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Image# 14941809840

## **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

|   | or Other       | Than An Autho        | brized Commit                  | itee             |                  | Office Use Only                                     |
|---|----------------|----------------------|--------------------------------|------------------|------------------|---|
| NAME OF COMMITTEE (in full)                                 | TYPE OR F      | PRINT ▼              | Example: If typover the lines. |                  | 12FE4M5          |   |
| American College of R                                       | heumato        | ology (Rheuml        | PAC)                           |                  |                  |   |
|   |                |                      |                                |                  |                  |   |
| ADDRESS (number and street)                                 | 2200 Lak       | e Boulevard NE       |                                |                  |                  |   |
| Check if different  |                |                      |                                |                  |                  |   |
| than previously reported. (ACC)                             | Atlanta        |                      |                                |                  | GA L             | 30319   |
| 2. FEC IDENTIFICATION NU                                    | IMBER ▼        | CITY                 |                                |                  | STATE A          | ZIP CODE ▲  |
| C C00432823   |                | 3. IS                | THIS X                         | NEW (N) OR       | AM<br>(A)        | IENDED  |
| 4. TYPE OF REPORT (Choose One)                              | (b) Mon<br>Rep | ort<br>On:           | 20 (M2)                        | May 20 (M5)      | =                | 20 (M8) Nov 20 (M11)<br>(Non-Election<br>Year Only) |
| (a) Quarterly Reports:                                      |                |                      | 20 (M3)                        | Jun 20 (M6)      |                  | 20 (M9) Dec 20 (M12)<br>(Non-Election<br>Year Only) |
| April 15 Quarterly Report (Q                                | )1)            | Apr 20               | 0 (M4)                         | Jul 20 (M7)      | Oct 2            | 20 (M10) Jan 31 (YE)                                |
| July 15 Quarterly Report (Q                                 | (C)            | 12-Day  PRE-Election | Primary (12                    | 2P)              | General (        | (12G) Runoff (12R)                                  |
| October 15  |                | Report for the:      | Convention                     | ı (12C)          | Special (        | 12S)  |
| Quarterly Report (Q January 31 Year-End Report (Y)          |                | Election             | on                             | / D D /          | Y Y Y            | in the State of                                     |
| July 31 Mid-Year<br>Report (Non-election<br>Year Only) (MY) | (d)            | 30-Day POST-Election | General (3                     | 0G)              | Runoff (3        | 0R) Special (30S)                                   |
| Termination Report (TER)                                    |                | Report for the:      | on M - M                       | / D = D /        | Y = Y = Y = Y    | in the<br>State of                                  |
| 5. Covering Period 04                                       | M / D 01       | 2014                 | through                        | M M 06           | 30 /             | 2014  |
| I certify that I have examined thi                          | is Report a    | nd to the best of n  | ny knowledge and               | belief it is tru | ue, correct and  | d complete.   |
| Type or Print Name of Treasurer                             | James E        | ngelbrecht           |                                |                  |                  |   |
| Signature of Treasurer James                                | s Engelbrecht  |                      | [Electronica                   | ully Filed]      | Date 07          | 15 / 2014   |
| NOTE: Submission of false, errone                           | ous, or inco   | omplete information  | may subject the pe             | erson signing tl | his Report to th | ne penalties of 2 U.S.C. §437g.                     |
| Office<br>Use<br>Only                                       |                |                      |                                |                  |                  | FEC FORM 3X<br>Rev. 12/2004                         |

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

## American College of Rheumatology (RheumPAC)

Report Covering the Period: From: 04 01 2014 To: 06 30 2014

|     |  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|--|-------------------------|-----------------------------------|
| 6.  | (a) Cash on Hand  January 1,  2014   |                         | 168727.92                         |
|     | (b) Cash on Hand at Beginning of Reporting Period  | 172308.02               |                                   |
|     | (c) Total Receipts (from Line 19)  | 35547.37                | 68156.25                          |
|     | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)         | 207855.39               | 236884.17                         |
| 7.  | Total Disbursements (from Line 31)   | 27120.54                | 56149.32                          |
| 8.  | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                       | 180734.85               | 180734.85                         |
| 9.  | Debts and Obligations Owed <b>TO</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

## American College of Rheumatology (RheumPAC)

|       | I. Dogginto   | COLUMN A          | COLUMN B              |
|-------|---|-------------------|-----------------------|
|       | I. Receipts   | Total This Period | Calendar Year-to-Date |
| I. Co | ontributions (other than loans) From:                     |                   |                       |
| (a    |   |                   |                       |
|       | Than Political Committees                                 | 30000.00          | 58829.00              |
|       | (i) Itemized (use Schedule A)                             | 30000.00          | 30029.00              |
|       | (II)  | 0514.00           | 5200.00               |
|       | (ii) Unitemized   | 2514.00           | 5289.00               |
|       | (iii) TOTAL (add  | 22514.00          | 64118.00              |
|       | Lines 11(a)(i) and (ii)▶                                  | 32514.00          | 04118.00              |
| /h    | Delitical Barty Committees                                | 0.00              | 0.00                  |
| (b)   | ,   | 0.00              | 3.00                  |
| (c)   |   | 0.00              | 0.00                  |
| اء/   | (such as PACs)  | 7                 | 0.00                  |
| (d    | •   |                   |                       |
|       | 11(a)(iii), (b), and (c)) (Carry                          | 32514.00          | 64118.00              |
| Tr    | Totals to Line 33, page 5)  Ansfers From Affiliated/Other | 337.100           |                       |
|       | urty Committees   | 0.00              | 0.00                  |
| Г     | inty Committees   | 0.00              | 0.00                  |
| ΔΙ    | Loans Received  | 0.00              | 0.00                  |
| . 🗥   | Loans rieceived   |                   |                       |
|       |   | 0.00              | 0.00                  |
|       | an Repayments Received                                    | 0.00              | 0.00                  |
|       | fsets To Operating Expenditures                           |                   |                       |
|       | efunds, Rebates, etc.)                                    | 0.00              | 0.00                  |
|       | arry Totals to Line 37, page 5)                           | 0.00              | 0.00                  |
|       | efunds of Contributions Made                              |                   |                       |
|       | Federal Candidates and Other                              | 0500.00           | 2500.00               |
|       | litical Committees  | 2500.00           | 2500.00               |
|       | her Federal Receipts                                      | 700.07            | 4500.05               |
|       | ividends, Interest, etc.)                                 | 533.37            | 1538.25               |
|       | ansfers from Non-Federal and Levin Funds                  |                   |                       |
| (a    | Non-Federal Account                                       | 0.00              |                       |
|       | (from Schedule H3)  | 0.00              | 0.00                  |
|       |   | 2.22              |                       |
| (b    | Levin Funds (from Schedule H5)                            | 0.00              | 0.00                  |
|       |   |                   |                       |
|       | Total Transfers (add 18(a) and 18(b))                     | 0.00              | 0.00                  |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

