01/29/2010 16:06

(Rev. 12/2004)

Image# 10990208702

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American College of Rheumatology (RheumPAC) 1800 Century Place ADDRESS (number and street) Suite 250 Check if different than previously Atlanta GA 30345 4300 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A CITY A ZIPCODE A IS THIS NEW **AMENDED** C00432823 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2009 12 3 1 2009 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Fred Dietz Type or Print Name of Treasurer Electronically Filed by Fred Dietz 0 1 29 2010 Signature of Treasurer Date 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 **FEC FORM 3X** Use

FE6AN026

Only

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 2/32 Write or Type Committee Name American College of Rheumatology (RheumPAC) D " D 0.7 0 1 2009 12 31 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 49394.84 January 1 (b) Cash on Hand at 83371.14 Begining of Reporting Period 24641.69 66859.27 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 108012.83 116254.11 6(a) and 6(c) for Column B) 18294.11 26535.39 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 89718.72 89718.72 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

FEC Form 3X (Rev. 06/2004) 3 / 32

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period:

From: 0 7

D D 0

2009

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м м 1 2 ^D 31

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	s (other than loans) From: als/Persons Other		
	olitical Committees nized (use Schedule A)	17390.00	49340.00
(ii) Uni	temized	6550.00	15814.00
	TAL (add es 11(a)(i) and (ii)	23940.00	65154.00
(b) Political	Party Committees	0.00	0.00
(such a	olitical Committees s PACs) ontributions (add Lines	0.00	0.00
),(b) and (c)) (Carry b Line 33, page 5)	23940.00	65154.00
	om Affiliated/Other ittees	0.00	0.00
3. All Loans Re	ceived	0.00	0.00
	nents Received	0.00	0.00
	ebates, etc.) to Line 37, page 5) Contributions Made	0.00	0.00
	andidates and Other amittees	0.00	0.00
7. Other Federa (Dividends, I	al Receipts nterest, etc.)	701.69	1705.27
8. Transfers fro	om Non-Federal and Levin Funds		
(a) Non-Fede (from So	eral Account chedule H3)	0.00	0.00
(b) Levin Fur	nds (from Schedule H5)	0.00	0.00
(c) Total Tran	nsfer (add 18(a) and 18(b)).	0.00	0.00
	s (add Lines 11(d), 5, 16, 17, and 18(c))	24641.69	66859.27
0. Total Federal (subtract Line	Receipts e 18(c) from Line 19)	24641.69	66859.27

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/32

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures	0.00	0.00
2	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	Committees	0.00	0.00
3.	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	17000.00	24000.00
	Independent Expenditure		
	(use Schedule E)	0.00	0.00
).	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
3	Loan Repayments Made	0.00	0.00
٥.	Loan repayments wade		
7.	Loans Made	0.00	0.00
	Refunds of Contributions To:		
((a) Individuals/Persons Other Than Political Committees	250.00	500.00
		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))	250.00	500.00
).	Other Disbursements	1044.11	2035.39
٥.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18294.11	26535.39
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	18294.11	26535.39
	from Line 31)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 32

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

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports an		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/32 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any Information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Rheumatology	the name and add	r not be sold or used by any person dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Howard Epstein Mailing Address 26900 Cedar Rd Ste 325 South			Date of Receipt 0 7 0 6 2 0 0 9
City	State	Zip Code	Transaction ID: 8041833
Beachwood	OH	44122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Cleveland Clinic Beachwood	Occupation physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Marius C Teodorescu			Date of Receipt
Mailing Address 6776 Fieldstone Dri	ve		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 8044708
Burr Ridge FEC ID number of contributing federal political committee.	C	60527	Amount of Each Receipt this Period 250.00
Name of Employer Thera Test Labs Inc	Occupation		
Receipt For: Primary General Other (specify) ▼	physiciar Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Kevin Kempf			Date of Receipt
Mailing Address 19272 Stone Oak P	kwy, #101		07 07 YYYY 07 2009
City San Antonio	State TX	Zip Code 78258	Transaction ID: 8044711 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Rheumatology Assoc. of So. TX	Occupation		7
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	I I)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/32 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Rheumatology (I	RheumPAC)	
Full Name (Last, First, Middle Initial) Herbert Baraf		Date of Receipt
Mailing Address 2730 University Blvd V	N Ste 310	0 7 1 0 7 2 0 0 9
City	State Zip Code	Transaction ID: 8048782
Wheaton	MD 20902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Arthritis & Rheumatism As-	Occupation physician	
sociates, P.C Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	•
Full Name (Last, First, Middle Initial) Everett Allen		Date of Receipt
Mailing Address 19272 Stone Oak Pkw	y, Ste. 101	07 21 2009
City	State Zip Code	Transaction ID: 8076882
San Antonio	TX 78258	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Rheumatology Assoc. South Texas	Occupation Rheumatologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Gary M Kammer		Date of Receipt
Mailing Address 382 Blossom LN.		07 27 2009
City	State Zip Code	Transaction ID: 8091411
Chagrin Falls	OH 44022-5111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Arthritis Associates, INC	Occupation Rheumatologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional) .	1	1000.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X)

