

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		128121.95
(b) Cash on Hand at Beginning of Reporting Period.....	128121.95	
(c) Total Receipts (from Line 19)	34604.05	34604.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	162726.00	162726.00
7. Total Disbursements (from Line 31).....	23992.90	23992.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	138733.10	138733.10
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29900.00	29900.00
(ii) Unitemized	3785.00	3785.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	33685.00	33685.00
(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)	33685.00	33685.00
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.).....	919.05	919.05
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	34604.05	34604.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34604.05	34604.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	23000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	992.90	992.90
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23992.90	23992.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23992.90	23992.90

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	33685.00	33685.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33685.00	33685.00
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 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Imran Iqbal
Full Name (Last, First, Middle Initial)

Mailing Address 875 Cotswolds CT

City Richardson State TX Zip Code 75081

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

Name of Employer Rheumatology Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 11 / 2012
Transaction ID : 10589325

Amount of Each Receipt this Period
 500.00

B. James Engelbrecht
Full Name (Last, First, Middle Initial)

Mailing Address 4281 Rosemary Lane

City Rapid City State SD Zip Code 57702

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

Name of Employer Black Hills Orth and Spine Cen Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 12 / 2012
Transaction ID : 10589327

Amount of Each Receipt this Period
 250.00

C. James O'Dell
Full Name (Last, First, Middle Initial)

Mailing Address 3534 Pine St

City Omaha State NE Zip Code 68105

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

Name of Employer Univ. of Nebraska Med Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 10597619

Amount of Each Receipt this Period
 1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 7 OF 29
(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. Karen Kolba
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Erna Way
 City Pismo Beach State CA Zip Code 93449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 23 / 2012**
Transaction ID : 10597723
 Amount of Each Receipt this Period **1000.00**

B. Helen E Harmon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2355 Hemby Lane
 City Greenville State NC Zip Code 27834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Arthritis Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 25 / 2012**
Transaction ID : 10599096
 Amount of Each Receipt this Period **250.00**

C. Edward L. Morris
 Full Name (Last, First, Middle Initial)
 Mailing Address 8511 topping Rd.
 City Baltimore State MD Zip Code 21208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 01 / 2012**
Transaction ID : 10609758
 Amount of Each Receipt this Period **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Gary Bryant
Full Name (Last, First, Middle Initial)

Mailing Address 5429 Vining Point Road

City State Zip Code
Minnetonka MN 55345

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

Name of Employer Occupation
University of Minnesota Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2012
Transaction ID : 10612212

Amount of Each Receipt this Period
1000.00

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

Mailing Address 11 West Haven Place

City State Zip Code
Durham NC 27705

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

Name of Employer Occupation
Duke Medical Center Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2012
Transaction ID : 10613132

Amount of Each Receipt this Period
500.00

C. Eric Matteson
Full Name (Last, First, Middle Initial)

Mailing Address 1752 Walden LN SW

City State Zip Code
Rochester MN 55902

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

Name of Employer Occupation
Mayo Clinic MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2012
Transaction ID : 10619300

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Alan J Kivitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Woodlawn Terrace
 City Hollidaysburg State PA Zip Code 16648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Altoona Arthritis & Osteoporosis Cente Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 18 / 2012
Transaction ID : 10659995
 Amount of Each Receipt this Period 250.00

B. Peter Kent
 Full Name (Last, First, Middle Initial)
 Mailing Address 18430 Ridgewood Rd
 City Wayzata State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Park Nicollet Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2012
Transaction ID : 10659996
 Amount of Each Receipt this Period 250.00

C. Richard Olson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3324 Westminster Dr.
 City Rockford State IL Zip Code 61107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockford Orthopedic Associates Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 19 / 2012
Transaction ID : 10659997
 Amount of Each Receipt this Period 1000.00

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 10 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Audrey Nelson

Mailing Address 2105 Valkyrie Dr. NW

City State Zip Code
Rochester MN 55901

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

Name of Employer Occupation
Mayo Clinic Retired Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2012
Transaction ID : 10659998

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Abby Abelson

Mailing Address 19000 South Woodland Rd

City State Zip Code
Shaker Hills OH 44122

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

Name of Employer Occupation
Cleveland Clinic physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : 10663711