|        | II. Disbursements   | COLUMN A Total This Period              | COLUMN B<br>Calendar Year-to-Date |
|--------|---|---|-----------------------------------|
|        | Dperating Expenditures:  a) Allocated Federal/Non-Federal Activity (from Schedule H4) |   | 23.3.341 1041 10 2410             |
|        | (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                              |
| 2.     | Fransfers to Affiliated/Other Party   | 7                                       |                                   |
| (      | Committees  | 0.00                                    | 0.00                              |
| F      | Contributions to Federal Candidates/Committees and Other Political Committees         | 26500.00                                | 54500.00                          |
|        | ndependent Expenditures   |   |                                   |
| ,, (   | use Schedule E)<br>Coordinated Party Expenditures                                     | 0.00                                    | 0.00                              |
| (      | 2 U.S.C. §441a(d))  | 0.00                                    | 0.00                              |
| (      | use Schedule F)   | 0.00                                    | 0.00                              |
| 6. L   | oan Repayments Made   | 0.00                                    | 0.00                              |
| 7 I    | oans Made   | 0.00                                    | 0.00                              |
| . 8. F | 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   | 0.00                                    | 0.00                              |
|        | (such as PACs)  | 0.00                                    |                                   |
| (      | d) Total Contribution Refunds   |   |                                   |
|        | (add Lines 28(a), (b), and (c))▶  | 0.00                                    | 0.00                              |
|        |   |   | 10000                             |
| 29. (  | Other Disbursements   | 620.54                                  | 1649.32                           |
| 80. F  | Federal Election Activity (2 U.S.C. §431(20))   |   |                                   |
|        | a) Allocated Federal Election Activity  |   |                                   |
|        | (from Schedule H6)  | 0.00                                    | 0.00                              |
|        | (i) Federal Share   | 0.00                                    | 0.00                              |
|        | (ii) "Levin" Share  | 0.00                                    | 0.00                              |
| (      | b) Federal Election Activity Paid Entirely  |   |                                   |
| `      | With Federal Funds  | 0.00                                    | 0.00                              |
| (      | c) Total Federal Election Activity (add   | 0.00                                    |                                   |
|        | Lines 30(a)(i), 30(a)(ii) and 30(b))▶   | 0.00                                    | 0.00                              |
| 1. 1   | Fotal Disbursements (add Lines 21(c), 22,   |   |                                   |
|        | 23, 24, 25, 26, 27, 28(d), 29 and 30(c))  | 27120.54                                | 56149.32                          |
|        |   | , , , , , ,                             | 33175.02                          |
| 2.     | Total Federal Disbursements   |   |                                   |
|        | subtract Line 21(a)(ii) and Line 30(a)(ii)  |   | 20112-22                          |
| f      | rom Line 31)▶   | 27120.54                                | 56149.32                          |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                               | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3)         | 32514.00                      | 64118.00                          |
| 4. Total Contribution Refunds (from Line 28(d))                             | 0.00                          | 0.00                              |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33)     | 32514.00                      | 64118.00                          |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 0.00                          | 0.00                              |
| 7. Offsets to Operating Expenditures (from Line 15, page 3)                 | 0.00                          | 0.00                              |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36)               | 0.00                          | 0.00                              |

|                  | FOR | PAGE |  | 6  | OF |    | 26 |    |   |  |    |
|------------------|-----|------|--|----|----|----|----|----|---|--|----|
| (check only one) |     |      |  |    |    |    |    |    |   |  |    |
| X 11a 11b 11c 12 |     |      |  |    |    |    |    |    |   |  |    |
|                  |     | 13   |  | 14 |    | 15 |    | 16 | , |  | 17 |

|   | d Statements may not be sold or used by any pers<br>the name and address of any political committee to |                                    |
|---|--|------------------------------------|
| NAME OF COMMITTEE (In Full)                                   |  |                                    |
| American College of Rheuma                                    | tology (RheumPAC)  |                                    |
| Full Name (Last, First, Middle Initial)  Louglas W White      |  | Date of Receipt                    |
| Mailing Address 3111 Gundersen Dr                             |  | 04 04 2014                         |
| City  | State Zip Code   | Transaction ID : 12375961          |
| Onalaska  | WI 54650   | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.    | C  | 100.00                             |
| Name of Employer  | Occupation   |                                    |
| Onalaska Clinic   | Rheumatologist   |                                    |
| Receipt For:  | Aggregate Year-to-Date ▼   |                                    |
| Primary General   |  |                                    |
| Other (specify) ▼   | 500.00   |                                    |
| Full Name (Last, First, Middle Initial)  Edward Fudman        |  | Date of Receipt                    |
| Mailing Address 1301 W 38th Street                            |  | M = M / D = D / Y = Y = Y          |
| Suite 702   | State Zip Code   | 04 07 2014                         |
| City<br>Austin  | State Zip Code TX 78705  | Transaction ID : 12385644          |
|   | 10100  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.    | С  | 500.00                             |
| Name of Employer  | Occupation   |                                    |
| self  | physician  |                                    |
| Receipt For:  | Aggregate Year-to-Date ▼   |                                    |
| Primary General   | 70000  |                                    |
| Other (specify) ▼   | 500.00   |                                    |
| Full Name (Last, First, Middle Initial)  C. James Engelbrecht |  | Date of Receipt                    |
| Mailing Address 4281 Rosemary Lane                            |  | 04 04 2014                         |
| City  | State Zip Code   | Transaction ID : 12385671          |
| Rapid City  | SD 57702   | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.    | C  | 250.00                             |
| Name of Employer  | Occupation   |                                    |
| Black Hills Orth and Spine Cen                                | Physician  |                                    |
| Receipt For:  | Aggregate Year-to-Date ▼   |                                    |
| Primary General   |  |                                    |
| Other (specify) ▼   | 500.00   |                                    |
| SUBTOTAL of Receipts This Page (optional)                     |  | 850.00                             |
| TOTAL This Period (last page this line numb                   | er only)   |                                    |
| / F0  |  |                                    |