Any information copied from such B	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 32 (check only one) X
or for commercial purposes, other th NAME OF COMMITTEE (In Full) American College of Rheum	an using the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Init Imran Iqbal Mailing Address 875 Cotswo City Richardson FEC ID number of contributing	<u> </u>	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Init Dennis Boulware Mailing Address 1603 Olalah	ina PI	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Honolulu FEC ID number of contributing federal political committee.	State Zip Code HI 96817	Amount of Each Receipt this Period 500.00
Name of Employer Hawaii Permanente Medical Grou Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Init	·	Date of Receipt 0 7 0 3 1 2 0 0 9
City Plano FEC ID number of contributing federal political committee.	State Zip Code TX 75093	Transaction ID: 8107695 Amount of Each Receipt this Period 250.00
Name of Employer Rheumatology Associates	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page	(optional)	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 32 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Rheumatology (e name and add	not be sold or used by any persongler dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) David Rosenstock Mailing Address 3443 West Wheatland City Dallas FEC ID number of contributing federal political committee. Name of Employer Solo Practice Receipt For: Primary General Other (specify)	State TX C Occupatio Rheuma		Date of Receipt M M M O 3 2009 Transaction ID: 8109291 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Bessie M Sullivan Mailing Address 35-37 Progress St #A City Edison FEC ID number of contributing federal political committee. Name of Employer Bessie M Sullivan, MD, PA Receipt For: Primary General Other (specify)	State NJ C Occupatio physiciar		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Melvin Britton Mailing Address 167 Toyon Road City Attierton FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State CA C Occupatio Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number			1000.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 32 (check only one) X
or	for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) American College of Rheumatology (Rh	name and add	dress of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Ellison Smith			Date of Receipt
	Mailing Address 445 Biltmore Center, Su	uite 306		09 18 2009
	City	State	Zip Code	Transaction ID: 8239614
	Asheville	NC	28801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Asheville Arthritis	Occupation physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) George A Housley			Date of Receipt
•	Mailing Address 101 Edgewater Cove			0 9 2 7 2 0 0 9
	City	State	Zip Code	Transaction ID: 8246612
	Belden	MS	38826	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Norht MS Med Clinics	Occupation physiciar		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Elizabeth Tindall			Date of Receipt
	Mailing Address 1255 SW Schaeffer Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8246615
	West Linn	OR	97068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
S	LUBTOTAL of Receipts This Page (optional)			1250.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Rheumatology	(RheumPAC)		
Full Name (Last, First, Middle Initial) Allan H Morton			Date of Receipt
Mailing Address 30101 Hoover			09 26 2009
City	State	Zip Code	Transaction ID: 8246618
Warren FEC ID number of contributing federal political committee.	C	48093	Amount of Each Receipt this Period 1000.00
Name of Employer Allan H Morton, D.O.P.C.	Occupation physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Herbert Baraf			Date of Receipt
Mailing Address 2730 University Blv	d W Ste 310	09 28 7 2009	
City State Wheaton MD		Zip Code	Transaction ID: 8246824
FEC ID number of contributing federal political committee.	C	20902	Amount of Each Receipt this Period 500.00
Name of Employer Arthritis & Rheumatism As- sociates, P.C	Occupation physiciar		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Nilsa Cruz			Date of Receipt
Mailing Address 2801 W KK River P Ste. 375	kwy		09 30 7 2009
City Milwaukee	State WI	Zip Code 53215	Transaction ID: 8259125 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33210	1000.00
Name of Employer Milwaukee Rheumatology Ce- nter	Occupation rheumato		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optiona			2500.00

