

# 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.   
American College of Rheumatology (RheumPAC)

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

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

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 James Engelbrecht

Signature of Treasurer James Engelbrecht [Electronically Filed] 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="168727.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="164219.34"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="39402.66"/>	<input type="text" value="129510.00"/>
(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="203622.00"/>	<input type="text" value="298237.92"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23148.97"/>	<input type="text" value="117764.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="180473.03"/>	<input type="text" value="180473.03"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	36150.00	114533.00
(ii) Unitemized .....	3135.00	10069.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	39285.00	124602.00
(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) .....	39285.00	124602.00
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	117.66	2408.00
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))..... ▶	39402.66	129510.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	39402.66	129510.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	115500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	148.97	2264.89
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)) ..	23148.97	117764.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23148.97	117764.89

**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) .....	39285.00	124602.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39285.00	124602.00
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 31
<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. Neal Birnbaum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 97 Carte Alejo  
City Greenbrag State CA Zip Code 94904  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Rheumatology Associate Occupation Rheumatologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 21 / 2014**  
**Transaction ID : 12836518**  
Amount of Each Receipt this Period **500.00**

**B. Joseph Laukaitis M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6909 Rannoch Road  
City Bethesda State MD Zip Code 20817  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 24 / 2014**  
**Transaction ID : 12836519**  
Amount of Each Receipt this Period **250.00**

**C. Robert Lloyd**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3277 Rose Glen CT  
City Falls Church State VA Zip Code 22042  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Arthritis & Rheumatism Assoc. Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 28 / 2014**  
**Transaction ID : 12842204**  
Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1000.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<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. James P Brodeur**  
Full Name (Last, First, Middle Initial)

Mailing Address 8201 Altee Rd  
Suite B

City Mechanicsville State VA Zip Code 23116

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

Name of Employer Arthritis Specialists, LTD Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : 12842975**

Amount of Each Receipt this Period  
250.00

**B. Peter Coutlakis**  
Full Name (Last, First, Middle Initial)

Mailing Address 10005 Ashbridge PI

City Richmond State VA Zip Code 23238

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

Name of Employer Self-group Practice Occupation Rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2014

**Transaction ID : 12851493**

Amount of Each Receipt this Period  
250.00

**C. Edgar F Jessee**  
Full Name (Last, First, Middle Initial)

Mailing Address 1401 Johnston Willis Dr S 1200

City Richmond State VA Zip Code 23235

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

Name of Employer Arthritis Soecialists LTD Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2014

**Transaction ID : 12852017**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 31
<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. David Goddard**  
Full Name (Last, First, Middle Initial)

Mailing Address 186 Joralemon Street

City Brooklyn State NY Zip Code 11201

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

Name of Employer YU Medical Williamsburg Occupation Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 04 / 2014  
**Transaction ID : 12859280**

Amount of Each Receipt this Period 500.00

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

Mailing Address 3018 Dixwell Ave.

City Hamden State CT Zip Code 06518

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

Name of Employer Arthritis and Osteoporosis PC Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 05 / 2014  
**Transaction ID : 12859282**

Amount of Each Receipt this Period 500.00

**C. Gary Feldman**  
Full Name (Last, First, Middle Initial)

Mailing Address 609 23rd Street

City Santa Monica State CA Zip Code 90402

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

Name of Employer Pacific Arthritis Occupation rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 06 / 2014  
**Transaction ID : 12859283**

Amount of Each Receipt this Period 1200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2200.00

**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 31
<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. Angus Worthing MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5530 Wisconsin Ave #1150  
 City Chevy Chase State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arthritis and Rheumatism Associates, P Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 06 / 2014**  
**Transaction ID : 12859284**  
 Amount of Each Receipt this Period **500.00**

**B. Steven J Klein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 346 Mill St.  
 City Hagerstown State MD Zip Code 21740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rheumatology Consultants Occupation Rheumatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3000.00**

Date of Receipt **11 / 10 / 2014**  
**Transaction ID : 12877043**  
 Amount of Each Receipt this Period **3000.00**

**C. Edward L. Morris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8511 topping Rd.  
 City Baltimore State MD Zip Code 21208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greater Baltimore Medical Center Occupation Rheumatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 12 / 2014**  
**Transaction ID : 12877044**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **3750.00**  
**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 10 OF 31
<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. William St. Clair**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 West Haven Place