| FO               | R LINE | PAGE |    | 7 | OF |  | 26 |   |  |    |
|------------------|--------|------|----|---|----|--|----|---|--|----|
| (check only one) |        |      |    |   |    |  |    |   |  |    |
| X 11a 11b 11c 12 |        |      |    |   |    |  |    |   |  |    |
|                  | 13     |      | 14 |   | 15 |  | 16 | 6 |  | 17 |

|   | Statements may not be sold or used by any pers e name and address of any political committee to   |   |
|---|---|---|
| NAME OF COMMITTEE (In Full) American College of Rheumato  | ology (RheumPAC)  |   |
| Full Name (Last, First, Middle Initial)  Dr. Ruy Carrasco  Mailing Address 2105 Antone St.  City  Austin  FEC ID number of contributing federal political committee.  Name of Employer  Dell Children's Medical Center  Receipt For:  Primary  General  Other (specify) | State Zip Code TX 78723  C  Occupation Pediatric Rheumatologist  Aggregate Year-to-Date ▼  500.00 | Date of Receipt  04 06 2014  Transaction ID: 12385673  Amount of Each Receipt this Period  500.00       |
| Full Name (Last, First, Middle Initial)  Gwenesta B Melton  Mailing Address 443 Harlow Dr  City  LaFayetteville  FEC ID number of contributing federal political committee.  Name of Employer  LaFayetteville Clinic  Receipt For:  Primary General Other (specify)     | State Zip Code NC 28314  C  Occupation Rheumatologist  Aggregate Year-to-Date ▼  2000.00          | Date of Receipt  O4  O7  2014  Transaction ID: 12385674  Amount of Each Receipt this Period  2000.00    |
| Full Name (Last, First, Middle Initial)  Martin Kafina  Mailing Address 59 Old Road To 9 Acre Cor  City Concord  FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For:  Primary General Other (specify)                      | State Zip Code MA 01742  C  Occupation MD  Aggregate Year-to-Date ▼                               | Date of Receipt  M M M / 08 2014  Transaction ID : 12385676  Amount of Each Receipt this Period  500.00 |
| SUBTOTAL of Receipts This Page (optional)   | <u> </u>  | 3000.00   |
| TOTAL This Period (last page this line number   | r only)   |   |

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

| F                | OR | LINE | PAGE |    | 8 | OF |  | 26 |   |  |    |
|------------------|----|------|------|----|---|----|--|----|---|--|----|
| (check only one) |    |      |      |    |   |    |  |    |   |  |    |
| X 11a 11b 11c 12 |    |      |      |    |   |    |  |    |   |  |    |
|                  |    | 13   |      | 14 |   | 15 |  | 16 | ; |  | 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 Rheuma                                     | tology (RheumPAC)  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)  Benjamin Lechner                                  |  | Date of Receipt  |
| Mailing Address 2163 NE 203rd Ter  |  | 04 09 2014 The state of the sta |
| City<br>Miami  | State Zip Code<br>FL 33179-2215                              | Transaction ID : 12385989  Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                 | C  | 500.00   |
| Name of Employer Self-Employed   | Occupation Rheumatologist                                    |  |
| Receipt For:  Primary General  Other (specify)   | Aggregate Year-to-Date ▼  500.00                             |  |
| Full Name (Last, First, Middle Initial)  Mohan Penmetcha                                   |  | Date of Receipt  |
| Mailing Address 4217 Marsh Ridge Rd Suite 110 City Carrollton                              | State Zip Code<br>TX 75010                                   | 04 12 2014  Transaction ID: 12395846  Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                 | С  | 250.00   |
| Name of Employer<br>Self employed  | Occupation Physician   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  250.00                             |  |
| Full Name (Last, First, Middle Initial)  J. Suzanne Moore                                  |  | Date of Receipt  |
| Mailing Address 4304 Annadale Circle   |  | 04 13 / Y = Y = Y = Y  |
| City<br>Jonesboro  | State Zip Code<br>AR 72404                                   | Transaction ID : 12395848  Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                 | C  | 1000.00  |
| Name of Employer  St. Bernard's Hospital  Receipt For:  Primary General  Other (specify) ▼ | Occupation Rheumatologist  Aggregate Year-to-Date ▼  1000.00 |  |
| SUBTOTAL of Receipts This Page (optional).   |  | 1750.00  |
| TOTAL This Period (last page this line numb  | er only)   |  |

| FOF              | PAGE    |    | 9   | OF |    | 26 |    |   |  |    |
|------------------|---------|----|-----|----|----|----|----|---|--|----|
| (che             | ck only | or | ne) |    |    |    |    |   |  |    |
| X 11a 11b 11c 12 |         |    |     |    |    |    |    |   |  |    |
|                  | 13      |    | 14  |    | 15 |    | 16 | ; |  | 17 |