	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) X
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	ly not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American College of Rheumatology (RheumPAC)		
Α.	Full Name (Last, First, Middle Initial) James Barry Lesser			Date of Receipt
	Mailing Address 7107 Daventry Wood	ls Drive		10 05 7 2009
	City West Bloomfield	State MI	Zip Code 48322	Transaction ID: 8285820
	FEC ID number of contributing federal political committee.	C	40022	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Benjamin Harris Mailing Address 516 E Stella Lane			Date of Receipt
	Mailing Address STO E Stella Latte			10 05 2009
	City Phoenix	State AZ	Zip Code 85012	Transaction ID: 8285821
	FEC ID number of contributing federal political committee.	C	03012	Amount of Each Receipt this Period 500.00
	Name of Employer Phoenix Rheumatology Spec- ialis	Occupation Rheuma		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
с. С.	Full Name (Last, First, Middle Initial) Michael C Schweitz			Date of Receipt
	Mailing Address 7721 Pine Tree LN			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Wast Balm Basah	State FL	Zip Code	Transaction ID: 8300016
	West Palm Beach FEC ID number of contributing federal political committee.	C	33406-7833	Amount of Each Receipt this Period 1000.00
	Name of Employer Self-Employed	Occupation Rheuma		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1250.00	
	SUBTOTAL of Receipts This Page (optional)			2000.00
Ì	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FITEMIZED RECE		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 32 (check only one) X 11a
or for commercial purposes NAME OF COMMITTE	s, other than using the name and a	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City Richboro FEC ID number of cont federal political committed	acqueline Circle State PA ributing	Zip Code 18954	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Temple University Receipt For: Primary Other (specify)	General Physic]
	4 Bleak House Rd		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Earlysville FEC ID number of cont federal political committ		Zip Code 22936-2213	Transaction ID: 8667150 Amount of Each Receipt this Period 250.00
Name of Employer self employed Receipt For: Primary Other (specify)		tion atologist ate Year-to-Date ▼ 250.00	
Full Name (Last, First, I Rajat Dhar Mailing Address 442	Middle Initial) Bldg D Commons Way		Date of Receipt 1 0 1 7 2 0 0 9
City Toms River	State NJ	Zip Code 08755	Transaction ID: 8667152 Amount of Each Receipt this Period
FEC ID number of cont federal political committ Name of Employer self employed	ee. Occupa	tion	250.00
Receipt For: Primary Other (specify)		ate Year-to-Date 250.00	
SUBTOTAL of Receipts	his Page (optional))	700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 32 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	• •	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Rheumatology		ress or any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gary Bryant			Date of Receipt
Mailing Address 5429 Vining Point F	Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 8667156
Minnetonka	MN	55345	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer University of Minnesota	Occupation Physician		
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	riggrogate	1000.00	
Full Name (Last, First, Middle Initial) Jonathan Kay			Date of Receipt
Mailing Address 62 Olde Field Road	I		10 20 7 7 7 7 7
City	State	Zip Code	Transaction ID: 8667163
Newton Centre	MA	02459	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Mass General Physicians Org	Occupation Physician		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Enrico Arguelles			Date of Receipt
Mailing Address 3232 Lloyd Mangru	m Lane		10 20 7 7 7 7 7
City	State	Zip Code	Transaction ID: 8667166
Billings	MT	59106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Arthritis & Osteoporosis Cente	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional	al)		1020.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) American College of Rheumatolo	and Statements may not be sold or used by any person go the name and address of any political committee to go (RheumPAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles King Mailing Address 179 Edgewater C City Belden FEC ID number of contributing federal political committee. Name of Employer NMMCI	State Zip Code MS 38826-9145 C Occupation Physician	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 1100.00	
Steven Overman Mailing Address 10330 Meridian A City Seattle	ve N Ste 250 State Zip Code WA 98133	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer The Seattle Arthritis Clinic Receipt For: Primary General Other (specify)	Occupation rheumatology Aggregate Year-to-Date ▼	100.00
Full Name (Last, First, Middle Initial) Terence Starz Mailing Address 179 Woodshire D	r	Date of Receipt 10 20 2009
City Pittsburgh FEC ID number of contributing federal political committee.	State Zip Code PA 15215	Transaction ID: 8667358 Amount of Each Receipt this Period 500.00
Name of Employer UPMC Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	700.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports	for each category of the Detailed Summary Page and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 16 / 32 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Rheumatology	ing the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William Harvey		Date of Receipt
Mailing Address 715 Albany St		10 20 2009
City	State Zip Code	Transaction ID: 8667719
Boston FEC ID number of contributing federal political committee.	MA 02118	Amount of Each Receipt this Period 500.00
Name of Employer Boston Medical Center	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Jonathan Kay		Date of Receipt
Mailing Address 62 Olde Field Ro	ad	10 21 2009
City	State Zip Code	Transaction ID: 8667730
Newton Centre FEC ID number of contributing federal political committee.	MA 02459	Amount of Each Receipt this Period 20.00
Name of Employer Mass General Physicians Org	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	
Full Name (Last, First, Middle Initial) Thomas Olenginski		Date of Receipt
Mailing Address 100 N Academy	Ave	10 21 2009
City	State Zip Code	Transaction ID: 8668250
<u>Danville</u>	PA 17822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Geisinger Medical Center	Occupation physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optic	onal)	770.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 17 / 32 (check only one)
	Detailed Summary Page	X 11a 11b 11c 12 15 16 1
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or used by any persing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Rheumatolo	ogy (RheumPAC)	
Full Name (Last, First, Middle Initial)		Data of Descript
Robert Lloyd Mailing Address 3277 Rose Glen	СТ	Date of Receipt 1 0 2 1 2 0 0 9
City	State Zip Code	Transaction ID: 8668267
Falls Church	VA 22042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer Arthritis & Rheumatism As-	Occupation Physician	
soc. Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial) Arthur Huppert	I	Date of Receipt
Mailing Address 245 N Broad St S	Ste 403	10 21 2009
City	State Zip Code	Transaction ID: 8668270
<u>Philadelphia</u>	PA 19107-1518	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self-Employed	Occupation Rheumatologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Timothy Laing		Date of Receipt
Mailing Address 5522 Warren Ro	ad	10 20 2009
City	State Zip Code	Transaction ID: 8668273
Ann Arbor	MI 48105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer University of Michigan	Occupation MD	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	520.00	
SURTOTAL of Descripts This Description	onal)	1140.00
CODICIAL OF Necespts This Page (option	J. I.C.I	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 18 / 32 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Rheumatolo	ng the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey Lawson		Date of Receipt
Mailing Address 20 Crescent Ave		10 20 2009
City	State Zip Code	Transaction ID: 8668275
Greenville FEC ID number of contributing federal political committee.	SC 29605	Amount of Each Receipt this Period 20.00
Name of Employer Piedmont Arthritis Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
Full Name (Last, First, Middle Initial) Michael C Schweitz	I	Date of Receipt
Mailing Address 7721 Pine Tree Li	N	10 20 2009
City West Palm Beach	State Zip Code FL 33406-7833	Transaction ID: 8668276 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Self-Employed	Occupation Rheumatologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1270.00	
Full Name (Last, First, Middle Initial) William Harvey	I	Date of Receipt
Mailing Address 715 Albany St		10 20 7 2009
City	State Zip Code	Transaction ID: 8668277
Boston FEC ID number of contributing federal political committee.	MA 02118	Amount of Each Receipt this Period 20.00
Name of Employer Boston Medical Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
SUBTOTAL of Receipts This Page (option	nal)	60.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/32 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Rheumatology	<u> </u>	· · ·	
Full Name (Last, First, Middle Initial) Charles Geringer			Date of Receipt
Mailing Address 12230 Arbor Trail			M M / D D / Y Y Y Y Y Y 1 1 0 2 0 2 0 0 9
City Palos Heights	State IL	Zip Code	Transaction ID: 8668278
FEC ID number of contributing federal political committee.	C	60463-1877	Amount of Each Receipt this Period 20.00
Name of Employer	Occupatio Rheumat	n tologist and Internest	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Neal Birnbaum			Date of Receipt
Mailing Address 97 Carte Alejo			10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 8668279
Greenbrag FEC ID number of contributing federal political committee.	CA	94904	Amount of Each Receipt this Period 20.00
Name of Employer Pacific Rheumatology Asso- ciate	Occupatio Rheumat		
Receipt For: Primary General		e Year-to-Date ▼ 320.00	1
Other (specify)	0 0		
Full Name (Last, First, Middle Initial) John A Goldman			Date of Receipt
Mailing Address 5800 Timberlane To	errace		10 20 2009
City	State	Zip Code	Transaction ID: 8668280
Atlanta FEC ID number of contributing federal political committee.	GA C	30328	Amount of Each Receipt this Period 20.00
Name of Employer John A Gold MAN MD PC	Occupatio Rheuma		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional	al)		60.00

