

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2010 through 09 30 2010

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

Signature of Treasurer Electronically Filed by Fred Dietz Date 10 14 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American College of Rheumatology (RheumPAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		89718.72
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning 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									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	12100.00	40000.00
(ii) Unitemized	2874.00	9108.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14974.00	49108.00
(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)	14974.00	49108.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	221.85	2218.85
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 Transfer (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))	15195.85	51326.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15195.85	51326.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)		
(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.....	23000.00	45000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	125.00	125.00
(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))	125.00	125.00
29. Other Disbursements.....	393.35	1907.07
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	23518.35	47032.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23518.35	47032.07

DETAILED SUMMARY PAGE
of Disbursements

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 23
	(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 type="checkbox"/> 16
<input checked="" type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) American College of Rheumatology		Date of Receipt
	Mailing Address 2200 Lake Boulevard NE		<input type="text" value="07"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Atlanta	GA	30319
	FEC ID number of contributing federal political committee.		Transaction ID: 9282524
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="2124.82"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) American College of Rheumatology		Date of Receipt
	Mailing Address 2200 Lake Boulevard NE		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Atlanta	GA	30319
	FEC ID number of contributing federal political committee.		Transaction ID: 9489463
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="2218.85"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="221.85"/>
TOTAL This Period (last page this line number only)	<input type="text" value="221.85"/>

**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 / 23
	<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.	Full Name (Last, First, Middle Initial) Allan H Morton		Date of Receipt
	Mailing Address 30101 Hoover		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 16 / 2010
	City	State	Zip Code
	Warren	MI	48093
	FEC ID number of contributing federal political committee. C		Transaction ID: 9282534
Name of Employer Allan H Morton, D.O.P.C.		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	500.00

B.	Full Name (Last, First, Middle Initial) Gloria Higgins		Date of Receipt
	Mailing Address 2202 Bryden Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 21 / 2010
	City	State	Zip Code
	Columbus	OH	43209
	FEC ID number of contributing federal political committee. C		Transaction ID: 9293110
Name of Employer Ohio State University and Pediatric Ac		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	350.00

C.	Full Name (Last, First, Middle Initial) Joseph Aaron Markenson		Date of Receipt
	Mailing Address 35 Suffolk Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 27 / 2010
	City	State	Zip Code
	Tenafly	NJ	07670
	FEC ID number of contributing federal political committee. C		Transaction ID: 9315288
Name of Employer Hospital for Special Surgery		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 23

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
David Fox

Mailing Address 200 Barton N. Dr

City State Zip Code
Ann Arbor MI 48105

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

Name of Employer Occupation
University of Michigan Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2010

Transaction ID: 9315401

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
William Palmer

Mailing Address 9016 Harney

City State Zip Code
Omaha NE 68114

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

Name of Employer Occupation
Westroads Medical Group Rheumatologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2010

Transaction ID: 9315402

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Deborah Doud Fehring

Mailing Address 121 N. 251st Street

City State Zip Code
Omaha NE 68069

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

Name of Employer Occupation
Nebraska Orthopedic Hospital Rheumatologist/Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2010

Transaction ID: 9317612

Amount of Each Receipt this Period
250.00

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 9 / 23
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Edward Fudman		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	0		2	0	1	0													
Mailing Address 1301 W 38th Street Suite 702		Transaction ID: 9387508																				
City Austin	State TX	Zip Code 78705																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"><tr><td>150.00</td></tr></table>	150.00																			
150.00																						
Name of Employer self	Occupation physician																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"><tr><td>250.00</td></tr></table>	250.00																				
250.00																						

B.

Full Name (Last, First, Middle Initial) Audrey Nelson		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	3		2	0	1	0													
Mailing Address 2105 Valkyrie Dr. NW		Transaction ID: 9402479																				
City Rochester	State MN	Zip Code 55901																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"><tr><td>250.00</td></tr></table>	250.00																			
250.00																						
Name of Employer Mayo Clinic Retired	Occupation Physician																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"><tr><td>450.00</td></tr></table>	450.00																				
450.00																						

C.