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Allan H Morton

Mailing Address 30101 Hoover

City State Zip Code
Warren MI 48093

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

Name of Employer Occupation
Allan H Morton, D.O.P.C. physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2012
Transaction ID : 10663715

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Douglas W White
Full Name (Last, First, Middle Initial)
Mailing Address 3111 Gundersen Dr
City Onalaska State WI Zip Code 54650
FEC ID number of contributing federal political committee. **C**
Name of Employer Onalaska Clinic Occupation Rheumatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **450.00**

Date of Receipt **02 / 22 / 2012**
Transaction ID : 10663717
Amount of Each Receipt this Period **450.00**

B. William Harvey
Full Name (Last, First, Middle Initial)
Mailing Address 33 Worcester Square #4
City Boston State MA Zip Code 02118
FEC ID number of contributing federal political committee. **C**
Name of Employer Tufts Medical Center Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 23 / 2012**
Transaction ID : 10666217
Amount of Each Receipt this Period **250.00**

C. Joseph Flood
Full Name (Last, First, Middle Initial)
Mailing Address 751 Jaeger Street
City Columbus State OH Zip Code 43206-2272
FEC ID number of contributing federal political committee. **C**
Name of Employer Musculoskeletal Med Specialist Occupation Physician Rheumatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 23 / 2012**
Transaction ID : 10666218
Amount of Each Receipt this Period **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 29
<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. Joseph J Weiss
Full Name (Last, First, Middle Initial)

Mailing Address 4485 Chippewa CT

City Bloomfield Hills State MI Zip Code 48301-1551

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

Name of Employer Self-Employed
Occupation Physician-Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
02 / 23 / 2012
Transaction ID : 10666221

Amount of Each Receipt this Period
650.00

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

Mailing Address 5320 Royal Lane

City Dallas State TX Zip Code 75229

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

Name of Employer Rheumatology Associates
Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
02 / 24 / 2012
Transaction ID : 10668284

Amount of Each Receipt this Period
2000.00

C. Michael Sugarman
Full Name (Last, First, Middle Initial)

Mailing Address 433 W. Bastanchury Road

City Fullerton State CA Zip Code 92835

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

Name of Employer St Jude Heritage Medical Group
Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
02 / 27 / 2012
Transaction ID : 10668671

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2900.00

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 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Timothy Laing
Full Name (Last, First, Middle Initial)

Mailing Address 5522 Warren Road

City Ann Arbor State MI Zip Code 48105

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

Name of Employer University of Michigan Occupation MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2012

Transaction ID : 10668672

Amount of Each Receipt this Period
 2500.00

B. Richard Furie
Full Name (Last, First, Middle Initial)

Mailing Address Division of Rheumatology
2800 Marcus Ave

City Lake Success State NY Zip Code 11042

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

Name of Employer North Shore LIJ Health System Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2012

Transaction ID : 10668677

Amount of Each Receipt this Period
 250.00

c. Kenneth G Saag MD, MSc
Full Name (Last, First, Middle Initial)

Mailing Address 1530 3rd Ave South

City Birmingham State AL Zip Code 35294-3408

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

Name of Employer University of Alabama at Birmingham Occupation Professor of Medicine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2012

Transaction ID : 10668679

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 29
	<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. Blake Roessler
Full Name (Last, First, Middle Initial)

Mailing Address Internal Medicine
1150 W Medical Center Dr

City Ann Arbor State MI Zip Code 48109

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

Name of Employer University of Michigan Occupation professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 28 / 2012
Transaction ID : 10671062

Amount of Each Receipt this Period
500.00

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

Mailing Address 186 Joralemon Street

City Brooklyn State NY Zip Code 11201

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

Name of Employer YU Medical Williamsburg Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 28 / 2012
Transaction ID : 10671063

Amount of Each Receipt this Period
500.00

C. Karen Kolba
Full Name (Last, First, Middle Initial)

Mailing Address 110 Erna Way

City Pismo Beach State CA Zip Code 93449

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

Name of Employer Self-Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
02 / 29 / 2012
Transaction ID : 10671970

Amount of Each Receipt this Period
1000.00

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: (check only one)	PAGE 15 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 443 Harlow Dr

City LaFayetteville State NC Zip Code 28314

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

Name of Employer LaFayetteville Clinic Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2012
Transaction ID : 10671971