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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Rheumatology (ne name and addre	not be sold or used by any pers less of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Herbert Baraf Mailing Address 2730 University Blvd City Wheaton FEC ID number of contributing federal political committee.	W Ste 310 State MD	Zip Code 20902	Date of Receipt 10 20 2009 Transaction ID: 8668281 Amount of Each Receipt this Period 40.00
Name of Employer Arthritis & Rheumatism Associates, P.C Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Y	/ear-to-Date ▼ 1040.00	
Full Name (Last, First, Middle Initial) Jeffrey Lawson Mailing Address 20 Crescent Ave			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Greenville	State SC	Zip Code	Transaction ID: 8668282
FEC ID number of contributing federal political committee.	C	29605	Amount of Each Receipt this Period 20.00
Name of Employer Piedmont Arthritis Center	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 540.00	
Full Name (Last, First, Middle Initial) Edward Herzig			Date of Receipt
Mailing Address 419 Reilly Road			10 20 7 2009
City	State	Zip Code	Transaction ID: 8668283
Cincinnati FEC ID number of contributing federal political committee.	ОН	45215	Amount of Each Receipt this Period 20.00
Name of Employer Herzig Krall Medical Group	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	_ 	rear-to-Date ▼ 1020.00	
SUBTOTAL of Receipts This Page (optional)			80.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 32 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Rheumatology	the name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Joseph Flood Mailing Address 751 Jaeger Street			Date of Receipt 10 20 2009
City Columbus FEC ID number of contributing federal political committee.	State OH	Zip Code 43206-2272	Transaction ID: 8668285 Amount of Each Receipt this Period 40.00
Name of Employer Musculoskeletal Med Specialist Receipt For: □ Primary □ General □ Other (specify) ▼		n Rheumatologist Year-to-Date 1040.00	
Full Name (Last, First, Middle Initial) David Fox Mailing Address 200 Barton N. Dr			Date of Receipt 1 0 2 0 2 0 0 9
City	State	Zip Code	Transaction ID: 8668286
Ann Arbor FEC ID number of contributing federal political committee.	C	48105	Amount of Each Receipt this Period 20.00
Name of Employer University of Michigan	Occupation Physician		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00]
Full Name (Last, First, Middle Initial) Paul Goldfarb			Date of Receipt
Mailing Address 2113 Palmbrooke C	t		10 21 2009
City	State	Zip Code	Transaction ID: 8668588
Lexington FEC ID number of contributing federal political committee.	C	40513	Amount of Each Receipt this Period 1000.00
Name of Employer Arthritis Center of Lexin- gton Receipt For:	Occupation rheumato		
Primary General Other (specify) ▼	Aggregate	1000.00	
			1060.00