Full Name (Last, First, Middle Initial) James Engelbrecht		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	3		2	0	1	0													
Mailing Address 4281 Rosemary Lane		Transaction ID: 9408324																				
City Rapid City	State SD	Zip Code 57702																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"><tr><td>250.00</td></tr></table>	250.00																			
250.00																						
Name of Employer Black Hills Orth and Spine Cen	Occupation Physician																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"><tr><td>250.00</td></tr></table>	250.00																				
250.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1"><tr><td>650.00</td></tr></table>	650.00
650.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 23
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Eileen Moynihan

Mailing Address 1304 Maple Ave

City State Zip Code
Haddon Heights NJ 08035

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: 9411241

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Angela Bourg

Mailing Address 15414 Victory Hill Court

City State Zip Code
Baton Rouge LA 70810

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

Name of Employer Occupation
Baton Rouge Clinic Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: 9411242

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Charles King

Mailing Address 179 Edgewater Cv

City State Zip Code
Belden MS 38826-9145

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

Name of Employer Occupation
NMMCI Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2010

Transaction ID: 9413965

Amount of Each Receipt this Period
500.00

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 11 / 23

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Amanda Kay Myers

Mailing Address 9000 Waukegan Road

City State Zip Code
Morton Grove IL 60053

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

Name of Employer Occupation
Illinois Bone & Joint Rheumatologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 9423680

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Gerald Eisenberg

Mailing Address 2003 Old Briar Road

City State Zip Code
Highland Park IL 60035

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

Name of Employer Occupation
Illinois Bone and Joint Instit Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 9423681

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
William Arnold

Mailing Address 751 Michigan Ave

City State Zip Code
Wilmette IL 60091

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

Name of Employer Occupation
Illinois Bone and Joint Inst Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 9423682

Amount of Each Receipt this Period

250.00

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 12 / 23
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Patrick Schuette

Mailing Address 1334 West Arthur

City State Zip Code
Chicago IL 60626

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

Name of Employer Occupation
Illinois Bone and Joint Inst Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: 9423683

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Mary Moran

Mailing Address 1152 Scott

City State Zip Code
Winnetka IL 60093

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

Name of Employer Occupation
Illinois Bone & Joint Inst Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: 9423684

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Stuart Kassan

Mailing Address 9940 E Progress Cir

City State Zip Code
Greenwood Village CO 80111

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

Name of Employer Occupation
Self-Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2010

Transaction ID: 9423685

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 13 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Erin Arnold

Mailing Address 1331 Greenwood

City State Zip Code
Wilmette IL 60091

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

Name of Employer Occupation
Illinois Bone and Joint Inst. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: 9423686

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ami Kurani Kothari, MD

Mailing Address 41 E. 8th St.
Apt. 1003

City State Zip Code
Chicago IL 60605-2369

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

Name of Employer Occupation
Illinois Bone and Joint Institute Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: 9426051

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Herbert Baraf

Mailing Address 2730 University Blvd W Ste 310

City State Zip Code
Wheaton MD 20902

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

Name of Employer Occupation
Arthritis & Rheumatism Associates, P.C. physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: 9500849

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 23
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kathleen Price

Mailing Address 6410 Waterway Drive

City Falls Church1 State VA Zip Code 22044

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

Name of Employer Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2010

Transaction ID: 9501681

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Arnaldo Torres, MD

Mailing Address 6711 38th Ave N.