City Durham State NC Zip Code 27705

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

Name of Employer Duke Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2014

**Transaction ID : 12897406**

Amount of Each Receipt this Period  
 1000.00

**B. Charles King**  
Full Name (Last, First, Middle Initial)

Mailing Address 179 Edgewater Cv

City Belden State MS Zip Code 38826-9145

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

Name of Employer NMMCI Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2014

**Transaction ID : 12897407**

Amount of Each Receipt this Period  
 1000.00

**C. Gary Bryant**  
Full Name (Last, First, Middle Initial)

Mailing Address 5429 Vining Point Road

City Minnetonka State MN Zip Code 55345

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

Name of Employer University of Minnesota Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2014

**Transaction ID : 12897408**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 31
	<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. Howard Blumstein**  
Full Name (Last, First, Middle Initial)

Mailing Address Rheumatology Associates of Long Is  
315 Middle Country Rd

City Smithtown State NY Zip Code 11787

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

Name of Employer Rheum Associates of Long Island Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
11 / 18 / 2014  
Transaction ID : 12897409

Amount of Each Receipt this Period  
500.00

**B. Jody K Hargrove MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7250 France Ave So  
Suite 215

City Edina State MN Zip Code 55435

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

Name of Employer Arthritis & Rheumatology Consultants Occupation Rheumatologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
11 / 18 / 2014  
Transaction ID : 12897411

Amount of Each Receipt this Period  
1000.00

**C. Douglas Mund**  
Full Name (Last, First, Middle Initial)

Mailing Address 1575 Hillside Ave, Suite 102

City New Hyde Park State NY Zip Code 11040

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

Name of Employer Self Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
11 / 18 / 2014  
Transaction ID : 12897412

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
	<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. Herbert Baraf**  
Full Name (Last, First, Middle Initial)

Mailing Address 2730 University Blvd W Ste 310

City Wheaton      State MD      Zip Code 20902

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

Name of Employer Arthritis & Rheumatism Associates, P.C      Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt **11 / 18 / 2014**

**Transaction ID : 12897413**

Amount of Each Receipt this Period **2000.00**

**B. Douglas W White**  
Full Name (Last, First, Middle Initial)

Mailing Address 3111 Gundersen Dr

City Onalaska      State WI      Zip Code 54650

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

Name of Employer Onalaska Clinic      Occupation Rheumatologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **11 / 24 / 2014**

**Transaction ID : 12899085**

Amount of Each Receipt this Period **250.00**

**C. Rajat Dhar**  
Full Name (Last, First, Middle Initial)

Mailing Address 442 Bldg D Commons Way

City Toms River      State NJ      Zip Code 08755

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

Name of Employer self employed      Occupation rheumatologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **11 / 24 / 2014**

**Transaction ID : 12899094**

Amount of Each Receipt this Period **1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>3250.00</b>
<b>TOTAL</b> 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 13 OF 31
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Eric Ruderman</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2014 <b>Transaction ID : 12900837</b>
Mailing Address 2036 Orrington Ave.		Amount of Each Receipt this Period 1000.00
City Evanston	State IL	Zip Code 60201
FEC ID number of contributing federal political committee. C	Name of Employer Northwestern University School	Occupation Rheumatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Stacy Kennedy</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2014 <b>Transaction ID : 12900840</b>
Mailing Address 327 Mocksville		Amount of Each Receipt this Period 250.00
City Salisbury	State NC	Zip Code 28144
FEC ID number of contributing federal political committee. C	Name of Employer Novant	Occupation Physician
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>C. Alex Limanni</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2014 <b>Transaction ID : 12900841</b>
Mailing Address 9201 Westeind Ct		Amount of Each Receipt this Period 400.00
City Dallas	State TX	Zip Code 75231
FEC ID number of contributing federal political committee. C	Name of Employer Arthritis Centers of Texas	Occupation Rheumatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31
	<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. Gwenesta B Melton**  
Full Name (Last, First, Middle Initial)