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 32 (check only one) X
Any inform	nation copied from such Reports and S mercial purposes, other than using the	Statements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OF COMMITTEE (In Full) can College of Rheumatology (F	RheumPAC)		
Full Na Gloria F	ıme (Last, First, Middle Initial) Higgins			Date of Receipt
Mailing	Address 2202 Bryden Rd.			11 06 2009
City		State	Zip Code	Transaction ID: 8709328
<u>Colum</u>	<u>ıbus</u>	OH	43209	Amount of Each Receipt this Period
	number of contributing political committee.	C		300.00
Name of Ohio Single Pediatr	of Employer tate University and	Occupation physicial		
Receip	t For:	, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	e Year-to-Date ▼	
	Primary		300.00	
	me (Last, First, Middle Initial) E Krauser	1		Date of Receipt
	Address 35 Broad Leaf Trail			1 1 1 9 2 0 0 9
City		State	Zip Code	Transaction ID: 8742842
<u>Malve</u>	ern	PA	19355	Amount of Each Receipt this Period
	number of contributing political committee.	C		250.00
Name o Ronald	of Employer I E Krauser, MD, PC	Occupation Physicia		
	t For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	me (Last, First, Middle Initial) ddin Kazi			Date of Receipt
Mailing	Address 9301 N Central Expres	ssway Ste 67	75	12 05 YYYYY 12 05 2009
City		State	Zip Code	Transaction ID: 8775239
<u>Dallas</u>	3	TX	75231-0823	Amount of Each Receipt this Period
FEC ID federal	number of contributing political committee.	C		250.00
Name o Arthritis	of Employer s Consulation Ctr	Occupation physicial		
	t For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 290.00	1

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Rheumatology	d Statements may not be sold or used by any person the name and address of any political committee to (RheumPAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Steven Wees		Date of Receipt
Mailing Address 16120 W. Dodge Ro	0	M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City	State Zip Code	Transaction ID: 8820931
Omaha	NE 08118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Physicians Clinic	Occupation Rheumatologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Steven Overman	'	Date of Receipt
Mailing Address 10330 Meridian Ave	e N Ste 250	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 8900928
Seattle	WA 98133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer The Seattle Arthritis Cli- nic	Occupation rheumatology	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Everett Allen		Date of Receipt
Mailing Address 19272 Stone Oak P	kwy, Ste. 101	07 21 YYYY 2009
City	State Zip Code	Transaction ID: 8904910
San Antonio	TX 78258	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.00
Name of Employer Rheumatology Assoc. South Texas	Occupation Rheumatologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$25-0.00
SUBTOTAL of Receipts This Page (optiona)	750.00
s. rissopts rills rage (optional	,	17390.00

