

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) 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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 / 06 / 2018 in the State of GA

5. Covering Period [MM] / [DD] / [YYYY] 10 / 01 / 2018 through [MM] / [DD] / [YYYY] 11 / 26 / 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 12 / 06 / 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.....	224528.51	
(c) Total Receipts (from Line 19)	39999.01	137887.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	264527.52	412814.93
7. Total Disbursements (from Line 31).....	10288.50	158575.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	254239.02	254239.02
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: 10 / 01 / 2018 To: 11 / 26 / 2018

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).....	33622.00	117469.00
(ii) Unitemized	6281.00	17180.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	39903.00	134649.00
(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)	39903.00	134649.00
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.).....	96.01	3238.01
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)).....▶	39999.01	137887.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	39999.01	137887.01

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	1023.18
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	146000.00
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).....	288.50	11552.73
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)) ..	10288.50	158575.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10288.50	158575.91

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)	39903.00	134649.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39903.00	134649.00
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 36
	<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	

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 Waterboro 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 ▼ 819.00

Date of Receipt 10 / 03 / 2018
Transaction ID : 15621467
 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
 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 ▼ 1000.00

Date of Receipt 10 / 05 / 2018
Transaction ID : 15621976
 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 ▼ 675.00

Date of Receipt 10 / 05 / 2018
Transaction ID : 15621977
 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 7 OF 36
<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. Keenan, Robert, Thomas, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Winners Circle
 City Durham State NC Zip Code 27713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2018
Transaction ID : 15628594
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kolba, Karen, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Erna Way
 City Pismo Beach State CA Zip Code 93449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 08 / 2018
Transaction ID : 15631776
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Jonas, Beth, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3300 Thurston Building CB# 7280
 City Chapel Hill State NC Zip Code 27599-7280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of North Carolina - Chapel Occupation (for Individual) Assistant Professor of Medicine
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2018
Transaction ID : 15631778
 Amount of Each Receipt this Period 500.00
 Memo Item

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 8 OF 36
<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. GRAHAM, L DOUGLAS, MD, DUPAGE MED,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 801 N CASS AVE
SUITE 150

City WESTMONT State IL Zip Code 60559

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

Name of Employer (for Individual) DUPAGE MEDICAL GROUP Occupation (for Individual) rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 11 / 2018
Transaction ID : 15633202

Amount of Each Receipt this Period 1000.00

Memo Item

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

Mailing Address 4601 Cheltenham Drive

City Bethesda State MD Zip Code 20814

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 ▼ 1000.00

Date of Receipt 10 / 14 / 2018
Transaction ID : 15635370

Amount of Each Receipt this Period 1000.00

Memo Item

C. Stevens, Michael, Popkin, Dr, MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 S San Mateo Dr suite #307

City San Mateo State CA Zip Code 94401

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

Name of Employer (for Individual) San Mateo Rheumatology, Inc Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 15 / 2018
Transaction ID : 15642182

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 9 OF 36
<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. Levin, Robert, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3037 Tall Pine Dr
 City Safety Harbor State FL Zip Code 34695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Robert W. Levin MD PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 15642217
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Pick, Michael, Arthur, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2909 Cider Mill Lane
 City Springfield State IL Zip Code 62702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Springfield Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2018
Transaction ID : 15642221
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Matsumoto, Alan, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2730 University Blvd. West
 City Wheaton State MD Zip Code 20902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis and Rheumatism Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2018
Transaction ID : 15644056
 Amount of Each Receipt this Period 1000.00
 Memo Item

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 10 OF 36
<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. May, Jennifer, K, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3809 Ponderosa Court

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 17 / 2018
Transaction ID : 15644058

Amount of Each Receipt this Period
500.00

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
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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 ▼
1700.00

Date of Receipt
10 / 18 / 2018
Transaction ID : 15644059

Amount of Each Receipt this Period
170.00

Memo Item

c. Hauptman, Howard, Warren, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1504 Pinnacle Rd

City Baltimore	State MD	Zip Code 21286
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rheumatology Associates of Baltimore	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
10 / 19 / 2018
Transaction ID : 15644434

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	970.00
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 36
<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. Kennedy, Stacy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 644 Georgetown Drive NW

City Concord	State NC	Zip Code 28027
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rowan Diagnostic Clinic	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
10		19		2018

Transaction ID : 15644436

Amount of Each Receipt this Period
250.00

Memo Item

B. 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
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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
10		19		2018

Transaction ID : 15644437

Amount of Each Receipt this Period
25.00

Memo Item

C. 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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2018

Transaction ID : 15644634

Amount of Each Receipt this Period
45.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	320.00
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 36
	<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. Edgerton, Colin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 927 Blue Crab Way