City St. Petersburg State FL Zip Code 33710-1536

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

Name of Employer Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2010

Transaction ID: 9502005

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
H. Malin Prupas, MD

Mailing Address 80 Giroux Street

City Reno State NV Zip Code 89502

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

Name of Employer Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2010

Transaction ID: 9502008

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 23
	<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.	Full Name (Last, First, Middle Initial) Steven Wees	Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2010
	Mailing Address 16120 W. Dodge Ro	Transaction ID: 9502009
	City State Zip Code Omaha NE 08118	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Physicians Clinic Occupation Rheumatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Elizabeth Tindall	Date of Receipt M M / D D / Y Y Y Y Y 09 / 23 / 2010
	Mailing Address 1255 SW Schaeffer Rd	Transaction ID: 9507865
	City State Zip Code West Linn OR 97068	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Deneen C. Dicarolo, MD	Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2010
	Mailing Address 220 S Palisades Drive #101	Transaction ID: 9576689
	City State Zip Code Santa Maria CA 93444	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Rheumatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$25.00 This changes the YTD Total to \$0.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A.

Full Name (Last, First, Middle Initial) George W. Kunkel, M.D.		Date of Receipt
Mailing Address		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 08 / 2010
City State Zip Code		Transaction ID: 9576690
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 0.00
Name of Employer East Shore Medical Center	Occupation Physician	[MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$10- 0.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 100.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 0.00
TOTAL This Period (last page this line number only)	<input type="text"/> 12100.00

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)

PAGE 17 / 23

<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)

A. Full Name (Last, First, Middle Initial) Georgians For Isakson <hr/> Mailing Address Post Office Box 250116 <hr/> City Atlanta State GA Zip Code 30325 <hr/> Purpose of Disbursement July 18 event in Atlanta Candidate Name Sen. Johnny Isakson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9279702 Date of Disbursement 07 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> July 18 event in Atlanta
	011 Category/ Type

B. Full Name (Last, First, Middle Initial) Matheson For Congress <hr/> Mailing Address P O Box 521048 Suite A <hr/> City Salt Lake City State UT Zip Code 84152 <hr/> Purpose of Disbursement July 29 event in Washington, DC Candidate Name Rep. James Matheson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02 <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9315101 Date of Disbursement 07 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 1500.00 <hr/> July 29 event in Washington, DC
	011 Category/ Type

C. Full Name (Last, First, Middle Initial) Friends Of John Barrow <hr/> Mailing Address PO Box 8166 <hr/> City Savannah State GA Zip Code 31412 <hr/> Purpose of Disbursement July 28 event in Washington, DC Candidate Name Rep. John Barrow <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9315102 Date of Disbursement 07 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> July 28 event in Washington, DC
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

<p>A. Full Name (Last, First, Middle Initial) Friends Of Joe Pitts</p> <p>Mailing Address PO Box 775</p> <p>City Unionville State PA Zip Code 19375</p> <p>Purpose of Disbursement July 28 event in Washington, DC</p> <p>Candidate Name Rep. Joseph Pitts</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9315103 Date of Disbursement 07 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>July 28 event in Washington, DC</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Barbara Boxer</p> <p>Mailing Address PO Box 641751</p> <p>City Los Angeles State CA Zip Code 90064</p> <p>Purpose of Disbursement July 28 event in Washington, DC</p> <p>Candidate Name Sen. Barbara Boxer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9315104 Date of Disbursement 07 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>July 28 event in Washington, DC</p>
<p>C. Full Name (Last, First, Middle Initial) Pete Sessions For Congress</p> <p>Mailing Address PO Box 823047</p> <p>City Dallas State TX Zip Code 75382</p> <p>Purpose of Disbursement September 11 Event in Dallas</p> <p>Candidate Name Rep. Pete Sessions</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9487240 Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>September 11 Event in Dallas</p>

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)