	EDULE A (FEC Form 3X) IIZED 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 18
or for c	ommercial purposes, other than using the	tatements may no name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1	ME OF COMMITTEE (In Full) Perican College of Rheumatology (R	RheumPAC)		
Ame	Name (Last, First, Middle Initial) erican College of Rheumatology			Date of Receipt
Mail ——	ing Address 2200 Lake Boulevard N	NE		07 29 7 2009
City		State	Zip Code	Transaction ID: 8107656
FEC	anta CID number of contributing eral political committee.	GA C	30319	Amount of Each Receipt this Period 140.86
Nan	ne of Employer	Occupation		-
Rec	eipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1144.44	
Ame	Name (Last, First, Middle Initial)			Date of Receipt
Mail	Mailing Address 2200 Lake Boulevard NE			08 17 2009
City		State	Zip Code	Transaction ID: 8154739
	anta	GA	30319	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		105.22
Nan	ne of Employer	Occupation		
Rec	eipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1249.66	
	Name (Last, First, Middle Initial) erican College of Rheumatology			Date of Receipt
	ing Address 2200 Lake Boulevard N	NE		M M / D D / Y Y Y Y Y O O O O
City		State	Zip Code	Transaction ID: 8235220
FEC	anta CID number of contributing eral political committee.	GA C	30319	Amount of Each Receipt this Period 125.04
Nan	ne of Employer	Occupation		
Rec	eipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1374.70	
		ı		371.12

SCHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 25 / 32		
		Use separate schedule(s) for each category of the	(check only one)		
Ιſ	EMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 12	
			, ,	13 14 15 16 X 17	
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\rangle	American College of Rheumatology (Rhe	eumPAC)			
	Full Name (Last, First, Middle Initial) American College of Rheumatology			Date of Receipt	
	Mailing Address 2200 Lake Boulevard NE			11 30 7 2009	
	City	State	Zip Code	Transaction ID: 8749622	
	Atlanta	GA	30319	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		330.57	
	Name of Employer	Occupation	n		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		1705.27		
	Other (specify)	I	1700.27		

SUBTOTAL of Receipts This Page (optional)	•	330.57
TOTAL This Period (last page this line number only)	<u> </u>	701.69

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page FOR LIN (check of the Detailed Summary Page)	PAGE 26 / 32 Inly one) 22 23 24 25 26 30 28 28 29 30b
	y Information copied from such Reports and Stat for commercial purposes, other than using the na	, , , ,	· ·
\rangle	NAME OF COMMITTEE (In Full) American College of Rheumatology (Rhe	eumPAC)	
	Full Name (Last, First, Middle Initial) Everett Allen Mailing Address 19272 Stone Oak Pkw	v, Ste. 101	Transaction ID: 8056933 Date of Disbursement O 7 D D D V Y Y Y O O 9
	City San Antonio Purpose of Disbursement Refund of Corporate Contribution received 6/30 Candidate Name	State Zip Code TX 78258	Amount of Each Disbursement this Period 250.00
	Office Sought: House Disbu Senate President State: District:	Type sement For: Primary General Other (specify) ▼	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

C.

SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)				IE NUMBER: PAGE 27 / 32 nly one)									
ITEMIZED DISBURSEMENTS		category of the Summary Page		Ę	21b 27	П	22 28a	X	23 28b	24 280	F	25 29		26 30b	
Any Information copied from such Reports and State					ny persor		the pu		se of so	oliciting	contri	bution	S	1002	
or for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)	ne and addres	ss or any political	COIII	111	iillee to s	SOIIC	it Contr	ibut	ions in	om such	COM	millee			
American College of Rheumatology (Rhe	umPAC)														
Full Name (Last, First, Middle Initial) Wyden For Senate									isburse		934				
Mailing Address 232 Ne 9th Avenue							0 ^M 7	М	1	^D 3	Y 2	žοŏ	9 ^Y		
City Portland	State OR	Zip Code 97232					Amou	nt o	f Each	Disburs	emer	nt this	Perio	od	
Purpose of Disbursement Event July 22				0	11		L.				10	00.00)	Ш	
Candidate Name Sen. Ron Wyden					egory/ ype										
X Senate President	ement For: Primary Other (spe	2009 X General ecify) ▼					Event	Jul	ly 22						
State: OR District:				_											
Full Name (Last, First, Middle Initial) Anna Eshoo For Congress							Date o	of D	isburse						
Mailing Address 555 Capitol Mall, Suite	1425						0 ^M 7	М	[/] 1	3 /	Y 2	Ý 0 Ď :	9 ^Y		
City Sacramento	State CA	Zip Code 95814					Amou	nt o	f Each	Disburs	emer	nt this	Perio	od	
Purpose of Disbursement Event July 16				0	11			0			15	500.00)	Ш	
Candidate Name Rep. Anna Eshoo					egory/ ype										
Office Sought: X House Disburs Senate President State: CA District: 14	ement For: Primary Other (spe	2009 X General ecify) ▼					Event	Jul	ly 16						
Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	8108	020			—	
Mike Thompson For Congress							Date of		isburse	ement	020				
Mailing Address 5429 Madison Avenue							0 ^M 7	М	[′] 3	0 /	Y 2	žoŏ:	9 ^Y		
City Sacramento	State CA	Zip Code 95841					Amou	nt o	f Each	Disburs	-			od	
Purpose of Disbursement			Г	_							10	00.00)		
Event August 16 Candidate Name Rep. Michael Thompson			Ca	at	egory/ ype										
	ement For: Primary Other (spe	2009 X General ecify) ▼			•		Event	Au	gust ⁻	16					
SUBTOTAL of Disbursements This Page (optional)											35	00.00)	$\overline{}$	
ODIVIAL OF DISDUISEMENTS THIS Page (optional)					<u> </u>		-	_				33.3			