|   | tatements may not be sold or used by any perso<br>name and address of any political committee to |                                    |
|---|--|------------------------------------|
| NAME OF COMMITTEE (In Full)                                   |  |                                    |
| American College of Rheumatol                                 | ogy (RheumPAC)   |                                    |
| Full Name (Last, First, Middle Initial)  A. Robert Colbert MD |  | Date of Receipt                    |
| Mailing Address 1314 Wild Oak Terrace                         |  | 05 14 2014                         |
| City  | State Zip Code   | Transaction ID : 12457765          |
| Rockville   | MD 20852   | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.    | С  | 250.00                             |
| Name of Employer  | Occupation   |                                    |
| NIH   | Senior Investigator  |                                    |
| Receipt For:  | Aggregate Year-to-Date ▼   |                                    |
| Primary General   |  |                                    |
| Other (specify) ▼   | 250.00   |                                    |
| Full Name (Last, First, Middle Initial)  Dr. Dannette Johnson |  | Date of Receipt                    |
| Mailing Address 2500 N State St                               | 05 14 2014   |                                    |
| City  | State Zip Code   | Transaction ID : 12458302          |
| Jackson   | MS 39216   | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.    | С  | 1500.00                            |
| Name of Employer  | Occupation   |                                    |
| University of MS Medical Center                               | Physician  |                                    |
| Receipt For:  Primary General  Other (specify) ▼              | Aggregate Year-to-Date ▼ 1500.00   |                                    |
| Full Name (Last, First, Middle Initial)  C. Timothy Laing     |  | Date of Receipt                    |
| Mailing Address 5522 Warren Road                              |  | 05 14 2014 _                       |
| City  | State Zip Code   | Transaction ID : 12458303          |
| Ann Arbor   | MI 48105   | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.    | С  | 4000.00                            |
| Name of Employer  | Occupation   |                                    |
| University of Michigan  | MD   |                                    |
| Receipt For:  | Aggregate Year-to-Date ▼   |                                    |
| Primary General   |  |                                    |
| Other (specify) ▼   | 4000.00  |                                    |
| SUBTOTAL of Receipts This Page (optional)                     | <b>&gt;</b>  | 5750.00                            |
| TOTAL This Period (last page this line number of              | only)  |                                    |

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

FOR LINE NOME (check only one)

| FOF  | R LINE  | NU | MBER | : | PAGE | · ' | 10 | OF | 26 |
|------|---------|----|------|---|------|-----|----|----|----|
| (che | ck only | or | ne)  |   |      |     |    |    |    |
| X    | 11a     |    | 11b  |   | 11c  |     | 12 |    |    |
|      | 13      |    | 14   |   | 15   |     | 16 |    | 17 |

|  | Statements may not be sold or used by any persone name and address of any political committee to |  |
|--|--|--|
| NAME OF COMMITTEE (In Full) American College of Rheumato   | ology (RheumPAC)   |  |
| Full Name (Last, First, Middle Initial)  Kelly Weselman  Mailing Address 6035 Riverwood Dr. NW  City  Sandy Springs  | State Zip Code<br>GA 30328   | Date of Receipt  05 18 2014  Transaction ID: 12483557  Amount of Each Receipt this Period          |
| FEC ID number of contributing federal political committee.  Name of Employer  Wellstar Rheumatology  Receipt For:  □ Primary □ General  Other (specify) ▼  | Occupation Rheumatologist  Aggregate Year-to-Date ▼  500.00                                      | 500.00   |
| Full Name (Last, First, Middle Initial)  Gary Bryant  Mailing Address 5429 Vining Point Road  City  Minnetonko   | State Zip Code   | Date of Receipt  05 16 2014  Transaction ID: 12483558  |
| Minnetonka  FEC ID number of contributing federal political committee.  Name of Employer University of Minnesota  Receipt For:  □ Primary □ General □ Other (specify) ▼  | MN 55345  C  Occupation Physician  Aggregate Year-to-Date ▼  500.00                              | Amount of Each Receipt this Period 500.00  |
| Full Name (Last, First, Middle Initial)  Charles King  Mailing Address 179 Edgewater Cv  City Belden  FEC ID number of contributing federal political committee.  Name of Employer  NMMCI  Receipt For:  Primary  General  Other (specify) | State Zip Code MS 38826-9145  C  Occupation Physician  Aggregate Year-to-Date ▼  1000.00         | Date of Receipt  05 15 2014  Transaction ID: 12483559  Amount of Each Receipt this Period  1000.00 |
| SUBTOTAL of Receipts This Page (optional)  | <u> </u>   | 2000.00  |
| TOTAL This Period (last page this line numbe   | r only)  |  |

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 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) Full Name (Last, First, Middle Initial) Meera Oza Date of Receipt Mailing Address 2574 Admirals Walk Dr S 2014 City State Zip Code Transaction ID: 12483560 FL Orange Park 32073-6102 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. Name of Employer Occupation Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kathleen Price Date of Receipt Mailing Address 6410 Waterway Drive 14 2014 05 City State Zip Code Transaction ID: 12483574 Falls Church VA 22044 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Falls Church Medical Center physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeffrey Lawson Date of Receipt Mailing Address 20 Crescent Ave 2014 05 14 Zip Code City State Transaction ID: 12483608 SC Greenville 29605 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 С federal political committee. Name of Employer Occupation Piedmont Arthritis Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 4250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

| FO  | R LINE          | NUN | MBER | : | PAGE | 1 | 12 | OF | 26 |  |  |  |  |  |
|-----|-----------------|-----|------|---|------|---|----|----|----|--|--|--|--|--|
| (ch | check only one) |     |      |   |      |   |    |    |    |  |  |  |  |  |
| >   | <b>1</b> 1a     |     | 11b  |   | 11c  |   | 12 |    |    |  |  |  |  |  |
|     | 13              |     | 14   |   | 15   |   | 16 |    | 17 |  |  |  |  |  |

|  | the name and address of any political committee t |   |
|--|---|---|
| NAME OF COMMITTEE (In Full)                                      |   |   |
| American College of Rheuma                                       | atology (KneumPAC)                                |   |
| Full Name (Last, First, Middle Initial)  Dr. Matthew E Mosbacker |   | Date of Receipt   |
| Mailing Address 402 Lamont Ave                                   |   | 05 14 2014  |
| City   | State Zip Code                                    | Transaction ID : 12483611                                     |
| San Antonio  | TX 78209  | Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.       | C   | 500.00  |
| Name of Employer   | Occupation  | 1   |
| Arthritis Associates, p.a.                                       | Physician   |   |
| Receipt For:   | Aggregate Year-to-Date ▼                          |   |
| Primary General  |   |   |
| Other (specify) ▼  | 500.00  |   |
| Full Name (Last, First, Middle Initial)  Arnaldo Torres MD       | Date of Receipt                                   |   |
| Mailing Address 6711 38th Ave N.                                 |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| City   | State Zip Code                                    | 05 14 2014<br>Transaction ID : 12483612                       |
| St. Petersburg   | FL 33710-1536                                     | Transaction ID : 12483612  Amount of Each Receipt this Period |
|  | 337.0 1330  | Amount of Lacif neceipt this Period                           |
| FEC ID number of contributing federal political committee.       | C   | 250.00  |
| Name of Employer   | Occupation  | 1   |
| St. Petersburg Arthritis Center                                  | Physician   | ]   |
| Receipt For:   | Aggregate Year-to-Date ▼                          |   |
| Primary General  | 00 0  |   |
| Other (specify) ▼  | 250.00  |   |
| Full Name (Last, First, Middle Initial)  C. Edward Herzig        |   | Date of Receipt   |
| Mailing Address 2121 Alpine Place Apt. 703                       |   | 05 14 2014  |
| City   | State Zip Code                                    | Transaction ID : 12483613                                     |
| Cincinnati   | OH 45206-3612                                     | Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.       | C   | 1000.00   |
| Name of Employer   | Occupation  | 1   |
| Herzig Krall Medical Group                                       | Physician   |   |
| Receipt For:   | Aggregate Year-to-Date ▼                          |   |
| Primary General  |   |   |
| Other (specify) ▼  | 2000.00   |   |
| SUBTOTAL of Receipts This Page (ontional                         | )   | 1750.00   |
|  |   | 7 7 7   |
| TOTAL This Period (last page this line numl                      | ber only)   |   |

