

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

American College of Rheumatology (RheumPAC)

ADDRESS (number and street) 2200 Lake Boulevard NE

Check if different than previously reported. (ACC) Atlanta GA 30319

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

C C00432823 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

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

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

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

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

07 / 01 / 2018 through 09 / 30 / 2018

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

Signature of Treasurer Palmer, William, , Dr., [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y

12 / 04 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>		274927.92
(b) Cash on Hand at Beginning of Reporting Period.....	242693.95	
(c) Total Receipts (from Line 19)	23561.01	97888.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	266254.96	372815.92
7. Total Disbursements (from Line 31).....	41726.45	148287.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	224528.51	224528.51
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

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).....	20719.00	83847.00
(ii) Unitemized	1695.00	10899.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	22414.00	94746.00
(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)	22414.00	94746.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1147.01	3142.00
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)).....▶	23561.01	97888.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	23561.01	97888.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	1023.18	1023.18
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31500.00	136000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	9203.27	11264.23
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	41726.45	148287.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41726.45	148287.41

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	22414.00	94746.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22414.00	94746.00
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

An amendment to reflect a contribution to Buddy Carter for Congress which was accidentally omitted.

Form/Schedule:

Transaction ID:

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 30
<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. Breland, Hazel, L., PhD, OTR/L
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1854 Green Pond Hwy.

City Walterboro	State SC	Zip Code 29488-8128
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medical University of South Carolina	Occupation (for Individual) Occupational Therapy Faculty
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
546.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2018

Transaction ID : 15511276

Amount of Each Receipt this Period
91.00

Memo Item

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

Mailing Address 3805 Cutshaw Ave
Apt 510

City Richmond	State VA	Zip Code 23230-3940
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2018

Transaction ID : 15511610

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address Rheumatology Associates of Long Is
315 Middle Country Rd

City Smithtown	State NY	Zip Code 11787
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rheum Associates of Long Island	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2018

Transaction ID : 15511611

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	266.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<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. Battafarano, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1818 Flintbed
 City San Antonio State TX Zip Code 78232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S. Army Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 08 / 2018
Transaction ID : 15512885
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Cruz, Nilsa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2901 W KK River Pkwy Ste. 319
 City Milwaukee State WI Zip Code 53215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Milwaukee Rheumatology Center Occupation (for Individual) Practice Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1190.00

Date of Receipt 07 / 18 / 2018
Transaction ID : 15526230
 Amount of Each Receipt this Period 170.00
 Memo Item

C. HUMPHREY, MARY BETH, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3741 REDMONT TRACE
 City EDMOND State OK Zip Code 73034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OUHSC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 19 / 2018
Transaction ID : 15533275
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	920.00
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 30
	<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. Fahey, Sean, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Steeplechase Ave

City Mooresville	State NC	Zip Code 28117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Piedmont HealthCare	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 15533280

Amount of Each Receipt this Period
45.00

Memo Item

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

Mailing Address 4662 Rapid Creek Trail NE

City Iowa City	State IA	Zip Code 52240
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Iowa Carver College of M	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 15533523

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 9940 E Progress Cir

City Greenwood Village	State CO	Zip Code 80111
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FEC ID number of contributing federal political committee. **C**

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

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
07		20		2018

Transaction ID : 15533526

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2295.00
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 30
<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. Sayers, Brian, , dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1106 Gaston Ave

City Austin	State TX	Zip Code 78703
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self	Occupation (for Individual) physician
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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
07	/	20	/	2018

Transaction ID : 15533575

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2021 K Street NW
Suite 300

City Washington	State DC	Zip Code 20006
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Arthritis and Rheumatism Assoc	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2018

Transaction ID : 15533619

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 4 Vanderbilt Park Drive

City Asheville	State NC	Zip Code 28803
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2018

Transaction ID : 15542773

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 30
<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. Ritchlin, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 elmwood ave
 Box 695
 City Rochester State NY Zip Code 14642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Rochester Medical Cener Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 25 / 2018
Transaction ID : 15542786
 Amount of Each Receipt this Period 500.00
 Memo Item

B. White, Douglas, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3111 Gundersen Dr
 City Onalaska State WI Zip Code 54650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Onalaska Clinic Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 07 / 25 / 2018
Transaction ID : 15542960
 Amount of Each Receipt this Period 300.00
 Memo Item
 Chk #4417

C. Hargrove, Jody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1293 Yukon Court N
 City Golden Valley State MN Zip Code 55427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis and Rheumatology Consultants Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2620.00

Date of Receipt 07 / 26 / 2018
Transaction ID : 15543017
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
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 30
<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. Brodeur, James, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Arthritis Specialists, LTD Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2018
Transaction ID : 15543206
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Mehta, Saurin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2760 Century Blvd
 City Wyomissing State PA Zip Code 19610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis & Osteoporosis Center Occupation (for Individual) 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
 07 / 29 / 2018
Transaction ID : 15543234
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Fitzgerald, John, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Veteran Avenue
 #32 - 59
 City Los Angeles State CA Zip Code 90095-1670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCLA School of Medicine Rehabilitation Occupation (for Individual) Associate Clinical Professor
 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
 08 / 03 / 2018
Transaction ID : 15546550
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 13 OF 30
	<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. Breland, Hazel, L., PhD, OTR/L
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1854 Green Pond Hwy.