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	NE NUMBER: PAGE 28/3								
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one)	23	7 24	П	25	$\overline{}$	1 26		
	Detailed Summary Page	27	28a ^	28b	28c	Н	29		30b		
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name.								3			
NAME OF COMMITTEE (In Full)											
American College of Rheumatology (Rheumatology)	mPAC)										
Full Name (Last, First, Middle Initial) Georgians For Isakson			Transaction			21					
Mailing Address Post Office Box 250116			07	D 3 C) / Y	ž	o ŏ s) Y			
City Atlanta	State Zip Code GA 30325		Amount of	Each D	isburse	ment	this I	Perio	od		
Purpose of Disbursement Event August 12	<u> </u>	011				100	00.00)			
Candidate Name Sen. Johnny Isakson		Category/ Type									
Office Sought: House Disburs	ement For: 2009 Primary X General Other (specify)		Event Au	gust 12	2						
Full Name (Last, First, Middle Initial) Friends Of Barbara Boxer			Transaction			40					
Mailing Address PO Box 641751			08	25) / Y	ž	0 ŏ s) Y			
City Los Angeles	State Zip Code CA 90064		Amount of	Each D	isburse	-		_	od .		
Purpose of Disbursement September 17 event in Washington, D.C.		011				250	00.00)			
Candidate Name Sen. Barbara Boxer		Category/ Type									
Office Sought: House Disburs X Senate President State: CA District:	ement For: 2009 Primary X General Other (specify)		Septembe hington, I		vent in	Wa	S-				
Full Name (Last, First, Middle Initial)			Transaction	on ID:	82352	01					
People For Patty Murray U S Senate Cam	paign		Date of Di	sbursen	nent	٠.					
Mailing Address PO Box 3662			0 9	16	3 / Y	ž	o ŏ s) Y			
City Seattle	State Zip Code WA 98124		Amount of	Each D	isburse		-		od .		
Purpose of Disbursement Event September 22		011				250	00.00)			
Candidate Name Sen. Patty Murray		Category/ Type									
X Senate President	ement For: 2009 Primary X General Other (specify)		Event Sep	ptembe	er 22						
State: WA District:											
SUBTOTAL of Disbursements This Page (optional)		>				600	0.00				

C.

