

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

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) 2200 Lake Boulevard NE
▼
 Check if different than previously reported. (ACC)
Atlanta GA 30319

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

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 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 10 / 27 / 2016 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 10 / 01 / 2016 through 10 / 19 / 2016

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

Signature of Treasurer Baraf, Herb, , , [Electronically Filed] Date 10 / 27 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only								
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="203910.59"/>	<input type="text" value="203910.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="205260.59"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8090.00"/>	<input type="text" value="96365.54"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="213350.59"/>	<input type="text" value="300276.13"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6000.00"/>	<input type="text" value="92925.54"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="207350.59"/>	<input type="text" value="207350.59"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7350.00	83655.00
(ii) Unitemized	740.00	5785.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8090.00	89440.00
(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)	8090.00	89440.00
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	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	2925.54
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)).....▶	8090.00	96365.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8090.00	96365.54

DETAILED SUMMARY PAGE
of Disbursements

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.....	6000.00	90000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	2925.54
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	6000.00	92925.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	92925.54

DETAILED SUMMARY PAGE
of Disbursements

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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)	8090.00	89440.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8090.00	89440.00
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 OF 14
<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. Borenstein, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10505 Scarboro Lane
 City Potomac State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis and Rheumatism Assoc Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 01 / 2016
Transaction ID : 14376835
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Moore, J. Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4304 Annadale Circle
 City Jonesboro State AR Zip Code 72404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Bernard's Hospital Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2016
Transaction ID : 14378905
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Weselman, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6035 Riverwood Dr. NW
 City Sandy Springs State GA Zip Code 30328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wellstar Rheumatology Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 05 / 2016
Transaction ID : 14390607
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3250.00
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 OF 14
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. St. Clair, William, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 West Haven Place

City Durham	State NC	Zip Code 27705
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Duke Medical Center	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Transaction ID : 14390611

Amount of Each Receipt this Period
1000.00

Memo Item

B. Flood, Joseph, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 751 Jaeger Street

City Columbus	State OH	Zip Code 43206-2272
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Columbus Arthritis Center	Occupation (for Individual) Physician Rheumatologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

Transaction ID : 14390767

Amount of Each Receipt this Period
1000.00

Memo Item

C. Perkins, Elizabeth, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 757 Jasmine Way

City Birmingham	State AL	Zip Code 35226-4215
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rheumatology Care Center	Occupation (for Individual) Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : 14390773

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
	<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. Gewanter, Harry, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8116 Buford Oaks Dr

City Richmond	State VA	Zip Code 23235-4683
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pediatric & Adolescent Health Partners	Occupation (for Individual) rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

Transaction ID : 14408840

Amount of Each Receipt this Period
100.00

Memo Item

B. Huffstutter, Joseph, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4229 Leedy Moutain Lane

City Signal Moutain	State TN	Zip Code 37377
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Arthritis Associates	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : 14410743

Amount of Each Receipt this Period
1000.00

Memo Item

C. Craig-Muller, Jurgen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 665 Mystic Dr

City Marstons Mills	State MA	Zip Code 02648
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cape Cod Healthsystem	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : 14410744

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
<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 of Individual (Last, First, Middle Initial) or Full Organization Name
Engelbrecht, James, , ,

Mailing Address 4281 Rosemary Lane

City Rapid City	State SD	Zip Code 57702
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Black Hills Orth and Spine Cen	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2016

Transaction ID : 14410745

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	7350.00

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)

21b 22 23 26 27 28a 28b 28c 29 30b

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

Full Name (Last, First, Middle Initial)

A. Kirk For Senate

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement

011 Category/Type

Candidate Name Kirk, Mark, , Sen.,

Office Sought: Senate

Disbursement For: 2016 General

State: IL District:

Date of Disbursement

10 / 11 / 2016

FEC Identification Number

C00350785

Transaction ID : 14353307

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement

011 Category/Type

Candidate Name Guthrie, S., , Rep.,

Office Sought: Senate

Disbursement For: 2016 General

State: KY District: 02

Date of Disbursement

10 / 03 / 2016

FEC Identification Number

C00445023

Transaction ID : 14353308

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lance For Congress

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement

011 Category/Type

Candidate Name Lance, Leonard, , Rep.,

Office Sought: House

Disbursement For: 2016 General

State: NJ District: 07

Date of Disbursement

10 / 17 / 2016

FEC Identification Number

C00444224

Transaction ID : 14374027

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

3000.00

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Bucshon For Congress			Date of Disbursement MM / DD / YYYY 10 / 18 / 2016	
Mailing Address PO Box 250			FEC Identification Number C00468256 Transaction ID : 14374030	
City Newburgh	State IN	Zip Code 47629	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		Category/Type 011	<input type="checkbox"/> Memo Item	
Candidate Name Bucshon, Larry, , Rep., MD				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IN District: 08				