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 6410 Waterway Drive

City Falls Church State VA Zip Code 22044

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

Name of Employer Falls Church Medical Center Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2012
Transaction ID : 10676817

Amount of Each Receipt this Period
 250.00

C. Edward Herzig
Full Name (Last, First, Middle Initial)

Mailing Address 419 Reilly Road

City Cincinnati State OH Zip Code 45215

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

Name of Employer Herzig Krall Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2012
Transaction ID : 10676819

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
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 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 20 Crescent Ave

City Greenville State SC Zip Code 29605

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

Name of Employer Piedmont Arthritis Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
03 / 04 / 2012
Transaction ID : 10676820

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
B. Jonathan Kay

Mailing Address 62 Olde Field Road

City Newton Centre State MA Zip Code 02459

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

Name of Employer Mass General Physicians Org Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 04 / 2012
Transaction ID : 10676821

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Joseph Huffstutter

Mailing Address 4229 Leedy Moutain Lane

City Signal Moutain State TN Zip Code 37377

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

Name of Employer Arthritis Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
03 / 04 / 2012
Transaction ID : 10676822

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Sharon L Kolasinski
Full Name (Last, First, Middle Initial)

Mailing Address 545 Hansell Road

City Wynnewood State PA Zip Code 19096

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

Name of Employer UMDNJ-Camden Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2012

Transaction ID : 10676823

Amount of Each Receipt this Period
 500.00

B. Deborah D. Desir MD
Full Name (Last, First, Middle Initial)

Mailing Address 3018 Dixwell Ave.

City Hamden State CT Zip Code 06518

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

Name of Employer Arthritis and Osteoporosis PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2012

Transaction ID : 10676824

Amount of Each Receipt this Period
 500.00

C. Arielle Silver
Full Name (Last, First, Middle Initial)

Mailing Address 1420 Locus Street Apt 15T

City Philadelphia State PA Zip Code 19102

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

Name of Employer Arthritis, Rheumatic and Back Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2012

Transaction ID : 10686034

Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 29
	<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. Rodolfo Molina
Full Name (Last, First, Middle Initial)

Mailing Address 125 E. King's Highway

City San Antonio State TX Zip Code 78212

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

Name of Employer Arthritis Associates PA Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2012

Transaction ID : 10703236

Amount of Each Receipt this Period
 2000.00

B. Anupama Sharma
Full Name (Last, First, Middle Initial)

Mailing Address 10215 Fernwood Rd.

City Bethesda State MD Zip Code 20817

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

Name of Employer Center for Rheumatic Diseases Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2012

Transaction ID : 10703240

Amount of Each Receipt this Period
 250.00

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

Mailing Address 5323 Harry Hines Blvd.

City Dallas State TX Zip Code 75390

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2012

Transaction ID : 10703242

Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 19 OF 29
<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. Neal Birnbaum
Full Name (Last, First, Middle Initial)

Mailing Address 97 Carte Alejo

City Greenbrag State CA Zip Code 94904

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

Name of Employer Pacific Rheumatology Associate Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2012

Transaction ID : 10703243

Amount of Each Receipt this Period
 300.00

B. Irene Kazmers
Full Name (Last, First, Middle Initial)

Mailing Address 1721 East Mitchell Road

City Petoskey State MI Zip Code 49770-2772

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

Name of Employer Harbor Arthritis Center Occupation rheumatologists

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2012

Transaction ID : 10712328

Amount of Each Receipt this Period
 250.00

C. Sean Fahey MD
Full Name (Last, First, Middle Initial)

Mailing Address 157 - A Professional Park Dr.

City Mooresville State NC Zip Code 28117

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

Name of Employer Piedmont Healthcare Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2012

Transaction ID : 10717180

Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Michael A Pick
Full Name (Last, First, Middle Initial)

Mailing Address 2909 Cider Mill Lane

City Springfield State IL Zip Code 62702

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

Name of Employer Springfield Clinic Occupation Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2012
Transaction ID : 10719061

Amount of Each Receipt this Period
 250.00

B. Elizabeth Perkins
Full Name (Last, First, Middle Initial)

Mailing Address 757 Jasmine Way

City Birmingham State AL Zip Code 35226-4215

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

Name of Employer Rheumatology Care Center Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2012
Transaction ID : 10725042