City Mount Pleasant	State SC	Zip Code 29464
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Articularis Healthcare	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2018

Transaction ID : 15644641

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 2121 Alpine Place
703

City Cincinnati	State OH	Zip Code 45206
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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 ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2018

Transaction ID : 15644643

Amount of Each Receipt this Period
1000.00

Memo Item

C. 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
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2018

Transaction ID : 15644645

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3500.00
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 36
<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. patel, aarat, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4717 Brydes Lane

City Glen Allen	State VA	Zip Code 23059
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Bon Secours - St. Mary's Hospital	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
10	/	20	/	2018

Transaction ID : 15644650

Amount of Each Receipt this Period
500.00

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 ▼
875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2018

Transaction ID : 15644662

Amount of Each Receipt this Period
200.00

Memo Item

C. Evangelisto, Amy, M, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 528 Bartram Road

City Moorestown	State NJ	Zip Code 08057
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis, Rheumatic and Back Disease	Occupation (for Individual) Rheumatologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2018

Transaction ID : 15644664

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 36
	<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. Tindall, Elizabeth, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1255 SW Schaeffer Road
 City West Linn State OR Zip Code 97068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rheumatology Consultants of Oregon, LL Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 21 / 2018
Transaction ID : 15644666
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. St Clair, E, William, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Goldenrod Place
 City Durham State NC Zip Code 27705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 21 / 2018
Transaction ID : 15644668
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Feldman, Madelaine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 Amethyst St
 City New Orleans State LA Zip Code 70124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Rheumatology Group Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 21 / 2018
Transaction ID : 15644676
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 36
	<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. 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 ▼
1010.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2018

Transaction ID : 15644681

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address 514 Gregory Ave

City Wilmette	State IL	Zip Code 60091
------------------	-------------	-------------------

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

Name of Employer (for Individual) Northshore University Healthsystem	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2018

Transaction ID : 15644683

Amount of Each Receipt this Period
250.00

Memo Item

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 ▼
247.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2018

Transaction ID : 15644687

Amount of Each Receipt this Period
23.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	283.00
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 36
<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. Field, Richard, S, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3126 Exeter Road

City Augusta	State GA	Zip Code 30909
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Augusta Arthritis Center Inc	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
10	/	22	/	2018

Transaction ID : 15647194

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 300 Cedar Street
TAC S541, PO Box 208031

City New Haven	State CT	Zip Code 06520
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Yale University School of Medicine	Occupation (for Individual) Asst. Professor of Medicine
---	--

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	/	22	/	2018

Transaction ID : 15647200

Amount of Each Receipt this Period
150.00

Memo Item

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

Mailing Address 111 Colchester Ave

City Burlington	State VT	Zip Code 05401
--------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Vermont Medical Center	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
10	/	22	/	2018

Transaction ID : 15647203

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
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 36
<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. Limanni, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9201 Westwind Court
 City Dallas State TX Zip Code 75231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis Centers of Texas Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 22 / 2018
Transaction ID : 15647214
 Amount of Each Receipt this Period 600.00
 Memo Item

B. gonter, neil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 396 TERhune ave
 City passaic State NJ Zip Code 07055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RANJ Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2018
Transaction ID : 15647231
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Beale, Donah, Zack, Mrs,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1417 Gentlemens Way
 City Dresher State PA Zip Code 19025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Arthritis Group Occupation (for Individual) Research Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 22 / 2018
Transaction ID : 15647236
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
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 36
	<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. Gujar, Bansari, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Foxway Terrace

City Towson	State MD	Zip Code 21286
----------------	-------------	-------------------

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

Name of Employer (for Individual) Rheumatology Associates of Baltimore	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
10		23		2018

Transaction ID : 15652872

Amount of Each Receipt this Period
2000.00

Memo Item

B. ONeil, Kathleen, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5732 E Fall Creek Parkway N Dr.

City Indianapolis	State IN	Zip Code 46226
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Indiana University	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2018

Transaction ID : 15653255

Amount of Each Receipt this Period
250.00

Memo Item

C. Hoffman, Bruce, I, Dr, MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 Summi Lane

City Bala Cynwyd	State PA	Zip Code 19004
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2018

Transaction ID : 15653313

Amount of Each Receipt this Period
250.00

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 20 OF 36
<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. Schuster, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 S 20th St
 City Philadelphia State PA Zip Code 19146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthritis, Rheumatic and Bac Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 24 / 2018
Transaction ID : 15653343
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Tuetken, Rebecca, S, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1060 20th Ave
 City Coralville State IA Zip Code 52241-1343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Iowa Occupation (for Individual) physician & faculty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 25 / 2018
Transaction ID : 15660030
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Shepherd, Rebecca, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 Bowyer Lane
 City Lititz State PA Zip Code 17543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LGA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2018
Transaction ID : 15660913
 Amount of Each Receipt this Period 250.00
 Memo Item

