

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) 1800 Century Place
Suite 250
 Check if different than previously reported. (ACC)
Atlanta GA 30345-4300

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

5. Covering Period 07 01 2009 through 12 31 2009

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 01 22 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 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | 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>0</td><td>9</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 9 | | 49394.84 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 9 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 83371.14 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 24641.69 | 66759.27 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 108012.83 | 116154.11 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 18294.11 | 26535.39 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 89718.72 | 89618.72 | | | | | | | | |
| 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:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| 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) | 17290.00 | 49240.00 |
| (ii) Unitemized | 6650.00 | 15914.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 23940.00 | 65154.00 |
| (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) | 23940.00 | 65154.00 |
| 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.) | 701.69 | 1605.27 |
| 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)) | 24641.69 | 66759.27 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 24641.69 | 66759.27 |

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..... | 17000.00 | 24000.00 |
| 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 | 250.00 | 500.00 |
| (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)) | 250.00 | 500.00 |
| 29. Other Disbursements..... | 1044.11 | 2035.39 |
| 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)).. | 18294.11 | 26535.39 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 18294.11 | 26535.39 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

| 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) | 23940.00 | 65154.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 250.00 | 500.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 23690.00 | 64654.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 32 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Howard Epstein | Date of Receipt MM / DD / YYYY 07 / 06 / 2009 |
| | Mailing Address 26900 Cedar Rd Ste 325 South | Transaction ID: 8041833 |
| | City Beachwood State OH Zip Code 44122 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Cleveland Clinic Beachwood Occupation physician 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) Marius C Teodorescu | Date of Receipt MM / DD / YYYY 07 / 07 / 2009 |
| | Mailing Address 6776 Fieldstone Drive | Transaction ID: 8044708 |
| | City Burr Ridge State IL Zip Code 60527 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Thera Test Labs Inc Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Kevin Kempf | Date of Receipt MM / DD / YYYY 07 / 07 / 2009 |
| | Mailing Address 19272 Stone Oak Pkwy, #101 | Transaction ID: 8044711 |
| | City San Antonio State TX Zip Code 78258 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Rheumatology Assoc. of So. TX Occupation rheumatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 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 7 / 32 |
| | <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) Herbert Baraf | Date of Receipt MM / DD / YYYY 07 / 10 / 2009 |
| | Mailing Address 2730 University Blvd W Ste 310 | Transaction ID: 8048782 |
| | City State Zip Code Wheaton MD 20902 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Arthritis & Rheumatism Associates, P.C. Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Everett Allen | Date of Receipt MM / DD / YYYY 07 / 21 / 2009 |
| | Mailing Address 19272 Stone Oak Pkwy, Ste. 101 | Transaction ID: 8076882 |
| | City State Zip Code San Antonio TX 78258 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Gary M Kammer | Date of Receipt MM / DD / YYYY 07 / 27 / 2009 |
| | Mailing Address 382 Blossom LN. | Transaction ID: 8091411 |
| | City State Zip Code Chagrin Falls OH 44022-5111 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Arthritis Associates, INC Occupation Rheumatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|---|---------|
| 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 8 / 32 |
| | <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) Imran Iqbal | Date of Receipt MM / DD / YYYY 07 / 28 / 2009 |
| | Mailing Address 875 Cotswolds CT | Transaction ID: 8101201 |
| | City State Zip Code Richardson TX 75081 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Rheumatology Associates Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Dennis Boulware | Date of Receipt MM / DD / YYYY 07 / 31 / 2009 |
| | Mailing Address 1603 Olalahina PI | Transaction ID: 8107652 |
| | City State Zip Code Honolulu HI 96817 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Hawaii Permanente Medical Group 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) Talat J Khesghi | Date of Receipt MM / DD / YYYY 07 / 31 / 2009 |
| | Mailing Address 5809 Dove Creek Lane | Transaction ID: 8107695 |
| | City State Zip Code Plano TX 75093 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Rheumatology Associates Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 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 / 32 |
| | <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 Rosenstock | Date of Receipt MM / DD / YYYY 08 / 03 / 2009 |
| | Mailing Address 3443 West Wheatland Road | Transaction ID: 8109291 |
| | City State Zip Code Dallas TX 75237 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Solo Practice 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) Bessie M Sullivan | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| | Mailing Address 35-37 Progress St #A 2 | Transaction ID: 8164041 |
| | City State Zip Code Edison NJ 08820-1179 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Bessie M Sullivan, MD, PA physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Melvin Britton | Date of Receipt MM / DD / YYYY 09 / 14 / 2009 |
| | Mailing Address 167 Toyon Road | Transaction ID: 8235010 |
| | City State Zip Code Attieron CA 94027 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Self-Employed Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 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: PAGE 10 / 32
(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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <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)
Ellison Smith

