | | of D | i on ID isburs | eme | | | | |
| Mailing Address PO Box 68218 | 5 | | | | | | 0 9 | М | / D | 2 ^D 7 | / Y | 2 2 | οľο |) |
| City Franklin | | State TN | Zip Code 37068 | | | | Amou | unt o | f Each | n Disl | burse | - | | - |
| Purpose of Disbursement Event September 22 in DC | | | | | 01 ⁻ | 1 | L. | | | | | 20 | 00.00 | |
| Candidate Name Rep. Marsha Blackburn | | | | С | ateg Typ | | | | | | | | | |
| Office Sought: X House Senate President State: TN District: 07 | | nent For: Primary Other (spe | 2009 X General cify) ▼ | | | | Even | t Se | ptem | ber | 22 in | n DC | ; | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | ion ID | - | | 86 | | |
| Volunteers For Shimkus | | | | | | | Date of Disbursement | | | γ γ | Y | Y | | |
| Mailing Address P.O. Box 661 PO Box 5458 | | | | | | | 0 9 | | | 27 | | 2 | οìο |) |
| City Collinsville | | State L | Zip Code 62234 | | | | Amount of Each Disbursement this Peri | | | | | | | |
| Purpose of Disbursement September 28 event in DC | | | 01 | | 2000 | | | 00.00 | | | | | | |
| Candidate Name Rep. John Shimkus | Category/ Type | | | | | | | | | | | | | |
| Office Sought: X House Senate President State: IL District: 19 | | nent For: Primary Other (spe | 2009 X General cify) ▼ | | | | Septe | emb | er 28 | eve | ent in | DC | | |
| Full Name (Last, First, Middle Initial) Rogers For Congress | | | | | | | | | i on ID isburs | - | | 87 | | |
| Mailing Address PO Box 581 Post Office Bo | x 581 | | | | | | ^м 9 | М | / 2 | 2 ^D 7 | / Y | ź | οìο |) Y |
| City Brighton | S | State VI | Zip Code 48116 | | | | Amou | unt o | f Each | n Disl | burse | - | | |
| Purpose of Disbursement September 29 event in DC | | | | | 01 ⁻ | 1 | L. | | | | | 20 | 00.00 | |
| Candidate Name Rep. Michael Rogers | Category/ Type | | | | | - | | | | | | | | |
| Office Sought: X House Senate President State: MI District: 08 | | nent For: Primary Other (spec | 2009 X General cify) ▼ | | | | Septe | emb | er 29 | eve | ent in | DC | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| | American College of Rheumatology (Rhe | eumPAC) | | | | | | | | |
| . – | Full Name (Last, First, Middle Initial) | | | Transaction ID: 95 | 508189 | | | | | |
| Α. | Mike Ross For Congress Committee | | | Date of Disbursemen | it | | | | | |
| | Mailing Address PO Box 360 | | | | | | | | | |
| | City Prescott | State Zip Code AR 71857 | | Amount of Each Disb | | | | | | |
| | Purpose of Disbursement September 29 event in DC | | 011 | 2000.00 | | | | | | |
| | Candidate Name Rep. Michael Ross | | Category/ Type | | | | | | | |
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| | Senate President | Primary X General Other (specify) ▼ | | | | | | | | |
| | State: AR District: 04 | | | | | | | | | |

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| r for commercial purposes, other than using the name | e and address of any political co | ommittee | e to so | icit contril | butions | from su | ich cor | nmittee | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | |
| American College of Rheumatology (Rheu | IIPAC) | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | Transa | action II | D : 94 | 13967 | 7 | |
| SunTrust Bank Charges | | | | Date of | f Disbur | sement | | | |
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| | State Zip Code | | | Amour | nt of Eac | h Disb | ursem | ent this | Perio |
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| Senate | Primary General | | | July Cr | euit ca | iu iee | 5 | | |
| President | Other (specify) | | | | | | | | |
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| Full Name (Last, First, Middle Initial) SunTrust Bank Charges | | | | | action II f Disbur | - | | 7 | |
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| Mailing Address PO Box 622227 | | | | 07 | | 01 | L. | ž01 | 0 |
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| Senate | Primary General | | | June C | | | 55 | | |
| President | Other (specify) | | | | | | | | |
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| SunTrust Bank Charges | | | | | action II f Disbur | | - | 2 | |
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| August credit card fees Candidate Name | | 001 Categor | · / | | | | | | |
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| 6AN026 | | | | FEC | Sched | ule B (| Form | 3X) (Re | evised |

| | S | CHEDULE B (FEC Form 3 | BX) | Use separate schedule(s) | | | | FOR LINE NUMBER: (check only one) | | | | | PAGE 23/23 | | | | | | |
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| | | y Information copied from such Reports a for commercial purposes, other than usin | | | | | | | | | | | | | | | | | |
| | \rangle | NAME OF COMMITTEE (In Full) American College of Rheumatolog | gy (Rheum | PAC) | | | | | | | | | | | | | | | |
| Α. | | Full Name (Last, First, Middle Initial) SunTrust Bank Charges Mailing Address PO Box 622227 | | | | | | | | Trans Date of 0^{M} | of Di | sburse | | 57621 nt / Y | Č | 0 ¹ 0 | Y | | |
| | | City Orlando | | tate L | Zip Code 32862-2 | 227 | | | _ | Amou | nt of | Each | Dis | bursen | - | this P 93.65 | | d | |
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| | | Candidate Name | | | | | Cateo Typ | gory/ be | | | | | | | | | | | |
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| FE6AN026 | | FEC Schedule B (Form 3X) (Revised 02/2003) |