City Walterboro	State SC	Zip Code 29488-8128
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medical University of South Carolina	Occupation (for Individual) Occupational Therapy Faculty
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
637.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2018

Transaction ID : 15546551

Amount of Each Receipt this Period
91.00

Memo Item

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

Mailing Address 3805 Cutshaw Ave
Apt 510

City Richmond	State VA	Zip Code 23230-3940
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2018

Transaction ID : 15547018

Amount of Each Receipt this Period
100.00

Memo Item

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

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 (for Individual) Rheum Associates of Long Island	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2018

Transaction ID : 15547019

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	266.00
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 14 OF 30
	<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. Wallace, Zachary, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Hilary St

City Charlestown	State MA	Zip Code 02129
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Partners HealthCare	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2018

Transaction ID : 15549629

Amount of Each Receipt this Period
75.00

Memo Item

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

Mailing Address 125 E. King's Highway

City San Antonio	State TX	Zip Code 78212
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis Associates PA	Occupation (for Individual) Rheumatologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2018

Transaction ID : 15550584

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 505 Sandalwood Dr

City Evansville	State IN	Zip Code 47715
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RAIC	Occupation (for Individual) Physician/Rheumatologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2018

Transaction ID : 15557762

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1175.00
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 15 OF 30
<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. Ott, Stephanie, J, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4133 Fieldstone Street

City Carroll	State OH	Zip Code 43112
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Fairfield Medical Center	Occupation (for Individual) 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
08	/	12	/	2018

Transaction ID : 15557974

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 6630 McLean CT

City McLean	State VA	Zip Code 22101
----------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis & Rheumatism Associate	Occupation (for Individual) Physician
---	--

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
08	/	16	/	2018

Transaction ID : 15564275

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2901 W KK River Pkwy Ste. 319

City Milwaukee	State WI	Zip Code 53215
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Milwaukee Rheumatology Center	Occupation (for Individual) Practice Admin
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2018

Transaction ID : 15565013

Amount of Each Receipt this Period
170.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1170.00
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 16 OF 30
	<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. Fahey, Sean, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Steeplechase Ave

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

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

Name of Employer (for Individual) Piedmont HealthCare	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2018

Transaction ID : 15565023

Amount of Each Receipt this Period
45.00

Memo Item

B. Niemer, Mark, W, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1500 Associates Drive

City Dubuque	State IA	Zip Code 52002
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Medical Associates Clinic	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2018

Transaction ID : 15565204

Amount of Each Receipt this Period
1000.00

Memo Item

Chk #9899

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

Mailing Address 2202 Bryden Rd

City Columbus	State OH	Zip Code 43209
------------------	-------------	-------------------

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

Name of Employer (for Individual) retired	Occupation (for Individual) Pediatric Rheumatologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
201.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2018

Transaction ID : 15565210

Amount of Each Receipt this Period
23.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1068.00
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 17 OF 30
<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. Holers, V, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1775 Aurora Ct.
 City Aurora State CO Zip Code 80045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Colorado School of Medic Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt **08 / 23 / 2018**
Transaction ID : 15567721
 Amount of Each Receipt this Period 75.00
 Memo Item

B. White, Douglas, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3111 Gundersen Dr
 City Onalaska State WI Zip Code 54650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Onalaska Clinic Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 01 / 2018**
Transaction ID : 15581534
 Amount of Each Receipt this Period 555.00
 Memo Item

C. Breland, Hazel, L, , PhD, OTR/L
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1854 Green Pond Hwy.
 City Walterboro State SC Zip Code 29488-8128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Occupational Therapy Faculty
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 728.00

Date of Receipt **09 / 03 / 2018**
Transaction ID : 15583994
 Amount of Each Receipt this Period 91.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	721.00
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 18 OF 30
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Gewanter, Harry, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3805 Cutshaw Ave
 Apt 510
 City Richmond State VA Zip Code 23230-3940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 05 / 2018
Transaction ID : 15586969
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Blumstein, Howard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Rheum Associates of Long Island Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 05 / 2018
Transaction ID : 15586970
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Cruz, Nilsa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2901 W KK River Pkwy
 Ste. 319
 City Milwaukee State WI Zip Code 53215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Milwaukee Rheumatology Center Occupation (for Individual) Practice Admin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1530.00