Mailing Address 445 Biltmore Center, Suite 306

City Asheville State NC Zip Code 28801

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

Name of Employer Asheville Arthritis Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY 09 / 18 / 2009

Transaction ID: 8239614

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
George A Housley

Mailing Address 101 Edgewater Cove

City Belden State MS Zip Code 38826

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

Name of Employer Norht MS Med Clinics Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 09 / 27 / 2009

Transaction ID: 8246612

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Elizabeth Tindall

Mailing Address 1255 SW Schaeffer Rd

City West Linn State OR Zip Code 97068

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt MM / DD / YYYY 09 / 25 / 2009

Transaction ID: 8246615

Amount of Each Receipt this Period 500.00

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: PAGE 11 / 32

(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)

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 ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 9

Transaction ID: 8246618

Amount of Each Receipt this Period

1000.00

B.

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

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 8246824

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Nilsa Cruz

Mailing Address 2801 W KK River Pkwy Ste. 375

City State Zip Code
Milwaukee WI 53215

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

Name of Employer Occupation
Milwaukee Rheumatology Center rheumatologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 8259125

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 12 / 32

(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)
Mary Overman

Mailing Address 3701 E Union St.

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Seattle | WA | 98122-3456 |

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

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 8285814

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
James Barry Lesser

Mailing Address 7107 Daventry Woods Drive

| | | |
|-----------------|-------|----------|
| City | State | Zip Code |
| West Bloomfield | MI | 48322 |

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

Name of Employer self 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
1 0 / 0 5 / 2 0 0 9

Transaction ID: 8285820

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Benjamin Harris

Mailing Address 516 E Stella Lane

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Phoenix | AZ | 85012 |

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

Name of Employer Phoenix Rheumatology Specialis 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
1 0 / 0 5 / 2 0 0 9

Transaction ID: 8285821

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 13 / 32
(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)
Michael C Schweitz
Mailing Address 7721 Pine Tree LN
City State Zip Code
West Palm Beach FL 33406-7833
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.00
Date of Receipt: 10 / 08 / 2009
Transaction ID: 8300016
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Audrey Uknis
Mailing Address 11 Jacqueline Circle
City State Zip Code
Richboro PA
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Temple University Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 10 / 14 / 2009
Transaction ID: 8300724
Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial)
Haddon C Alexander
Mailing Address 3474 Bleak House Rd
City State Zip Code
Earlsville VA 22936-2213
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
self employed rheumatologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 10 / 17 / 2009
Transaction ID: 8667150
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1450.00
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 / 32
(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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <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) Rajat Dhar | | Date of Receipt MM / DD / YYYY 10 / 17 / 2009 |
| Mailing Address 442 Bldg D Commons Way | | Transaction ID: 8667152 |
| City Toms River | State NJ | Zip Code 08755 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer self employed | 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) Gary Bryant | | Date of Receipt MM / DD / YYYY 10 / 18 / 2009 |
| Mailing Address 5429 Vining Point Road | | Transaction ID: 8667156 |
| City Minnetonka | State MN | Zip Code 55345 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer University of Minnesota | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Jonathan Kay | | Date of Receipt MM / DD / YYYY 10 / 20 / 2009 |
| Mailing Address 62 Olde Field Road | | Transaction ID: 8667163 |
| City Newton Centre | State MA | Zip Code 02459 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Mass General Physicians Org | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 32

(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)
Enrico Arguelles

Mailing Address 3232 Lloyd Mangrum Lane

City State Zip Code
Billings MT 59106

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

Name of Employer Occupation
Arthritis & Osteoporosis Center Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: 8667166

Amount of Each Receipt this Period
500.00

B.