Mailing Address 443 Harlow Dr

City LaFayetteville    State NC    Zip Code 28314

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

Name of Employer LaFayetteville Clinic    Occupation Rheumatologist

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt **11 / 18 / 2014**

**Transaction ID : 12900842**

Amount of Each Receipt this Period **1000.00**

**B. Adrienne Hollander**  
Full Name (Last, First, Middle Initial)

Mailing Address 2309 Evesham Rd. Suite 101

City Voorhees    State NJ    Zip Code 08043

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

Name of Employer Arthritis Rheumatic and Back Disease    Occupation Rheumatology

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 18 / 2014**

**Transaction ID : 12900844**

Amount of Each Receipt this Period **500.00**

**C. Dr. Amy M Evangelisto**  
Full Name (Last, First, Middle Initial)

Mailing Address 528 Bartram Road

City Moorestown    State NJ    Zip Code 08057

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

Name of Employer Arthritis, Rheumatic and Back Disease    Occupation Rheumatologist

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 18 / 2014**

**Transaction ID : 12900846**

Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 31
	<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. Sean Fahey MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 157 - A Professional Park Dr.

City Mooresville	State NC	Zip Code 28117
---------------------	-------------	-------------------

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

Name of Employer Piedmont Healthcare	Occupation Physician
---	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2014

**Transaction ID : 12900848**

Amount of Each Receipt this Period  
250.00

**B. Dr. Neil Gonter**  
Full Name (Last, First, Middle Initial)

Mailing Address 396 Terhune

City Passaic	State NJ	Zip Code 07055
-----------------	-------------	-------------------

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

Name of Employer RANJ	Occupation Physician
--------------------------	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2014

**Transaction ID : 12900850**

Amount of Each Receipt this Period  
250.00

**C. William Palmer**  
Full Name (Last, First, Middle Initial)

Mailing Address 9016 Harney

City Omaha	State NE	Zip Code 68114
---------------	-------------	-------------------

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

Name of Employer Westroads Medical Group	Occupation Rheumatologist
---	------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2014

**Transaction ID : 12900851**

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> 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 16 OF 31
	<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. Harry Gewanter**  
Full Name (Last, First, Middle Initial)

Mailing Address 8116 Buford Oaks Dr

City Richmond State VA Zip Code 23235-4683

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

Name of Employer Pediatric & Adolescent Health Partners Occupation rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **11 / 18 / 2014**

**Transaction ID : 12900852**

Amount of Each Receipt this Period **200.00**

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

Mailing Address 10505 Scarboro Lane

City Potomac State MD Zip Code 20850

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

Name of Employer Arthritis and Rheumatism Assoc Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **11 / 18 / 2014**

**Transaction ID : 12900854**

Amount of Each Receipt this Period **2000.00**

**C. Kristin M Gowin**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Vanderbilt Park Drive

City Asheville State NC Zip Code 28803

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

Name of Employer Asheville Arthritis Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **11 / 18 / 2014**

**Transaction ID : 12900855**

Amount of Each Receipt this Period **1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>3200.00</b>
<b>TOTAL</b> 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 17 OF 31
	<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	<input type="checkbox"/> 17

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

**A. Dr. Maria I Danila**  
Full Name (Last, First, Middle Initial)

Mailing Address 1530 Third Ave South

City Birmingham State AL Zip Code 35294

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

Name of Employer UAB Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2014

**Transaction ID : 12900858**

Amount of Each Receipt this Period  
 250.00

**B. Jennifer May MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3809 Ponderosa Court

City Rapid City State SD Zip Code 57702

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

Name of Employer Black Hills Orthopedic & Spine Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2014

**Transaction ID : 12900860**

Amount of Each Receipt this Period  
 250.00

**C. Arthur Huppert**  
Full Name (Last, First, Middle Initial)

Mailing Address 245 N Broad St Ste 403

City Philadelphia State PA Zip Code 19107-1518

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

Name of Employer Self-Employed Occupation Rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2014

**Transaction ID : 12911457**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 31
	<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. Chandrakabt Mehta**  
Full Name (Last, First, Middle Initial)

Mailing Address 29798 Haun Rd. # 301

City Menifee State CA Zip Code 92586

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

Name of Employer Southland Arthritis & Osteoporosis Cen Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 18 / 2014  
**Transaction ID : 12911461**