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 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) Full Name (Last, First, Middle Initial) Joan Marie Von Feldt Date of Receipt Mailing Address 716 Taunton Road 2014 City Zip Code State Transaction ID: 12483628 DE Wilmington 19803 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Professor of Medicine University of Pennsylvania/Philadelphi Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kenneth G Saag MD, MSc Date of Receipt Mailing Address 1530 3rd Ave South 05 12 2014 City State Zip Code Transaction ID: 12483629 AL Birmingham 35294-3408 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation University of Alabama at Birmingham Professor of Medicine Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kent k k Huston MD Date of Receipt Mailing Address 4330 Wornall Rd 2014 05 05 Suite 40 City State Zip Code Transaction ID: 12483633 MO Kansas City 64111 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation The Medical Plaza II Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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26

for each category of the Detailed Summary Page 13 14 15 16 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) Full Name (Last, First, Middle Initial) Elizabeth Tindall Date of Receipt Mailing Address 1255 SW Schaeffer Rd 2014 City Zip Code State Transaction ID: 12514135 OR West Linn 97068 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth Perkins Date of Receipt Mailing Address 757 Jasmine Way 06 20 2014 City State Zip Code Transaction ID: 12546473 ΑL Birmingham 35226-4215 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Rhuematology Care Center Rheumatologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Ruy Carrasco Date of Receipt Mailing Address 2105 Antone St. 06 21 2014 City Zip Code State Transaction ID: 12546485 TX Austin 78723 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Pediatric Rheumatologist Dell Children's Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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| for each category of the Detailed Summary Page | X    | 11a      |    | 11b  |   | 11c  |   | 12    |   |     |
|  |      | 13       |    | 14   |   | 15   |   | 16    |   | 117 |

|   | Statements may not be sold or used by any pers<br>he name and address of any political committee to |  |
|---|---|--|
| NAME OF COMMITTEE (In Full) American College of Rheumat   | ology (RheumPAC)  |  |
| Full Name (Last, First, Middle Initial)  Dr. Alfonse T. Masi  Mailing Address One Illini Dr.  PO Box 1649               |   | Date of Receipt  06 24 2014  |
| City Peoria FEC ID number of contributing   | State Zip Code<br>IL 61656  | Transaction ID : 12552801  Amount of Each Receipt this Period        |
| federal political committee.  Name of Employer  University of Illinois  Receipt For:  Primary  General  Other (specify) | Occupation Physician  Aggregate Year-to-Date ▼  250.00  | 250.00   |
| Full Name (Last, First, Middle Initial)  Joseph J Weiss  Mailing Address 4485 Chippewa CT  City                         | Date of Receipt  06 27 2014  Transaction ID : 12554020  |  |
| Bloomfield Hills  FEC ID number of contributing federal political committee.  | State Zip Code MI 48301-1551  | Amount of Each Receipt this Period                                   |
| Name of Employer Self-Employeed  Receipt For:  Primary General Other (specify) ▼  | Occupation Physician-Rheumatologist  Aggregate Year-to-Date ▼  350.00                               |  |
| Full Name (Last, First, Middle Initial)  Daniel Rosler MD  Mailing Address 3748 W. Ashley Lane                          | Ctate 7in Code  | Date of Receipt  06 23 2014  |
| City Mequon  FEC ID number of contributing federal political committee.   | State Zip Code WI 53092   | Transaction ID: 12560959  Amount of Each Receipt this Period  250.00 |
| Name of Employer  Milwaukee Rheumatology Center  Receipt For:  □ Primary □ General  □ Other (specify) ▼                 | Occupation Rheumatologist  Aggregate Year-to-Date ▼  250.00   |  |
| SUBTOTAL of Receipts This Page (optional).  |   | 850.00   |
| TOTAL This Period (last page this line number   | er only)  |  |

|    | _                | LINE | _ |     | : | PAGE | 1 | 16 | OF |  | 26 |
|----|------------------|------|---|-----|---|------|---|----|----|--|----|
| (0 | (check only one) |      |   |     |   |      |   |    |    |  |    |
|    | X                | 11a  |   | 11b |   | 11c  |   | 12 |    |  |    |
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| Any information copied from such Reports and S<br>or for commercial purposes, other than using the | statements may not be sold or used by any persename and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|--|---|---|
| NAME OF COMMITTEE (In Full) American College of Rheumato   | logy (RheumPAC)   |   |
| Full Name (Last, First, Middle Initial)  Daniel Malone  Mailing Address, 2427 Edeabil Bluer        |   | Date of Receipt   |
| Mailing Address 3437 Edgehill Pkwy   |   | 06 23 2014  |
| City   | State Zip Code  | Transaction ID: 12560962  |
| Madison  | WI 53705-1450   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C   | 500.00  |
| Name of Employer   | Occupation  |   |
| Excel Ortho  | Rheumatologist  |   |
| Receipt For:   | Aggregate Year-to-Date ▼  |   |
| Primary General Other (specify) ▼  | 500.00  |   |
| Full Name (Last, First, Middle Initial)  Sharon L Kolasinski                                       |   | Date of Receipt   |
| Mailing Address 545 Hansell Road   |   | 06 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State Zip Code  | Transaction ID: 12588083  |
| Wynnewood  | PA 19096  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C   | 500.00  |
| Name of Employer   | Occupation  |   |
| UMDNJ-Camden   | Rheumatologist  |   |
| Receipt For:   | Aggregate Year-to-Date ▼  |   |
| Primary General  Other (specify) ▼   | 525.00  |   |
| Full Name (Last, First, Middle Initial)  C. Kamran A Chaudhary                                     |   | Date of Receipt   |
| Mailing Address 20503 N. Joshua Court  |   | 06 15 2014  |
| City<br>Deer Park  | State Zip Code<br>IL 60010  | Transaction ID : 12588085  Amount of Each Receipt this Period                               |
| FEC ID number of contributing federal political committee.   | С   | 250.00  |
| Name of Employer   | Occupation  |   |
| Greater Chicago Rheumatology   | Rheumatology  |   |
| Receipt For:   | Aggregate Year-to-Date ▼  |   |
| Primary General Other (specify) ▼  | 250.00  |   |
| SUBTOTAL of Receipts This Page (optional)  |   | 1250.00   |
| TOTAL This Period (last page this line number  | <u>^</u>  |   |