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 ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: 8667169

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Terence Starz

Mailing Address 179 Woodshire Dr

City State Zip Code
Pittsburgh PA 15215

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

Name of Employer Occupation
UPMC physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: 8667358

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 32

(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)
William Harvey

Mailing Address 715 Albany St

City State Zip Code
Boston MA 02118

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

Name of Employer Occupation
Boston Medical Center Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: 8667719

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 62 Olde Field Road

City State Zip Code
Newton Centre MA 02459

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

Name of Employer Occupation
Mass General Physicians Org Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 290.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: 8667730

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)
Thomas Olenginski

Mailing Address 100 N Academy Ave

City State Zip Code
Danville PA 17822

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

Name of Employer Occupation
Geisinger Medical Center physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: 8668250

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 32
(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)
Robert Lloyd
 Mailing Address 3277 Rose Glen CT
 City Falls Church State VA Zip Code 22042
 Date of Receipt 10 / 21 / 2009
Transaction ID: 8668267
 Amount of Each Receipt this Period 120.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Arthritis & Rheumatism As-soc. Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 320.00

B. Full Name (Last, First, Middle Initial)
Arthur Huppert
 Mailing Address 245 N Broad St Ste 403
 City Philadelphia State PA Zip Code 19107-1518
 Date of Receipt 10 / 21 / 2009
Transaction ID: 8668270
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Self-Employed Occupation Rheumatologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

C. Full Name (Last, First, Middle Initial)
Timothy Laing
 Mailing Address 5522 Warren Road
 City Ann Arbor State MI Zip Code 48105
 Date of Receipt 10 / 20 / 2009
Transaction ID: 8668273
 Amount of Each Receipt this Period 20.00
 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 520.00

SUBTOTAL of Receipts This Page (optional) ► 1140.00
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 18 / 32
(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)
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 ▼ 520.00

Date of Receipt 10 / 20 / 2009

Transaction ID: 8668275

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Michael C Schweitz

Mailing Address 7721 Pine Tree LN

City West Palm Beach State FL Zip Code 33406-7833

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1270.00

Date of Receipt 10 / 20 / 2009

Transaction ID: 8668276

Amount of Each Receipt this Period 20.00

C.

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

Mailing Address 715 Albany St

City Boston State MA Zip Code 02118

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

Name of Employer Boston Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 10 / 20 / 2009

Transaction ID: 8668277

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 32
(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)
Charles Geringer

Mailing Address 12230 Arbor Trail

City Palos Heights State IL Zip Code 60463-1877

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

Name of Employer Occupation
Rheumatologist and Internest

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 10 / 20 / 2009

Transaction ID: 8668278

Amount of Each Receipt this Period: 20.00

B.

Full Name (Last, First, Middle Initial)
Neal Birnbaum

Mailing Address 97 Carte Alejo

City Greenbrag State CA Zip Code 94904

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

Name of Employer Occupation
Pacific Rheumatology Asso-
ciate Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 10 / 20 / 2009

Transaction ID: 8668279

Amount of Each Receipt this Period: 20.00

C.

Full Name (Last, First, Middle Initial)
John A Goldman

Mailing Address 5800 Timberlane Terrace

City Atlanta State GA Zip Code 30328

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

Name of Employer Occupation
John A Gold MAN MD PC Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 10 / 20 / 2009

Transaction ID: 8668280

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► **60.00**

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 / 32

(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)
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 As- sociates, P.C physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1040.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: 8668281

Amount of Each Receipt this Period

40.00

B.

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

Mailing Address 20 Crescent Ave

City State Zip Code
Greenville SC 29605

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

Name of Employer Occupation
Piedmont Arthritis Center Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 540.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: 8668282

Amount of Each Receipt this Period

20.00

C.

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

Mailing Address 419 Reilly Road

City State Zip Code
Cincinnati OH 45215

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

Name of Employer Occupation
Herzig Krall Medical Group Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1020.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: 8668283

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) ▶

80.00

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 21 / 32

(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)
Joseph Flood

Mailing Address 751 Jaeger Street

City State Zip Code
Columbus OH 43206-2272

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

Name of Employer Occupation
Musculoskeletal Med Specialist Physician Rheumatologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1040.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: 8668285

Amount of Each Receipt this Period
40.00

B.

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 ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: 8668286

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Paul Goldfarb

Mailing Address 2113 Palmbrooke Ct

City State Zip Code
Lexington KY 40513

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

Name of Employer Occupation
rheumatologist

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: 8668588

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1060.00

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 22 / 32

(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)
Gloria Higgins

Mailing Address 2202 Bryden Rd.