Date of Receipt 09 / 18 / 2018
Transaction ID : 15601109
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	345.00
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 30
<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. Smith, Brett, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 562 Stone Villa Lane

City Farragut	State TN	Zip Code 37934
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) East Tennessee Medical Group	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2018

Transaction ID : 15601441

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 104 Steeplechase Ave

City Mooresville	State NC	Zip Code 28117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Piedmont HealthCare	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2018

Transaction ID : 15601498

Amount of Each Receipt this Period
45.00

Memo Item

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

Mailing Address 6630 Tantallon Sq

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

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

Name of Employer (for Individual) Nationwide Children's Hospital	Occupation (for Individual) Pediatric Nurse Practitioner
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2018

Transaction ID : 15602762

Amount of Each Receipt this Period
600.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	670.00
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 20 OF 30
<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. Allen, Everett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19272 Stone Oak Pkwy, Ste. 101
 City San Antonio State TX Zip Code 78258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheumatology Assoc. South Texas Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 15602778
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Higgins, Gloria, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2202 Bryden Rd
 City Columbus State OH Zip Code 43209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) Pediatric Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 09 / 22 / 2018
Transaction ID : 15606073
 Amount of Each Receipt this Period 23.00
 Memo Item

C. Lawson, Erica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Day Street
 City San Francisco State CA Zip Code 94131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCSF Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 23 / 2018
Transaction ID : 15606080
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1523.00
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 21 OF 30
	<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. Flint, Kathleen, Patricia, 1956, M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1842 Heyward St

City Columbia	State SC	Zip Code 29205
------------------	-------------	-------------------

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

Name of Employer (for Individual) Columbia Arthritis Center, PA	Occupation (for Individual) Physician
--	--

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
09		23		2018

Transaction ID : 15606082

Amount of Each Receipt this Period
500.00

Memo Item

B. Worthing, Angus, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5025 Sherier Place NW

City Washington	State DC	Zip Code 20016
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis and Rheumatism Associates, P	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2020.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2018

Transaction ID : 15606086

Amount of Each Receipt this Period
1500.00

Memo Item

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

Mailing Address 3865 Ross Park Drive

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

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

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
09		23		2018

Transaction ID : 15606088

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 30
	<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. Potter, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10300 Brookmoor Drive
 City Silver Spring State MD Zip Code 20901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis & Rheumatism Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 15606093
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Dilorio, Emma, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14995 Shady Grove Road Suite 250
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis & Rheumatism Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 15606137
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Coutlakis, Peter, J, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10005 Ashbridge Place
 City Richmond State VA Zip Code 23238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis Specialists Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2018
Transaction ID : 15617817
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Weinstein, Arthur, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2173 Edinboro Ave
 City Claremont State CA Zip Code 91711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) 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
 09 / 28 / 2018
Transaction ID : 15617895
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Rosenberg, Robert, Lawrence, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6425 Goldleaf Drive
 City Bethesda State MD Zip Code 20817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis and Rheumatism Associates Occupation (for Individual) 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
 09 / 30 / 2018
Transaction ID : 15619732
 Amount of Each Receipt this Period
 1500.00
 Memo Item

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

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

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	20719.00

**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 24 OF 30
<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)

A. American College of Rheumatology
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2200 Lake Boulevard NE

City Atlanta	State GA	Zip Code 30319
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2309.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 15511247

Amount of Each Receipt this Period
314.20

Memo Item

Chk #102445

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

Mailing Address 2200 Lake Boulevard NE

City Atlanta	State GA	Zip Code 30319
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2668.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

Transaction ID : 15524011

Amount of Each Receipt this Period
359.54

Memo Item

June 2018 Credit Card fees

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

Mailing Address 2200 Lake Boulevard NE

City Atlanta	State GA	Zip Code 30319
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2911.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2018

Transaction ID : 15564315

Amount of Each Receipt this Period
243.14

Memo Item

July 2018 Credit Card fees reimbursement

SUBTOTAL of Receipts This Page (optional).....	916.88
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 25 OF 30
<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 of Individual (Last, First, Middle Initial) or Full Organization Name
A. American College of Rheumatology

Mailing Address 2200 Lake Boulevard NE

City Atlanta	State GA	Zip Code 30319
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3142.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		17		2018

Transaction ID : 15633111

Amount of Each Receipt this Period
230.13

Memo Item

August 2018 Credit Card fees reimbursement

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.13
TOTAL This Period (last page this line number only).....	1147.01

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

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

A. ACR Advocacy Fund

Full Name (Last, First, Middle Initial)