A. Full Name (Last, First, Middle Initial) Whitfield For Congress Committee	Transaction ID: 9498512 Date of Disbursement 09 / 17 / 2010
Mailing Address P.O. Box 391	Amount of Each Disbursement this Period 2000.00
City Hopkinsville State KY Zip Code 42241	Event September 22 in DC
Purpose of Disbursement Event September 22 in DC	
Candidate Name Rep. Edward Whitfield Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Levin For Congress	Transaction ID: 9498513 Date of Disbursement 09 / 17 / 2010
Mailing Address PO Box 37	Amount of Each Disbursement this Period 2500.00
City Roseville State MI Zip Code 48066	Event September 21
Purpose of Disbursement Event September 21	
Candidate Name Rep. Sander Levin Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign	Transaction ID: 9498514 Date of Disbursement 09 / 17 / 2010
Mailing Address PO Box 12612	Amount of Each Disbursement this Period 2500.00
City San Antonio State TX Zip Code 78212	Event September 21 in DC
Purpose of Disbursement Event September 21 in DC	
Candidate Name Rep. Charles Gonzalez Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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)

PAGE 20 / 23

<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)

A. Full Name (Last, First, Middle Initial)
Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement
Event September 22 in DC

Candidate Name
Rep. Marsha Blackburn

Office Sought: House
 Senate
 President

State: TN District: 07

Disbursement For: 2009
 Primary General
 Other (specify) ▼

Transaction ID: 9508185

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

2000.00

Event September 22 in DC

B. Full Name (Last, First, Middle Initial)
Volunteers For Shimkus

Mailing Address P.O. Box 661
PO Box 5458

City Collinsville State IL Zip Code 62234

Purpose of Disbursement
September 28 event in DC

Candidate Name
Rep. John Shimkus

Office Sought: House
 Senate
 President

State: IL District: 19

Disbursement For: 2009
 Primary General
 Other (specify) ▼

Transaction ID: 9508186

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

2000.00

September 28 event in DC

C. Full Name (Last, First, Middle Initial)
Rogers For Congress

Mailing Address PO Box 581
Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement
September 29 event in DC

Candidate Name
Rep. Michael Rogers

Office Sought: House
 Senate
 President

State: MI District: 08

Disbursement For: 2009
 Primary General
 Other (specify) ▼

Transaction ID: 9508187

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

2000.00

September 29 event in DC

SUBTOTAL of Disbursements This Page (optional)

6000.00

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)

PAGE 21 / 23

<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)

A.

Full Name (Last, First, Middle Initial)
Mike Ross For Congress Committee

Mailing Address PO Box 360

City State Zip Code
Prescott AR 71857

Purpose of Disbursement
September 29 event in DC

Candidate Name
Rep. Michael Ross

Office Sought: House
 Senate
 President

State: AR District: 04

Disbursement For: 2009
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 9508189

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

2000.00

September 29 event in DC

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

23000.00

**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)

A.	Full Name (Last, First, Middle Initial) SunTrust Bank Charges	Transaction ID: 9413967 Date of Disbursement 07 / 31 / 2010
	Mailing Address PO Box 622227	Amount of Each Disbursement this Period 94.03
	City Orlando State FL Zip Code 32862-2227	
	Purpose of Disbursement July credit card fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		July credit card fees

B.	Full Name (Last, First, Middle Initial) SunTrust Bank Charges	Transaction ID: 9414567 Date of Disbursement 07 / 01 / 2010
	Mailing Address PO Box 622227	Amount of Each Disbursement this Period 127.82
	City Orlando State FL Zip Code 32862-2227	
	Purpose of Disbursement June credit card fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		June credit card fees

C.	Full Name (Last, First, Middle Initial) SunTrust Bank Charges	Transaction ID: 9576212 Date of Disbursement 08 / 31 / 2010
	Mailing Address PO Box 622227	Amount of Each Disbursement this Period 77.85
	City Orlando State FL Zip Code 32862-2227	
	Purpose of Disbursement August credit card fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		August credit card fees

SUBTOTAL of Disbursements This Page (optional)	▶	299.70
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)

PAGE 23 / 23

<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)

A.

Full Name (Last, First, Middle Initial)
SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
September credit card fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 9576213

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

93.65

September credit card fees

SUBTOTAL of Disbursements This Page (optional)

93.65

TOTAL This Period (last page this line number only)

393.35