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	29900.00

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

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

FOR LINE NUMBER: PAGE 21 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2200 Lake Boulevard NE

City Atlanta State GA Zip Code 30319

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.05

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2012
Transaction ID : 10744718

Amount of Each Receipt this Period
919.05

December credit card fees

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	919.05
TOTAL This Period (last page this line number only).....▶	919.05

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

011

Candidate Name

Rep. Gene Green

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

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

Transaction ID : 10616025

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Ryan For Congress

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement

011

Candidate Name

Rep. Paul Ryan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

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

Transaction ID : 10616026

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Rogers For Congress

Mailing Address PO Box 581
Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement

011

Candidate Name

Rep. Michael Rogers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

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

Transaction ID : 10616027

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. S. Guthrie

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

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

Transaction ID : 10616028

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

1000.00

Full Name (Last, First, Middle Initial)

B. Texans For Senator John Cornyn Inc

Mailing Address 6850 Austin Centre Blvd
Suite 180

City Austin State TX Zip Code 78731

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. John Cornyn

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District:

Date of Disbursement

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

Transaction ID : 10659057

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

1500.00

Full Name (Last, First, Middle Initial)

C. Citizens For Harkin

Mailing Address P O Box 811

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Tom Harkin

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

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

Transaction ID : 10659058

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

1000.00

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

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

3	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

3500.00

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Gingrey For Congress

Mailing Address PO Box U

City State Zip Code
Marietta GA 30060

Purpose of Disbursement

011

Candidate Name
Rep. Phil Gingrey M.D.

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 11

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 10659059

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Lance For Congress

Mailing Address PO Box 225

City State Zip Code
Colonia NJ 07067

Purpose of Disbursement

011

Candidate Name
Rep. Leonard Lance

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 10659060

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Tim Murphy For Congress

Mailing Address P.O. Box 24551

City State Zip Code
Pittsburgh PA 15234

Purpose of Disbursement

011

Candidate Name
Rep. Tim Murphy

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 18

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 10659061

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Upton For All Of Us

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement

011

Candidate Name

Rep. Frederick Upton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2012

Transaction ID : 10659062

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr. Md For Congress, Inc.

Mailing Address PO Box 80126

City State Zip Code
Lafayette LA 70598

Purpose of Disbursement

011

Candidate Name

Rep. Charles Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2012

Transaction ID : 10671930

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Butterfield For Congress

Mailing Address PO Box 2571

City State Zip Code
Wilson NC 27894

Purpose of Disbursement

011

Candidate Name

Rep. George Butterfield

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2012

Transaction ID : 10671931

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Engel For Congress

Mailing Address 462 California Road

City State Zip Code
Bronxville NY 10708

Purpose of Disbursement

011

Candidate Name

Rep. Eliot Engel

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2012

Transaction ID : 10671933

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City State Zip Code
Uwchland PA 19480

Purpose of Disbursement

011

Candidate Name

Rep. James Gerlach

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2012

Transaction ID : 10671934

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hoyer For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City State Zip Code
Washington DC 20005

Purpose of Disbursement

011

Candidate Name

Rep. Steny Hoyer

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2012

Transaction ID : 10671936

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Schakowsky For Congress

Mailing Address P.O. Box 5130

City State Zip Code
Evanston IL 60204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Jan Schakowsky

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2012

Transaction ID : 10671937

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Lois Capps

Mailing Address PO Box 23940

City State Zip Code
Santa Barbara CA 93121

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Lois Capps

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2012

Transaction ID : 10733630

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Whitfield For Congress Committee

Mailing Address P.O. Box 391

City State Zip Code
Hopkinsville KY 42241

Purpose of Disbursement
February 15 event in DC

011

Category/
Type

Candidate Name

Rep. Edward Whitfield

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2012

Transaction ID : 10744778

Amount of Each Disbursement this Period

1000.00

February 15 event in DC

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

3000.00

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)

Full Name (Last, First, Middle Initial)

A. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
January credit card fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 10734659

Amount of Each Disbursement this Period

January credit card fees

Full Name (Last, First, Middle Initial)

B. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
February credit card fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 10734660

Amount of Each Disbursement this Period

February credit card fees

Full Name (Last, First, Middle Initial)

C. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
March credit card fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 10734661

Amount of Each Disbursement this Period

March credit card fees

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

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