City State Zip Code
Columbus OH 43209

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

Name of Employer Occupation
Ohio State University and pediatric Ac physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: 8709328

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Ronald E Krauser

Mailing Address 35 Broad Leaf Trail

City State Zip Code
Malvern PA 19355

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

Name of Employer Occupation
Ronald E Krauser, MD, PC Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: 8742842

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Salahuddin Kazi

Mailing Address 9301 N Central Expressway Ste 675

City State Zip Code
Dallas TX 75231-0823

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

Name of Employer Occupation
Arthritis Consultation Ctr physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
290.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 9

Transaction ID: 8775239

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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 23 / 32
(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)
Steven Wees

Mailing Address 16120 W. Dodge Ro

City State Zip Code
Omaha NE 08118

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

Name of Employer Physicians Clinic Occupation Rheumatologist

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

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 3 | / | 2 | 0 | 0 | 9 |

Transaction ID: 8820931
 Amount of Each Receipt this Period
 250.00

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

Mailing Address 19272 Stone Oak Pkwy, Ste. 101

City State Zip Code
San Antonio TX 78258

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

Name of Employer Occupation

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

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 1 | / | 2 | 0 | 0 | 9 |

Transaction ID: 8890269
 Amount of Each Receipt this Period
 0.00

[MEMO ITEM]
 Refund(s) on Schedule B
 Totaling \$250.00 This changes the YTD Total to \$25-0.00

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 250.00 |
| TOTAL This Period (last page this line number only) | 17290.00 |

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

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

FOR LINE NUMBER: PAGE 24 / 32
(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)
American College of Rheumatology
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 ▼ 1044.44
Date of Receipt: MM / DD / YYYY 07 / 29 / 2009
Transaction ID: 8107656
Amount of Each Receipt this Period 140.86

B. Full Name (Last, First, Middle Initial)
American College of Rheumatology
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 ▼ 1149.66
Date of Receipt: MM / DD / YYYY 08 / 17 / 2009
Transaction ID: 8154739
Amount of Each Receipt this Period 105.22

C. Full Name (Last, First, Middle Initial)
American College of Rheumatology
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 ▼ 1274.70
Date of Receipt: MM / DD / YYYY 09 / 16 / 2009
Transaction ID: 8235220
Amount of Each Receipt this Period 125.04

SUBTOTAL of Receipts This Page (optional) ► 371.12
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 25 / 32
(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 |

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

A.

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

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 ▼
1605.27

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 8749622

Amount of Each Receipt this Period
330.57

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 330.57 |
| TOTAL This Period (last page this line number only) | 701.69 |

**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 26 / 32

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 checked="" 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)

Everett Allen

Mailing Address 19272 Stone Oak Pkwy, Ste. 101

City San Antonio State TX Zip Code 78258

Purpose of Disbursement
Refund of Corporate Contribution received 6/30

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 8056933

Date of Disbursement

07 / 13 / 2009

Amount of Each Disbursement this Period

250.00

Refund of Corporate Contribution received 6/30

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Wyden For Senate</p> <p>Mailing Address 232 Ne 9th Avenue</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Event July 22</p> <p>Candidate Name Sen. Ron Wyden</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 8056934 Date of Disbursement 07 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Event July 22</p> |
| <p>B. Full Name (Last, First, Middle Initial) Anna Eshoo For Congress</p> <p>Mailing Address 555 Capitol Mall, Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Event July 16</p> <p>Candidate Name Rep. Anna Eshoo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 8056936 Date of Disbursement 07 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Event July 16</p> |
| <p>C. Full Name (Last, First, Middle Initial) Mike Thompson For Congress</p> <p>Mailing Address 5429 Madison Avenue</p> <p>City Sacramento State CA Zip Code 95841</p> <p>Purpose of Disbursement Event August 16</p> <p>Candidate Name Rep. Michael Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 8108020 Date of Disbursement 07 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Event August 16</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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 28 / 32

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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.</p> <p>Full Name (Last, First, Middle Initial) Georgians For Isakson</p> <p>Mailing Address Post Office Box 250116</p> <p>City Atlanta State GA Zip Code 30325</p> <p>Purpose of Disbursement Event August 12</p> <p>Candidate Name Sen. Johnny Isakson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 8108021</p> <p>Date of Disbursement 07 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Event August 12</p> |
| <p>B.</p> <p>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 September 17 event in Washington, D.C.</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: 8165440</p> <p>Date of Disbursement 08 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>September 17 event in Was- hington, D.C.</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Campaign</p> <p>Mailing Address PO Box 3662</p> <p>City Seattle State WA Zip Code 98124</p> <p>Purpose of Disbursement Event September 22</p> <p>Candidate Name Sen. Patty Murray</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 8235201</p> <p>Date of Disbursement 09 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Event September 22</p> |