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 21 OF 36
<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. Udell, James, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7908-B Bustleton Ave

City Philadelphia	State PA	Zip Code 19152
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis Group	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
10	/	30	/	2018

Transaction ID : 15663204

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 20503 N. Joshua Court

City Deer Park	State IL	Zip Code 60010
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Greater Chicago Rheumatology	Occupation (for Individual) Rheumatology
---	---

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	/	2018

Transaction ID : 15663959

Amount of Each Receipt this Period
250.00

Memo Item

c. MacLaughlin, Edmund, John, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2206 Horns Point Road

City Cambridge	State MD	Zip Code 21613
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Edmund J. MacLaughlin, MD, LLC	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
11	/	01	/	2018

Transaction ID : 15663991

Amount of Each Receipt this Period
250.00

Memo Item

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 22 OF 36
<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. Baraf, Herbert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Arthritis & Rheumatism Associates, P.C. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **11 / 01 / 2018**
Transaction ID : 15663993
 Amount of Each Receipt this Period 1500.00
 Memo Item

B. Birnbaum, Neal, S, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 97 Corte Alejo
 City Greenbrae State CA Zip Code 94904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 02 / 2018**
Transaction ID : 15664249
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Upchurch, Katherine, S, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 Musketaquid Road
 City Concord State MA Zip Code 01742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UMass Memorial Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **11 / 03 / 2018**
Transaction ID : 15664563
 Amount of Each Receipt this Period 750.00
 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 23 OF 36
	<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. 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 ▼
910.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2018

Transaction ID : 15664564

Amount of Each Receipt this Period
91.00

Memo Item

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

Mailing Address 1749 Country Club Drive

City Cherry Hill	State NJ	Zip Code 08003
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Pennsylvania Rheumatology Associates,	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
11		03		2018

Transaction ID : 15664567

Amount of Each Receipt this Period
250.00

Memo Item

C. 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 ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2018

Transaction ID : 15667015

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	441.00
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 24 OF 36
	<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. 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 ▼ 950.00

Date of Receipt 11 / 05 / 2018
Transaction ID : 15667017
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Wise, Barton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1115 Los Robles St
 City Davis State CA Zip Code 95618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of California Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 05 / 2018
Transaction ID : 15667238
 Amount of Each Receipt this Period 525.00
 Memo Item

C. 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 ▼ 300.00

Date of Receipt 11 / 06 / 2018
Transaction ID : 15667447
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	675.00
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 25 OF 36
	<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 ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2018

Transaction ID : 15669087

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 13496 Ogden Plaza Circle

City Omaha	State NE	Zip Code 68164
---------------	-------------	-------------------

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

Name of Employer (for Individual) UNMC/ Childrens Hospital Omaha	Occupation (for Individual) Pediatric 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	/	14	/	2018

Transaction ID : 15670767

Amount of Each Receipt this Period
250.00

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 ▼
1870.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2018

Transaction ID : 15674143

Amount of Each Receipt this Period
170.00

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 26 OF 36
<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
------------------	-------------	-------------------

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 ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2018

Transaction ID : 15674144

Amount of Each Receipt this Period
25.00

Memo Item

B. 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 ▼
778.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2018

Transaction ID : 15674182

Amount of Each Receipt this Period
128.00

Memo Item

c. 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 ▼
2372.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2018

Transaction ID : 15674185

Amount of Each Receipt this Period
352.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	505.00
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 27 OF 36
<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. Kassan, 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
 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 ▼ 3480.00

Date of Receipt 11 / 19 / 2018
Transaction ID : 15674186
 Amount of Each Receipt this Period 1480.00
 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
 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 ▼ 610.00

Date of Receipt 11 / 19 / 2018
Transaction ID : 15674188
 Amount of Each Receipt this Period 160.00
 Memo Item

C. Crofford, Leslie, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2904 Tyne Blvd
 City Nashville State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt University Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 452.00

Date of Receipt 11 / 19 / 2018
Transaction ID : 15674190
 Amount of Each Receipt this Period 352.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1992.00
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 28 OF 36
<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. Herzig, Edward, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2121 Alpine Place
703

City Cincinnati State OH Zip Code 45206

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 ▼ 2352.00

Date of Receipt 11 / 19 / 2018
Transaction ID : 15674334

Amount of Each Receipt this Period 352.00

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

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 ▼ 1228.00

Date of Receipt 11 / 19 / 2018
Transaction ID : 15674336

Amount of Each Receipt this Period 128.00

Memo Item

C. Klein-Gitelman, Marisa, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 260 East Chestnut
#3801

City Chicago State IL Zip Code 60611

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

Name of Employer (for Individual) Ann & Robert H. Lurie Children's Hospi Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 530.00

