

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2008 OCT 15 AM 9:36

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American College of Rheumatology (RheumPAC)

ADDRESS (number and street) 1800 Century Place

Check if different than previously reported. (ACC)

Suite 250

Atlanta GA 30345 - 4300

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 000432823

3. IS THIS REPORT N 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 Year-End 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 (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 07 M M / 01 D D / 2008 Y Y Y Y through 09 M M / 30 D D / 2008 Y Y Y Y

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 

Date 10 M M / 08 D D / 2008 Y Y Y Y

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							
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FEC FORM 3X Rev. 12/2004

28039861625

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period: From: ^M07 / ^D01 / ^Y2008

To: ^M09 / ^D30 / ^Y2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2008		\$22,124.92
(b) Cash on Hand at Beginning of Reporting Period.....	\$29,269.50	
(c) Total Receipts (from Line 19)	\$14,050.91	\$27,186.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$43,320.41	\$49,310.93
7. Total Disbursements (from Line 31).....	\$3,810.00	\$9,800.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	\$39,510.41	\$39,510.41
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

28039861626

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period: From: ^M07 / ^D01 / ^Y2008 To: ^M09 / ^D30 / ^Y2008

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).....	\$8,250.00	\$19,400.00
(ii) Unitemized	\$5,624.00	\$6,849.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	\$13,874.00	\$26,249.00
(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)	\$13,874.00	\$26,249.00
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).....	\$176.91	\$937.01
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	\$0.00	\$0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	\$0.00	\$0.00
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)).....▶	\$14,050.91	\$27,186.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	\$14,050.91	\$27,186.01

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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.....	\$3,500.00	\$9,000.00
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	\$105.00	\$105.00
(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)).....	\$105.00	\$105.00
29. Other Disbursements	\$205.00	\$695.52
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)) ..	\$3,810.00	\$9,800.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	\$3,810.00	\$9,800.52

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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)	\$13,874.00	\$26,249.00
34. Total Contribution Refunds (from Line 28(d))	\$105.00	\$105.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	\$13,769.00	\$26,144.00
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)	\$176.91	\$937.01
38. Net Operating Expenditures (subtract Line 37 from Line 36)	(\$176.91)	(\$937.01)

28039861629

**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 1 OF 5
	<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)

Full Name (Last, First, Middle Initial) A. Michael Clifford		Date of Receipt 07 / 23 / 2008		
Mailing Address 7151 Cascade Vallet Ct		Amount of Each Receipt this Period , , \$250.00		
City Las Vegas	State NV			Zip Code 89128
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ , , \$250.00		
Name of Employer Self-Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. David Borenstein		Date of Receipt 07 / 29 / 2008		
Mailing Address 10505 Scarboro Lane		Amount of Each Receipt this Period , , \$500.00		
City Potomac	State MD			Zip Code 20850
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ , , \$500.00		
Name of Employer Arthritis and Rheumatism Assoc	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. Jane Salmon		Date of Receipt 07 / 29 / 2008		
Mailing Address 180 East End Ave Apt 18G		Amount of Each Receipt this Period , , \$250.00		
City New York	State NY			Zip Code 10128
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ , , \$250.00		
Name of Employer Hospital for Special Surgery	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	, , \$1,000.00
TOTAL This Period (last page this line number only) ▶	, , .

28039861630

**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 2 OF 5
	<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)

Full Name (Last, First, Middle Initial) A. Meera Oza		Date of Receipt "07" / "29" / "2008		
Mailing Address 2574 Admirals Walk Dr S		Amount of Each Receipt this Period , , \$250.00		
City Orange Park	State FL			Zip Code 32073-6102
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ , , \$250.00		
Name of Employer Self-Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. Joan Bathon		Date of Receipt "08" / "01" / "2008		
Mailing Address 5200 Eastern Ave Mason Lord Bl		Amount of Each Receipt this Period , , \$500.00		
City Baltimore	State MD			Zip Code 21224
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ , , \$500.00		
Name of Employer Johns Hopkins University	Occupation physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. Edward Herzig		Date of Receipt "08" / "22" / "2008		
Mailing Address 419 Reilly Road		Amount of Each Receipt this Period , , \$1,000.00		
City Cincinnati	State OH			Zip Code 45215
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ , , \$1,000.00		
Name of Employer Herzig Krall Medical Group	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	, , \$1,750.00
TOTAL This Period (last page this line number only) ▶	, , .