Mailing Address 2200 Lake Boulevard NE

City Atlanta State GA Zip Code 30319

Purpose of Disbursement 008 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 09 / 20 / 2018

FEC Identification Number: C

Transaction ID : 15632908

Amount of Each Disbursement this Period: 1023.18

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1023.18
TOTAL This Period (last page this line number only).....▶	1023.18

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Pete Sessions For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement

Category/Type

Candidate Name
Sessions, Pete, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: TX District: 32

Date of Disbursement
MM / DD / YYYY
07 / 12 / 2018

FEC Identification Number
C C00303305
Transaction ID : 15549745
Amount of Each Disbursement this Period
1000.00

Memo Item

B. Friends Of Sherrod Brown

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement

Category/Type

Candidate Name
Brown, Sherrod, , Sen.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: OH District:

Date of Disbursement
MM / DD / YYYY
07 / 20 / 2018

FEC Identification Number
C C00264697
Transaction ID : 15549746
Amount of Each Disbursement this Period
5000.00

Memo Item

C. Friends Of John Barrasso

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement

Category/Type

Candidate Name
Barrasso, John, , Sen., MD

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: WY District:

Date of Disbursement
MM / DD / YYYY
07 / 12 / 2018

FEC Identification Number
C C00436386
Transaction ID : 15549747
Amount of Each Disbursement this Period
5000.00

Memo Item

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

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

11000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Cathy McMorris Rodgers For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address Box 137

M M M	/	D D D	/	Y Y Y Y Y
07		05		2018

City Spokane State WA Zip Code 99210

FEC Identification Number

Purpose of Disbursement

011
Category/ Type

C C00390476

Transaction ID : 15549748

Amount of Each Disbursement this Period

5000.00

Candidate Name

McMorris Rodgers, Cathy, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2018
 Primary General
 Other (specify) ▼
 State: WA District: 05

Memo Item

B. Friends Of Rosa DeLauro

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 12 Trumbull Street

M M M	/	D D D	/	Y Y Y Y Y
08		24		2018

City New Haven State CT Zip Code 06511

FEC Identification Number

Purpose of Disbursement

011
Category/ Type

C C00238865

Transaction ID : 15632836

Amount of Each Disbursement this Period

500.00

Candidate Name

DeLauro, Rosa, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2018
 Primary General
 Other (specify) ▼
 State: CT District: 03

Memo Item

C. Tim Scott For Senate

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1405 Ashley River Rd

M M M	/	D D D	/	Y Y Y Y Y
08		01		2018

City Charleston State SC Zip Code 29407

FEC Identification Number

Purpose of Disbursement

011
Category/ Type

C C00540302

Transaction ID : 15632838

Amount of Each Disbursement this Period

3500.00

Candidate Name

Scott, Tim, , Sen.,

Office Sought: House Senate President
 Disbursement For: 2022
 Primary General
 Other (specify) ▼
 State: SC District:

Memo Item

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

9000.00

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

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

A. Mckinley For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement 011 Category/Type

Candidate Name **McKinley, David, , Rep.,**

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: WV District: 01

Date of Disbursement: 08 / 01 / 2018

FEC Identification Number: **C00473132**
Transaction ID : **15632839**
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. Alexander For Senate 2020 Inc

Full Name (Last, First, Middle Initial)
Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement 011 Category/Type

Candidate Name **Alexander, Lamar, , Sen.,**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: TN District:

Date of Disbursement: 08 / 07 / 2018

FEC Identification Number: **C00383745**
Transaction ID : **15632902**
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Buddy Carter For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 10570

City Savannah State GA Zip Code 31412

Purpose of Disbursement 011 Category/Type

Candidate Name **Carter, Buddy, , Rep.,**

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: GA District: 01

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: **C00543967**
Transaction ID : **15690565**
Amount of Each Disbursement this Period: 4000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	11500.00
TOTAL This Period (last page this line number only).....▶	31500.00

**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"/> 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)

A. SunTrust Bank Charges

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement July 2018 Credit Card fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2018

FEC Identification Number: C

Transaction ID : 15564316

Amount of Each Disbursement this Period: 243.14

July 2018 Credit Card fees

Memo Item

B. SunTrust Bank Charges

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement August 2018 Credit Card fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2018

FEC Identification Number: C

Transaction ID : 15633102

Amount of Each Disbursement this Period: 230.13

August 2018 Credit Card fees

Memo Item

C. Cision US Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 12051 Indian Creek Court

City Beltsville State MD Zip Code 20705

Purpose of Disbursement Cision portal payment

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 04 / 2018

FEC Identification Number: C

Transaction ID : 15633165

Amount of Each Disbursement this Period: 8730.00

Cision portal payment

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	9203.27
TOTAL This Period (last page this line number only).....▶	9203.27