Amount of Each Receipt this Period 1000.00

**B. Stanley Cohen**  
Full Name (Last, First, Middle Initial)

Mailing Address 5447 Castlewood Dr

City Dallas State TX Zip Code 75229

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

Name of Employer Rheumatology Associates Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2014  
**Transaction ID : 12911525**

Amount of Each Receipt this Period 250.00

**C. Gilbert Gelfand**  
Full Name (Last, First, Middle Initial)

Mailing Address 2723 Manning Ave

City Los Angeles State CA Zip Code 90064

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

Name of Employer Caremore Med Group Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 18 / 2014  
**Transaction ID : 12911810**

Amount of Each Receipt this Period 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 31
<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) <b>A. Karen Kolba</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 18 / 2014 <b>Transaction ID : 12911811</b>
Mailing Address 110 Erna Way		Amount of Each Receipt this Period 100.00
City Pismo Beach	State CA	Zip Code 93449
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Madelaine T Feldman</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 18 / 2014 <b>Transaction ID : 12911812</b>
Mailing Address 2663 Napoleon Ave. #530		Amount of Each Receipt this Period 250.00
City New Orleans	State LA	Zip Code 70115
FEC ID number of contributing federal political committee. C		
Name of Employer Wilson and Sanders	Occupation 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>C. Anupama Sharma</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 18 / 2014 <b>Transaction ID : 12911813</b>
Mailing Address 10215 Fernwood Rd.		Amount of Each Receipt this Period 300.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C		
Name of Employer Center for Rheumatic Diseases	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> 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 20 OF 31
	<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. Robert Rosenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 6425 Goldleaf Dr.

City State Zip Code  
Bethesda MD 20817

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

Name of Employer Occupation  
Arthritis & Rheumatism Association Rheumatologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : 12911814**

Amount of Each Receipt this Period  
1500.00

**B. Amanda Walaliyadda**  
Full Name (Last, First, Middle Initial)

Mailing Address 1448 E Center St, Ste E

City State Zip Code  
Pocatello ID 83201

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

Name of Employer Occupation  
Self Rheumatologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : 12911815**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 289 Woodfield Road

City State Zip Code  
TWP of Washington NJ 07676

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

Name of Employer Occupation  
NOJRA 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  
11 / 18 / 2014

**Transaction ID : 12911816**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3750.00
<b>TOTAL</b> 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 21 OF 31
	<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. Guada R Respicio**  
Full Name (Last, First, Middle Initial)

Mailing Address 2730 university Blvd. Ste 310

City Wheaton	State MD	Zip Code 20902
-----------------	-------------	-------------------

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

Name of Employer Arthritis and Rheumatism Associates	Occupation Rheumatologist
---	------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2014

**Transaction ID : 12911830**

Amount of Each Receipt this Period  
250.00

**B. Richard S Gordon MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4000 14th Street

City Riverside	State CA	Zip Code 92506
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2014

**Transaction ID : 12911831**

Amount of Each Receipt this Period  
250.00

**C. Matthew Mundwiler**  
Full Name (Last, First, Middle Initial)

Mailing Address 6570 Deer Island Drive

City Cherry Valley	State IL	Zip Code 61016
-----------------------	-------------	-------------------

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

Name of Employer Rockford Orthopedic Associates	Occupation physician
--	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

**Transaction ID : 12911834**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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 22 OF 31
	<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. John A Goldman**  
Full Name (Last, First, Middle Initial)

Mailing Address 5800 Timberlane Terrace

City Atlanta State GA Zip Code 30328

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

Name of Employer John A Gold MAN MD PC Occupation Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2014  
**Transaction ID : 12911836**

Amount of Each Receipt this Period 250.00

**B. Robert Jenkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 9624 Windy Terrace Dr.

City Dallas State TX Zip Code 75231

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

Name of Employer Rheumatology Associates Occupation Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2014  
**Transaction ID : 12911837**

Amount of Each Receipt this Period 500.00

**C. Prashanth Sunkureddi**  
Full Name (Last, First, Middle Initial)

Mailing Address 605 Ivory Stone Ln.