28039861631

**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 3 OF 5
	<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)

Full Name (Last, First, Middle Initial) A. Robert Levin		Date of Receipt 08 / 24 / 2008
Mailing Address 1050 Roundstone Pl		Amount of Each Receipt this Period , \$1,000.00
City Palm Harbor	State Zip Code FL 34698	
FEC ID number of contributing federal political committee. C		
Name of Employer Robert W. Levin MD PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , \$1,000.00	

Full Name (Last, First, Middle Initial) B. Raymond Scalettar		Date of Receipt 08 / 29 / 2008
Mailing Address 12433 Ansin Circle Drive		Amount of Each Receipt this Period , \$500.00
City Potmac	State Zip Code MD 20854	
FEC ID number of contributing federal political committee. C		
Name of Employer George Washington University	Occupation Clinical Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , \$500.00	

Full Name (Last, First, Middle Initial) C. Roy Fleischmann		Date of Receipt 09 / 02 / 2008
Mailing Address 3401 Lee Pkwy Apt 903		Amount of Each Receipt this Period , \$250.00
City Dallas	State Zip Code TX 75219	
FEC ID number of contributing federal political committee. C		
Name of Employer Rheumatology Associates	Occupation 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)	, \$1,750.00
TOTAL This Period (last page this line number only)	

28039861632

**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 4 OF 5
	<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)

Full Name (Last, First, Middle Initial) A. Joseph J Weiss		Date of Receipt 09 / 03 / 2008
Mailing Address 4485 Chippewa CT		Amount of Each Receipt this Period , \$250.00
City Bloomfield Hills	State Zip Code MI 48301-1551	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Physician-Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , \$250.00	

Full Name (Last, First, Middle Initial) B. Imran Iqbal		Date of Receipt 09 / 03 / 2008
Mailing Address 875 Cotswolds CT		Amount of Each Receipt this Period , \$1,000.00
City Richardson	State Zip Code TX 75081	
FEC ID number of contributing federal political committee. C		
Name of Employer Rheumatology Associates	Occupation Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , \$1,000.00	

Full Name (Last, First, Middle Initial) C. Talat J Kheshgi		Date of Receipt 09 / 03 / 2008
Mailing Address 5809 Dove Creek Lane		Amount of Each Receipt this Period , \$1,000.00
City Plano	State Zip Code TX 75093	
FEC ID number of contributing federal political committee. C		
Name of Employer Rheumatology Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , \$1,000.00	

SUBTOTAL of Receipts This Page (optional).....▶	, \$2,250.00
TOTAL This Period (last page this line number only).....▶	, ,

28039861633

**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 5 OF 5
	<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)

Full Name (Last, First, Middle Initial) A. Sharad Lakhanpal		Date of Receipt "09 / "05 / "2008
Mailing Address 5320 Royal Lane		Amount of Each Receipt this Period , \$1,000.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , \$1,000.00	

Full Name (Last, First, Middle Initial) B. Richard Leo Stern		Date of Receipt "09 / "19 / "2008
Mailing Address 7143 Aberdeen Ave		Amount of Each Receipt this Period , \$500.00
City Dallas	State TX	
Zip Code 75230		
FEC ID number of contributing federal political committee. C		
Name of Employer Rheumatology Associates	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , \$500.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period , , .
City	State	
Zip Code		
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 ▼ , , .	

SUBTOTAL of Receipts This Page (optional)	, \$1,500.00
TOTAL This Period (last page this line number only)	, \$8,250.00

28039861634

**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 1 OF 1	
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
			<input type="checkbox"/> 25	<input type="checkbox"/> 26
			<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. Pallone For Congress		Date of Disbursement M ⁰⁹ / D ¹² / Y ²⁰⁰⁸
Mailing Address PO Box 3176		Amount of Each Disbursement this Period \$1,500.00
City Long Branch	State NJ	
Zip Code 07740	Purpose of Disbursement	Category/ Type 011
Candidate Name Rep. Frank Pallone Jr.	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 06	

Full Name (Last, First, Middle Initial) B. Anna Eshoo For Congress		Date of Disbursement M ⁰⁹ / D ¹⁶ / Y ²⁰⁰⁸
Mailing Address 555 Capitol Mall, Suite 1425		Amount of Each Disbursement this Period \$2,000.00
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement	Category/ Type 011
Candidate Name Rep. Anna Eshoo	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 14	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	
	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	\$3,500.00
TOTAL This Period (last page this line number only)	\$3,500.00

28039861635

**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 1 OF 1

<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. Visa and Mastercard		Date of Disbursement
Mailing Address		" 07 / 10 / 2008
City	State ??	Zip Code
Purpose of Disbursement	001 Category/ Type	Amount of Each Disbursement this Period \$45.26
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B. Visa and Mastercard		Date of Disbursement
Mailing Address		" 09 / 10 / 2008
City	State ??	Zip Code
Purpose of Disbursement	001 Category/ Type	Amount of Each Disbursement this Period \$0.43
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

C. Visa and Mastercard		Date of Disbursement
Mailing Address		" 09 / 10 / 2008
City	State ??	Zip Code
Purpose of Disbursement	001 Category/ Type	Amount of Each Disbursement this Period \$21.82
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	\$67.51
TOTAL This Period (last page this line number only)	\$67.51

28039861636

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *fed exp* Shipping Date
10/13/08
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jma
 PREPARER *11/15/08*
 DATE PREPARED

28039861637