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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

AMERICAN COLLEGE OF RHEUMATOLOGY POLITICAL ACTION COMMITTEE
ACR PAC

ADDRESS (number and street) 1800 CENTURY PLACE SUITE 250
(Check if address is changed)
ATLANTA GA 30345 - 4300
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
kornley@rheumatology.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
404 - 633 - 1870

2. DATE 02 24 2007

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOSEPH FLOOD MD

Signature of Treasurer *Joseph Flood* Date 03 05 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 FEC FORM 1 (Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

AMERICAN COLLEGE OF RHEUMATOLOGY

Mailing Address **1800 CENTURY PLACE SUITE 250**

ATLANTA **GA** **30345** - **4300**

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **MEMBERSHIP ORGANIZATION (PARENT)**

Type of Connected Organization:

- | | | |
|---|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input checked="" type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

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Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name KRISTIN WORMLEY

Mailing Address AMERICAN COLLEGE OF RHEUMATOLOGY
1800 CENTURY PLACE SUITE 250

ATLANTA GA 30345 4300

Title or Position CITY STATE ZIP CODE

DIRECTOR GOVERNMENT AFFAIRS Telephone number 404 633 3777

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer JOSEPH FLOOD MD

Mailing Address AMERICAN COLLEGE OF RHEUMATOLOGY
1800 CENTURY PLACE SUITE 250

ATLANTA GA 30345 4300

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 404 633 3777

Full Name of Designated Agent TIFFANY SCHMIDT

Mailing Address AMERICAN COLLEGE OF RHEUMATOLOGY
1800 CENTURY PLACE SUITE 250

ATLANTA GA 30345 4300

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 404 633 3777

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8. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SUNTRUST BANK

Mailing Address

MAIL CODE 030

PO BOX 4418

ATLANTA

GA

30302

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

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 Next Business Day Delivery

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Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jms
 PREPARER

3/7/07
 DATE PREPARED

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