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for each category of the Detailed Summary Page 14 13 15 16 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) Full Name (Last, First, Middle Initial) Audrey Uknis Date of Receipt Mailing Address 11 Jacqueline Circle 2014 24 City Zip Code State Transaction ID: 12588186 PΑ Richboro 18954 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Temple University Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nilsa Cruz Date of Receipt Mailing Address 2801 W KK River Pkwy Ste. 375 06 25 2014 City State Zip Code Transaction ID: 12588187 WI Milwaukee 53215 Amount of Each Receipt this Period FEC ID number of contributing 4000.00 federal political committee. Name of Employer Occupation Milwaukee Rheumatology Center rheumatologist Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Howard Hauptman MD Date of Receipt Mailing Address 1504 Pinnacle Road 2014 06 27 Zip Code City State Transaction ID: 12588200 MD **Baltimore** 21286 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Rheumatology Associates of Baltimore Rheumatologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 4800.00 SUBTOTAL of Receipts This Page (optional)..... 30000.00 TOTAL This Period (last page this line number only).....

|         | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                           | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 18 OF 26 (check only one)  11a 11b 11c 12 13 14 15 16 🗙 17 |
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|         | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |                           |   | erson for the purpose of soliciting contributions                                |
|         | NAME OF COMMITTEE (In Full) American College of Rheumatolo                                      | ogy (Rhe                  | eumPAC)   |  |
| Α.      | Full Name (Last, First, Middle Initial) American College of Rheumatology                        |                           |   | Date of Receipt  |
|         | Mailing Address 2200 Lake Boulevard NE  |                           |   | 05 23 2014 .   |
|         | City<br>Atlanta   | State<br>GA               | Zip Code<br>30319   | Transaction ID : 12484022  |
|         | FEC ID number of contributing federal political committee.                                      | С                         |   | Amount of Each Receipt this Period  38.35  |
|         | Name of Employer  | Occupation                |   |  |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                 | Year-to-Date ▼<br>1359.21   |  |
| В.      | Full Name (Last, First, Middle Initial) American College of Rheumatology                        | Date of Receipt           |   |  |
|         | Mailing Address 2200 Lake Boulevard NE  City  | State                     | Zip Code  | 04 29 2014   |
|         | Atlanta   | GA                        | 30319   | Transaction ID : 12486260  Amount of Each Receipt this Period                    |
|         | FEC ID number of contributing federal political committee.                                      | С                         |   | 315.98   |
|         | Name of Employer  | Occupation                |   |  |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                 | Year-to-Date ▼ 1320.86  |  |
| —<br>С. | Full Name (Last, First, Middle Initial) American College of Rheumatolog                         | v                         |   | Date of Receipt  |
| 0.      | Mailing Address 2200 Lake Boulevard NE  |                           |   | 06 26 2014   |
|         | City<br>Atlanta   | State<br>GA               | Zip Code<br>30319   | Transaction ID : 12552805  Amount of Each Receipt this Period                    |
|         | FEC ID number of contributing federal political committee.                                      | С                         |   | 179.04   |
|         | Name of Employer  | Occupation                |   |  |
|         | Receipt For:  Primary General  Other (specify) ▼  | Year-to-Date ▼<br>1538.25 | May 2014 Credit Card Fees   |  |
| s       | UBTOTAL of Receipts This Page (optional)  |                           | )   | 533.37   |

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

533.37

| SCHEDULI<br>ITEMIZED       | E A (FEC Form 3X)<br>RECEIPTS               |                                      | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 19 OF 26 (check only one)  11a  |  |  |  |  |
|----------------------------|---|--------------------------------------|---|---|--|--|--|--|
|                            |   |                                      |   | erson for the purpose of soliciting contributions to solicit contributions from such committee. |  |  |  |  |
| 1 \                        | OMMITTEE (In Full) n College of Rheumato    | ology (Rhe                           | eumPAC)   |   |  |  |  |  |
| A. Dave Can                | ast, First, Middle Initial) np For Congress | Date of Receipt                      |   |   |  |  |  |  |
| Mailing Addre              | ess 5915 Eastman Avenue<br>Suite 100        | 04 22 2014 Transaction ID : 12486261 |   |   |  |  |  |  |
| Midland                    |   | State<br>MI                          | Zip Code<br>48640   | Amount of Each Receipt this Period  |  |  |  |  |
|                            | ber of contributing cal committee.          | C co                                 | 0347476   | 2500.00   |  |  |  |  |
| Name of Em                 | ployer                                      | Occupation                           |   |   |  |  |  |  |
| Receipt For: Primary Other |   | Aggregate                            | Year-to-Date ▼ 2500.00  | Returned check #000271 without depositing   |  |  |  |  |
| Full Name (L               | ast, First, Middle Initial)                 | Date of Receipt                      |   |   |  |  |  |  |
| Mailing Addre              | ess   |                                      |   | M = M / D = D / Y = Y = Y   |  |  |  |  |
| City                       |   | State                                | Zip Code  | Assessment of Facility Description Provided   |  |  |  |  |
|                            | ber of contributing cal committee.          | С                                    |   | Amount of Each Receipt this Period  |  |  |  |  |
| Name of Em                 | ployer                                      | Occupation                           | 1   |   |  |  |  |  |
| Receipt For: Primary Other | y General<br>(specify) ▼                    | Aggregate                            | Year-to-Date ▼  |   |  |  |  |  |
| Full Name (L               | ast, First, Middle Initial)                 |                                      |   | Date of Receipt   |  |  |  |  |
| Mailing Addre              | ess   |                                      |   | M = M / D = D / Y = Y = Y   |  |  |  |  |
| City                       |   | State                                | Zip Code  | Amount of Each Receipt this Period  |  |  |  |  |
|                            | ber of contributing cal committee.          | C                                    |   |   |  |  |  |  |
| Name of Em                 | ployer                                      | Occupation                           |   |   |  |  |  |  |
| Receipt For: Primary Other | y   | Aggregate                            | Year-to-Date ▼  |   |  |  |  |  |
| SUBTOTAL of                | Receipts This Page (optional)               | 1                                    |   | 2500.00   |  |  |  |  |