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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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) Berkley for Congress | Transaction ID: 8235202 Date of Disbursement 09 / 16 / 2009 |
| | Mailing Address 7500 W. Lake Mead Blvd. Box9-306 | Amount of Each Disbursement this Period 2500.00 |
| | City Las Vegas State NV Zip Code 89128 | |
| | Purpose of Disbursement Event September 24 | 011 Category/ Type |
| | Candidate Name Shelley Berkley | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: NV District: 00 | Event September 24 |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Upton For All Of Us | Transaction ID: 8235211 Date of Disbursement 09 / 16 / 2009 |
| | Mailing Address P.O. Box 490 | Amount of Each Disbursement this Period 1000.00 |
| | City St. Joseph State MI Zip Code 49085 | |
| | Purpose of Disbursement Event September 22 | 011 Category/ Type |
| | Candidate Name Rep. Frederick Upton | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: MI District: 06 | Event September 22 |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Stabenow For Us Senate | Transaction ID: 8243889 Date of Disbursement 09 / 17 / 2009 |
| | Mailing Address P.O. Box 4945 | Amount of Each Disbursement this Period 1000.00 |
| | City East Lansing State MI Zip Code 48826 | |
| | Purpose of Disbursement Event September 20 | 011 Category/ Type |
| | Candidate Name Sen. Debbie Stabenow | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: MI District: | Event September 20 |

| | |
|--|---------|
| 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) Wyden For Senate | Transaction ID: 8295789 Date of Disbursement 10 / 13 / 2009 |
| | Mailing Address 232 Ne 9th Avenue | Amount of Each Disbursement this Period 1000.00 |
| | City Portland State OR Zip Code 97232 | Event October 22 |
| | Purpose of Disbursement Event October 22 Candidate Name Sen. Ron Wyden Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 011 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) Pallone For Congress | Transaction ID: 8295790 Date of Disbursement 10 / 13 / 2009 |
| | Mailing Address PO Box 3176 | Amount of Each Disbursement this Period 1000.00 |
| | City Long Branch State NJ Zip Code 07740 | Event October 14 |
| | Purpose of Disbursement Event October 14 Candidate Name Rep. Frank Pallone, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 011 Category/ Type |
| C. | Full Name (Last, First, Middle Initial) Lisa Murkowski For Us Senate | Transaction ID: 8295791 Date of Disbursement 10 / 13 / 2009 |
| | Mailing Address PO Box 100847 | Amount of Each Disbursement this Period 1000.00 |
| | City Anchorage State AK Zip Code 99510 | Event October 15 |
| | Purpose of Disbursement Event October 15 Candidate Name Sen. Lisa Murkowski Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 011 Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

17000.00

**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 Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement July credit card fees Candidate Name 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) ▼ | Transaction ID: 8138434 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 105.22 July credit card fees |

| | |
|--|---|
| B. 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 August credit card fees Candidate Name 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) ▼ | Transaction ID: 8239860 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 125.04 August credit card fees |

| | |
|--|---|
| C. 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 Candidate Name 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) ▼ | Transaction ID: 8832581 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 330.57 |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 560.83 |
| 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 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)

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) SunTrust Bank Charges</p> <p>Mailing Address PO Box 622227</p> <p>City Orlando State FL Zip Code 32862-2227</p> <p>Purpose of Disbursement Nov credit card fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 8847803 Date of Disbursement 11 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 325.78</p> <p>001 Category/ Type</p> <p>Nov credit card fees</p> |
| <p>B. Full Name (Last, First, Middle Initial) SunTrust Bank Charges</p> <p>Mailing Address PO Box 622227</p> <p>City Orlando State FL Zip Code 32862-2227</p> <p>Purpose of Disbursement Dec credit card fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 8847804 Date of Disbursement 12 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 119.75</p> <p>001 Category/ Type</p> <p>Dec credit card fees</p> |
| <p>C. Full Name (Last, First, Middle Initial) SunTrust Bank Charges</p> <p>Mailing Address PO Box 622227</p> <p>City Orlando State FL Zip Code 32862-2227</p> <p>Purpose of Disbursement Checks with new address</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 8847805 Date of Disbursement 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 37.75</p> <p>001 Category/ Type</p> <p>Checks with new address</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

483.28

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

1044.11