Full Name (Last, First, Middle Initial) B. Debbie Dingell For Congress			Date of Disbursement MM / DD / YYYY 10 / 04 / 2016	
Mailing Address 19855 W. Outer Dr. Ste 103 Ae			FEC Identification Number C00558213 Transaction ID : 14408981	
City Dearborn	State MI	Zip Code 48124	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Category/Type 011	<input type="checkbox"/> Memo Item	
Candidate Name Dingell, Debbie, , Rep.,				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MI District: 12				

Full Name (Last, First, Middle Initial) C. Price For Congress			Date of Disbursement MM / DD / YYYY 03 / 04 / 2016	
Mailing Address P.O. Box 425			FEC Identification Number C00386755 Transaction ID : 14463824	
City Roswell	State GA	Zip Code 30077	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Funds Reported On 2016 April Quarterly		Category/Type 011	<input checked="" type="checkbox"/> Memo Item Funds Reported On 2016 April Quarterly	
Candidate Name Price, Thomas, , Rep., M.D.				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: GA District: 06				

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Price For Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Re-designated funds for trans. dated 3/4/2016

011
Category/
Type

Candidate Name
Price, Thomas, , Rep., M.D.

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: GA District: 06

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2016

FEC Identification Number

C C00386755

Transaction ID : 14463825

Amount of Each Disbursement this Period

2500.00

Memo Item Re-designated funds for trans. dated 3/4/2016

Full Name (Last, First, Middle Initial)

B. Bennet For Colorado

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement
Funds Reported On 2015 Mid-Year

011
Category/
Type

Candidate Name
Bennet, Michael, , Sen.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CO District:

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2015

FEC Identification Number

C C00458398

Transaction ID : 14463956

Amount of Each Disbursement this Period

2500.00

Memo Item Funds Reported On 2015 Mid-Year

Full Name (Last, First, Middle Initial)

C. Bennet For Colorado

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement
Re-designated funds for trans. dated 12/14/2015

011
Category/
Type

Candidate Name
Bennet, Michael, , Sen.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CO District:

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2016

FEC Identification Number

C C00458398

Transaction ID : 14463957

Amount of Each Disbursement this Period

2500.00

Memo Item Re-designated funds for trans. dated 12/14/2015

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

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

0.00

**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"/> 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. Bennet For Colorado

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement
Funds Reported On 2014 April Quarterly

Candidate Name
Bennet, Michael, , Sen.,

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼

State: CO District:

Date of Disbursement: 03 / 25 / 2014

FEC Identification Number: C00458398
Transaction ID : 14463960
Amount of Each Disbursement this Period: 1000.00
 Memo Item Funds Reported On 2014 April Quarterly

B. Bennet For Colorado

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement
Re-designated funds for trans. dated 3/25/2014

Candidate Name
Bennet, Michael, , Sen.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: CO District:

Date of Disbursement: 10 / 12 / 2016

FEC Identification Number: C00458398
Transaction ID : 14463961
Amount of Each Disbursement this Period: 1000.00
 Memo Item Re-designated funds for trans. dated 3/25/2014

C. Bennet For Colorado

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement
Funds Reported On 2013 Year-End

Candidate Name
Bennet, Michael, , Sen.,

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼

State: CO District:

Date of Disbursement: 12 / 16 / 2013

FEC Identification Number: C00458398
Transaction ID : 14463962
Amount of Each Disbursement this Period: 2500.00
 Memo Item Funds Reported On 2013 Year-End

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Bennet For Colorado		Date of Disbursement MM / DD / YYYY 10 / 12 / 2016
Mailing Address PO Box 3078		FEC Identification Number C00458398 Transaction ID : 14463963
City Denver	State CO	Zip Code 80201
Purpose of Disbursement Re-designated funds for trans. dated 12/16/2013		Amount of Each Disbursement this Period 2500.00
Candidate Name Bennet, Michael, , Sen.,		Memo Item dated 12/16/2013
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: CO	District:	

Full Name (Last, First, Middle Initial) B. Bennet For Colorado		Date of Disbursement MM / DD / YYYY 04 / 14 / 2015
Mailing Address PO Box 3078		FEC Identification Number C00458398 Transaction ID : 14465635
City Denver	State CO	Zip Code 80201
Purpose of Disbursement Funds Reported On 2015 Mid-Year		Amount of Each Disbursement this Period 2500.00
Candidate Name Bennet, Michael, , Sen.,		Memo Item
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: CO	District:	

Full Name (Last, First, Middle Initial) C. Bennet For Colorado		Date of Disbursement MM / DD / YYYY 10 / 12 / 2016
Mailing Address PO Box 3078		FEC Identification Number C00458398 Transaction ID : 14465636
City Denver	State CO	Zip Code 80201
Purpose of Disbursement Re-designated funds for trans. dated 4/14/2015		Amount of Each Disbursement this Period 2500.00
Candidate Name Bennet, Michael, , Sen.,		Memo Item dated 4/14/2015
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: CO	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	6000.00