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

2500.00

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| SCHEDUL                | E B (FEC Form 3X)  |   | FOR LINE N | NE NUMBER: PAGE 20 OF 26 |                      |             |          |            |        |
|------------------------|--|---|------------|--------------------------|----------------------|-------------|----------|------------|--------|
| ITEMIZED               | DISBURSEMENTS  | Use separate schedule for each category of      |            | (check only              | nly one)             |             |          |            |        |
|                        |  | Detailed Summary P                              |            | 21b                      |                      |             | 24       | 25         | 26     |
|                        |  | <u> </u>  |            | 27                       | 28a                  | 28b         | 28c      | 29         | 30b    |
|                        | n copied from such Reports and Stater<br>sial purposes, other than using the nan |   |            |                          |                      |             |          |            |        |
| NAME OF C              | COMMITTEE (In Full)  |   |            |                          |                      |             |          |            |        |
| /                      | in College of Rheumatolog  | y (RheumPAC)                                    |            |                          |                      |             |          |            |        |
| _ `                    | Last, First, Middle Initial)   |   |            |                          |                      |             |          |            |        |
|                        | er For Senate 2014 Inc   | -   |            |                          | M = M                | oisburseme  | / Y      | Y   Y      | Υ      |
|                        | ress 228 S Washington Street Suite 115   |   |            |                          | 04 10 2014           |             |          |            |        |
| City<br>Alexandria     | ,  | State Zip Code VA 22314                         |            |                          | Transac              | tion ID : 1 | 2419796  |            |        |
|                        | Disbursement   | VA 22314  |            |                          |                      |             |          |            |        |
| Candidate N            |  |   | [          | 011                      | Amount o             | f Each Dis  | bursemer | t this F   | Period |
|                        |  |   |            | Category/                |                      |             |          | 1000       | .00    |
| Office Sough           | mar Alexander<br>ht: House Disburser   | mont For: 2044                                  |            | Туре                     |                      | 7           | -        |            |        |
| ·                      | Senate President   | ment For: 2014  Primary Gene Other (specify) ▼  | eral       |                          |                      |             |          |            |        |
| State: TN              |  |   |            |                          |                      |             |          |            |        |
| _                      | Last, First, Middle Initial) Of Sherrod Brown                                    |   |            |                          | Date of Disbursement |             |          |            |        |
|                        |  |   |            |                          | M = M                | / D D       |          | Y          | Y      |
|                        | ress PO Box 76187  |   |            |                          | 04                   | 10          | 2        | 2014       |        |
| City<br>Washington     |  | State Zip Code DC 20013                         |            |                          | Transac              | tion ID : 1 | 2419807  |            |        |
|                        | Disbursement   |   |            | 011                      | Amount o             | f Each Dis  | bursemer | t this F   | Period |
| Candidate N            |  |   |            | Category/                |                      |             |          | 1000       | 00     |
|                        | errod Brown  |   |            | Туре                     |                      | 7           | -        | 1000       | .00    |
| Office Sough State: OF | Senate President   | ment For: 2016 Primary ☐ Gene Other (specify) ▼ | eral       |                          |                      |             |          |            |        |
| Full Name (I           | Last, First, Middle Initial)   |   |            |                          |                      |             |          |            |        |
| C. Butterfie           | eld For Congress   |   |            |                          | Date of D            | oisburseme  |          | Y          | Υ      |
| Mailing Addr           | ress PO Box 2571   |   |            |                          | 04                   | 10          | 2        | 014        |        |
| City                   | (  | State Zip Code<br>NC 27894                      |            |                          | Transac              | tion ID : 1 | 2419808  |            |        |
| Wilson Purpose of I    | Disbursement   | 2/094   |            |                          |                      |             |          |            |        |
| ·                      |  |   |            | 011                      | Amount o             | f Each Dis  | hursamar | ıt thic F  | Pariod |
| Candidate N            | lame   |   |            | Catagony                 | Amount               | I Lacii Dis | bursemer | 11 11113 1 | enou   |
| Rep. Ge                | eorge Butterfield  |   |            | Category/<br>Type        | 1                    |             |          | 1000       | .00    |
| Office Sough           | ht: House Disburser Senate President   | ment For: 2014 Primary Gene Other (specify) ▼   | eral       |                          |                      | 7           | 7        |            |        |
| 110                    |  |   |            |                          |                      |             |          |            |        |
| SUBTOTAL of            | f Disbursements This Page (optional)   |   |            | ·····•                   |                      | 1           | 1        | 3000.      | 00     |
| TOTAL This P           | Period (last page this line number only)   | )   |            | ······ <b>&gt;</b>       |                      |             |          |            |        |