SCHEDULE B (FEC Form 3X)		rate schedule(s)			OR LIN			R:		F	PAGE	29 /	32			
ITEMIZED DISBURSEMENTS		category of the Summary Page		È	21b 27		22 28a	X	23 28b	24	, F	25 29		26 30b		
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam					y persor		the pu		se of s	oliciting	contr	bution	s	1 - 22		
 NAME OF COMMITTEE (In Full) 	e and addres	ss or arry political	COIII	111	iillee lo s	OIIC	it Conti	ibut	10115 111	JIII SUCI	COIII	millee				
American College of Rheumatology (Rheu	mPAC)															
Full Name (Last, First, Middle Initial) Berkley for Congress									on ID:	8235 ement	202					
Mailing Address 7500 W. Lake Mead Blvd Box9-306	d.						o ^M 9	М	/ 1	6 /	Y	ž 0 Ŏ	9 ^Y			
City Las Vegas	State NV	Zip Code 89128					Amou	nt o	f Each	Disburs	eme	nt this	Perio	od		
Purpose of Disbursement Event September 24			Г	0	11			_			2	500.0	Ď			
Candidate Name Shelley Berkley					egory/ ype											
Office Sought: X House Senate President State: NV District: 00	ement For: Primary Other (spec	2009 X General cify) ▼					Event	Se	pteml	oer 24						
Full Name (Last, First, Middle Initial) Upton For All Of Us										8235	211					
Mailing Address P.O. Box 490							Date of Disbursement O 9									
City St. Joseph	State MI	Zip Code 49085					Amou	nt o	f Each	Disburs	eme	nt this	Perio	od		
Purpose of Disbursement Event September 22				0	11		1000.00									
Candidate Name Rep. Frederick Upton					egory/ ype											
Office Sought: X House Disburse Senate President State: MI District: 06	ement For: Primary Other (spec	2009 X General cify) ▼					Event	Se	pteml	oer 22						
Full Name (Last, First, Middle Initial)							Trans	anti	on ID:	8243	000					
Stabenow For Us Senate							Date o		isburs	ement		Y Y	Y			
Mailing Address P.O. Box 4945							0 9	_	1	7 /	- 2	žοŏ	9			
City East Lansing	State MI	Zip Code 48826					Amou	nt o	f Each	Disburs				od		
Purpose of Disbursement Event September 20				0	11						1(0.00	J			
Candidate Name Sen. Debbie Stabenow					egory/ ype											
Office Sought: House Disburse X Senate President	ement For: Primary Other (spec	2009 X General cify) ▼					Event	Se	pteml	oer 20						
State: MI District:																
SUBTOTAL of Disbursements This Page (optional)					. •						45	00.0)			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	_	NUMBER: PAGE 30 / 32
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	22 X 23 24 25 28 28a 28b 28c 29
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) American College of Rheumatology (Rheu		Committee to so	ion contributions from such committee
Full Name (Last, First, Middle Initial) Wyden For Senate			Transaction ID: 8295789 Date of Disbursement
Mailing Address 232 Ne 9th Avenue		$\begin{bmatrix} \begin{smallmatrix} M \\ 1 \end{smallmatrix} 0 & \begin{smallmatrix} M \\ \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} 1 \\ 2 \end{smallmatrix} 1 & \begin{smallmatrix} 3 \\ 3 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y \\ 2 \end{smallmatrix} 2 & 0 & 0 & 9 \\ \end{smallmatrix} $	
City Portland	State Zip Code OR 97232		Amount of Each Disbursement this Perio
Purpose of Disbursement Event October 22		011	1000.00
Candidate Name Sen. Ron Wyden Office Sought: House Disburse	ement For: 2009	Category/ Type	
X Senate President	Primary X General Other (specify)		Event October 22
State: OR District: Full Name (Last, First, Middle Initial)			Transaction ID: 8295790
Pallone For Congress			Date of Disbursement
Mailing Address PO Box 3176			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & 1 & 0 \\ 1 & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix} $
City Long Branch	State Zip Code NJ 07740		Amount of Each Disbursement this Period
Purpose of Disbursement Event October 14		011	1000.00
Candidate Name Rep. Frank Pallone, Jr.		Category/ Type	
Office Sought: X House Senate President State: NJ District: 06	ement For: 2009 Primary X General Other (specify)		Event October 14
Full Name (Last, First, Middle Initial) Lisa Murkowski For Us Senate			Transaction ID: 8295791 Date of Disbursement
Mailing Address PO Box 100847			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
City Anchorage	State Zip Code AK 99510		Amount of Each Disbursement this Perio
Purpose of Disbursement Event October 15		011	1000.00
Candidate Name Sen. Lisa Murkowski		Category/ Type	
Office Sought: House Disburse X Senate President State: AK District:	ement For: 2009 Primary X General Other (specify)		Event October 15
SUBTOTAL of Disbursements This Page (optional)			3000.00
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SCHEDULE B (FEC Form 3X)	Use sepa				NE NUMBER: PAGE 31 / 32 only one)									
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Any Information copied from such Reports and State or for commercial purposes, other than using the nar														5
NAME OF COMMITTEE (In Full)														
American College of Rheumatology (Rhe	umPAC)													
Full Name (Last, First, Middle Initial) SunTrust Bank Charges									on ID:		81384 ent	34		
Mailing Address PO Box 622227								M	^D 3			ž	o ŏ s) Y
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Purpose of Disbursement July credit card fees				0	01					_		, 10)5.22	
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Office Sought: House Senate President State: Disbur	Primary Other (spe	General cify) ▼					July c	red	it card	d f	ees			
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Full Name (Last, First, Middle Initial)							_				22225	<u> </u>		
SunTrust Bank Charges							Date of	of D	sburse	em		81		_
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SCHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)				NE NUMBER: PAGE 3. only one)								2 / 32		
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American College of Rheumatology (Rheumatology)	ımPAC)															
Full Name (Last, First, Middle Initial) SunTrust Bank Charges							Trans				88478	03				
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