City League City State TX Zip Code 77573

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

Name of Employer The University of Texas Medical Branch Occupation Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 19 / 2014  
**Transaction ID : 12911838**

Amount of Each Receipt this Period 1000.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 31
<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. Surekha Gangasani**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4004 Lost Hollow Ct.  
City Parker State TX Zip Code 75002  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Texoma Arthritis Clinic P.A. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 19 / 2014  
**Transaction ID : 12911839**  
Amount of Each Receipt this Period 500.00

**B. Lisa Shanahan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10208 Cerny Street  
City Raleigh State NC Zip Code 27617  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Shanahan Rheumatology & Immunotherapy Occupation Rheumatology  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2014  
**Transaction ID : 12911930**  
Amount of Each Receipt this Period 150.00

**C. David Fox**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 Barton N. Dr  
City Ann Arbor State MI Zip Code 48105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Michigan Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 19 / 2014  
**Transaction ID : 12912081**  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 24 OF 31  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Trinh Tran**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5712 Pebblestone Ct  
City Carmel State IN Zip Code 46033  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AllCarerRheumatology LLC Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 21 / 2014  
**Transaction ID : 12915106**  
Amount of Each Receipt this Period  
500.00

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	36150.00



**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 25 OF 31
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. American College of Rheumatology</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014 <b>Transaction ID : 12836523</b>
Mailing Address 2200 Lake Boulevard NE		Amount of Each Receipt this Period 117.66
City Atlanta	State GA	Zip Code 30319
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 ▼ 2408.00	

Full Name (Last, First, Middle Initial) <b>B.</b>		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 ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		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 ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.66
<b>TOTAL</b> This Period (last page this line number only).....▶	117.66

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Levin For Congress**

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Sander Levin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	1	4

**Transaction ID : 12836604**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Mckinley For Congress**

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. David McKinley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	1	4

**Transaction ID : 12836605**

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Hal Rogers For Congress**

Mailing Address P.O. Box 1214

City Somerset State KY Zip Code 42502

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Hal Rogers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	1	4

**Transaction ID : 12836606**

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

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

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

3	0	0	.	0	0
---	---	---	---	---	---

1	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American College of Rheumatology (RheumPAC)**

Full Name (Last, First, Middle Initial)

**A. Alaskans For Begich 2014**

Mailing Address 1231 W Northern Lts #605

City Anchorage State AK Zip Code 99503

Purpose of Disbursement

011

Candidate Name

**Sen. Mark Begich**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 12836607**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Brady For Congress**

Mailing Address PO Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

011

Candidate Name

**Rep. Kevin Brady**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 12836608**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Al Franken For Senate 2014**

Mailing Address PO Box 583144

City Minneapolis State MN Zip Code 55458

Purpose of Disbursement

011

Candidate Name

**Sen. Al Franken**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 12836609**

Amount of Each Disbursement this Period

2000.00
---------

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

6500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Bera For Congress**

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Amerish Bera**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 12836610**

Amount of Each Disbursement this Period

3500.00
---------

Full Name (Last, First, Middle Initial)

**B. Shaheen For Senate**

Mailing Address 105 N State Street

City Concord State NH Zip Code 03301

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Jeanne Shaheen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 12836611**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Whitfield For Congress Committee**

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Edward Whitfield**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 12836612**

Amount of Each Disbursement this Period

1000.00
---------

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

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

5500.00
---------

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Dick Durbin**

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement

011

Candidate Name

**Sen. Richard Durbin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 12836613**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends Of Rosa DeLauro**

Mailing Address 12 Trumbull Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement

011

Candidate Name

**Rep. Rosa DeLauro**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 12836614**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Capito For West Virginia**

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement

011

Candidate Name

**Shelley Capito**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 12836615**

Amount of Each Disbursement this Period

2000.00
---------

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

4500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Enzi For Us Senate**

Mailing Address PO Box 2775

City State Zip Code  
Cody WY 82414

Purpose of Disbursement

011

Candidate Name

**Sen. Mike Enzi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WY District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2014

**Transaction ID : 12854814**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Capuano For Congress Committee**

Mailing Address PO Box 440305

City State Zip Code  
Somerville MA 02144

Purpose of Disbursement

011

Candidate Name

**Rep. Michael Capuano**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2014

**Transaction ID : 12854815**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

3500.00

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

23000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank Charges**

Mailing Address PO Box 62227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 12949368**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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