Date of Receipt 11 / 19 / 2018
Transaction ID : 15674340

Amount of Each Receipt this Period 160.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	640.00
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 29 OF 36
<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. Bridges, S. Louis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2920 Balmoral Rd
 City Birmingham State AL Zip Code 35223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Alabama at Birmingham Occupation (for Individual) MD, PhD - Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 452.00

Date of Receipt 11 / 19 / 2018
Transaction ID : 15674342
 Amount of Each Receipt this Period 352.00
 Memo Item

B. Huston, Kent, Kwas, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2517 W. 118th St.
 City Leawood State KS Zip Code 66211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kansas City Physician Partners Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1352.00

Date of Receipt 11 / 19 / 2018
Transaction ID : 15674344
 Amount of Each Receipt this Period 352.00
 Memo Item

C. Robinson, William, , Dr., MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 269 Campus Drive
 City Stanford State CA Zip Code 94305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stanford University School of Medicine Occupation (for Individual) Associate Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 472.00

Date of Receipt 11 / 19 / 2018
Transaction ID : 15674346
 Amount of Each Receipt this Period 352.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1056.00
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 30 OF 36
	<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. Baraf, Herbert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Arthritis & Rheumatism Associates, P.C. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3288.00

Date of Receipt 11 / 19 / 2018
Transaction ID : 15674348
 Amount of Each Receipt this Period 288.00
 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
 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 ▼ 655.00

Date of Receipt 11 / 20 / 2018
Transaction ID : 15674349
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Weselman, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6035 Riverwood Dr. NW
 City Sandy Springs State GA Zip Code 30328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wellstar Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 602.00

Date of Receipt 11 / 21 / 2018
Transaction ID : 15674921
 Amount of Each Receipt this Period 352.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	685.00
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 31 OF 36
	<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. 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 ▼
270.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		22		2018

Transaction ID : 15675158

Amount of Each Receipt this Period
23.00

Memo Item

B. 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 ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2018

Transaction ID : 15675161

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
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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 ▼
2120.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2018

Transaction ID : 15675168

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	348.00
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 32 OF 36
	<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. 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 ▼ 2982.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2018
Transaction ID : 15675170
 Amount of Each Receipt this Period 362.00
 Memo Item

B. Sampson, Roy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2784 N Brookbury Xing
 City Fayetteville State AR Zip Code 72703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington Regional Medical Center Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 852.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2018
Transaction ID : 15675172
 Amount of Each Receipt this Period 352.00
 Memo Item

C. Palmer, William, Rodney, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9016 Harney
 City Omaha State NE Zip Code 68114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Westroads Rheumatology Occupation (for Individual) Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2018
Transaction ID : 15675174
 Amount of Each Receipt this Period 1280.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1994.00
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 33 OF 36
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Holers, V, Michael, ,

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 ▼
652.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	26	/	2018

Transaction ID : 15675263

Amount of Each Receipt this Period
352.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	352.00
TOTAL This Period (last page this line number only).....▶	33622.00

**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 34 OF 36
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 ▼
3238.01

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2018

Transaction ID : 15690586

Amount of Each Receipt this Period
96.01

Memo Item

September 2018 Credit Card fees reimbursement

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	96.01
TOTAL This Period (last page this line number only).....▶	96.01

**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 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

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. Pallone For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement 011 Category/Type

Candidate Name
Pallone, Frank, , Rep., Jr.

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

State: NJ District: 06

Date of Disbursement: 11 / 19 / 2018

FEC Identification Number: **C00226928**
Transaction ID : **15690567**
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. Friends Of Chris Murphy

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement 011 Category/Type

Candidate Name
Murphy, Christopher, , Mr.,

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

State: CT District:

Date of Disbursement: 11 / 05 / 2018

FEC Identification Number: **C00492645**
Transaction ID : **15690570**
Amount of Each Disbursement this Period: 5000.00

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).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

**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 62227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement September 2018 Credit Card fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 01 / 2018

FEC Identification Number: C

Transaction ID : 15690573

Amount of Each Disbursement this Period: 96.01

September 2018 Credit Card fees

Memo Item

B. SunTrust Bank Charges

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 62227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement October 2018 Credit Card fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2018

FEC Identification Number: C

Transaction ID : 15690574

Amount of Each Disbursement this Period: 192.49

October 2018 Credit Card fees

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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).....▶	288.50
TOTAL This Period (last page this line number only).....▶	288.50