| S              | CHEDULE B (FEC Form 3X)                            |                               |               | EOD LINE            | NUMBER: PAGE 21 (                           | OF 26     |
|----------------|--|-------------------------------|---------------|---------------------|---|-----------|
|                | EMIZED DISBURSEMENTS                               |                               | e schedule(s) | s) (check only one) |   | J. 20     |
|                |  | for each cate<br>Detailed Sur |               | 21b                 | 22 🗙 23 🗎 24 📗 25                           | <u>26</u> |
|                |  | Detailed Suf                  | ппату гауе    | 27                  | 28a 28b 28c 29                              | 30        |
|                | y information copied from such Reports and Stater  |                               |               |                     |   |           |
|                | for commercial purposes, other than using the name |                               |               |                     |   |           |
| /              | NAME OF COMMITTEE (In Full)                        |                               |               |                     |   |           |
| $\rangle$      | American College of Rheumatology                   | y (Rheumf                     | PAC)          |                     |   |           |
| _              | E-III Nove (Lock First Mill III Livi II            |                               | •             | -                   |   |           |
| Δ              | Full Name (Last, First, Middle Initial)            |                               |               |                     | Date of Disbursement                        |           |
| Α.             | Marsha Blackburn For Congress In                   | IC.                           |               |                     |   |           |
|                | Mailing Address PO Box 682185                      |                               |               |                     | 04 10 2014                                  | Y         |
|                | 5  |                               |               |                     |   | _         |
|                | City   |                               | ip Code       |                     | Transaction ID : 12419819                   |           |
|                | Franklin   | TN 3                          | 7068          |                     | 1141154CUUN ID : 12419819                   |           |
|                | Purpose of Disbursement                            |                               |               | 044                 | Amount of Foots District                    | Davis     |
|                | Candidate Name                                     |                               |               | 011                 | Amount of Each Disbursement this            | Period    |
|                | Rep. Marsha Blackburn                              |                               |               | Category/           | 1000  | 0.00      |
|                | •  | nent For: 201                 | 1             | Туре                |   |           |
|                |  | Primary                       | General       |                     |   |           |
|                | President  | Other (specify)               |               |                     |   |           |
|                | State: TN District: 07                             | (-1)                          | ▼             |                     |   |           |
|                | Full Name (Last, First, Middle Initial)            |                               |               |                     |   |           |
| В.             |  |                               |               |                     | Date of Disbursement                        |           |
|                |  |                               |               |                     | M = M / D = D / Y = Y = Y                   | Υ         |
|                | Mailing Address P.O. Box 661                       |                               |               |                     | 04 10 2014                                  |           |
|                | PO Box 5458  |                               |               |                     |   |           |
|                | ,  |                               | ip Code       |                     | Transaction ID: 12419820                    |           |
|                | Collinsville Purpose of Disbursement               | ı_ (t                         | 2234          |                     |   |           |
|                |  |                               |               | 011                 | Amount of Each Disbursement this            | Period    |
|                | Candidate Name                                     |                               |               | Category/           |   |           |
|                | Rep. John Shimkus                                  |                               |               | Type                | 1000  | 0.00      |
|                |  | nent For: 201                 | 4             |                     |   |           |
|                |  | Primary                       | General       |                     |   |           |
|                | President  | Other (specify)               | <b>T</b>      |                     |   |           |
|                | State: IL District: 19                             |                               |               |                     |   |           |
| _              | Full Name (Last, First, Middle Initial)            |                               |               |                     | D   |           |
| C.             | Guthrie For Congress                               |                               |               |                     | Date of Disbursement                        |           |
|                | Mailing Address DO Day 2000                        |                               |               |                     | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Y         |
|                | Mailing Address PO Box 9639                        |                               |               |                     | 04 10 2014                                  | _         |
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|                | Bowling Green                                      |                               | 2102          |                     | Transaction ID: 12434270                    |           |
|                | Purpose of Disbursement                            |                               |               |                     |   |           |
|                |  |                               |               | 011                 | Amount of Each Disbursement this            | Period    |
|                | Candidate Name                                     |                               |               | Category/           | 1000  | 0.00      |
|                | Rep. S. Guthrie                                    |                               |               | Туре                | 1000  |           |
|                |  | nent For: 201                 |               |                     |   |           |
|                | Senate President                                   | Primary Other (specify)       | General       |                     |   |           |
|                | State: KY District: 02                             | outer (specify)               | ▼             |                     |   |           |
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| L <sup>3</sup> | UBTOTAL of Disbursements This Page (optional)      |                               |               | ·····               |   |           |
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| S               | CHEDULE B (FEC Form 3X)  |                                    |                                   | FOR LINE I        | NUMBER:                | PAGE 22 OF 26        |
|-----------------|--|------------------------------------|-----------------------------------|-------------------|------------------------|----------------------|
| IT              | EMIZED DISBURSEMENTS   |                                    | arate schedule(s) category of the | (check only       | •                      | . —                  |
|                 |  |                                    | Summary Page                      | 21b<br>27         | 22 X 23 2<br>28a 28b 2 | 4 25 26<br>8c 29 30b |
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|                 | ny information copied from such Reports and Staten<br>for commercial purposes, other than using the name   |                                    |                                   |                   |                        |                      |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)  |                                    | 7.                                |                   |                        |                      |
|                 | American College of Rheumatology   | v (Rheu                            | mPAC)                             |                   |                        |                      |
| <u>/</u>        | 5  | , (                                |                                   |                   |                        |                      |
|                 | Full Name (Last, First, Middle Initial)  |                                    |                                   |                   | 5                      |                      |
| Α.              | Friends Of Val Arkoosh   |                                    |                                   |                   | Date of Disbursement   |                      |
|                 | Mailing Address P.O. Box 1011  |                                    |                                   |                   | 04 28                  | 2014                 |
|                 | Mailing / Marioso T.O. Box 1011  |                                    |                                   |                   | 04 20                  | 2014                 |
|                 | City   | State                              | Zip Code                          |                   | Transaction ID : 1243  | 4274                 |
|                 | Glenside   | PA                                 | 19038                             |                   | Transaction ID . 1243  | 14271                |
|                 | Purpose of Disbursement  |                                    |                                   | 011               | Amount of Each Disbur  | coment this Pariod   |
|                 | Candidate Name   |                                    |                                   |                   | Amount of Each Disbut  | Sement this Penou    |
|                 | Valerie Arkoosh  |                                    |                                   | Category/<br>Type |                        | 1000.00              |
|                 |  | ment For:                          | 2014                              | .,,,,,            | ,                      | ,                    |
|                 | Senate   | Primary                            | General                           |                   |                        |                      |
|                 | President  | Other (spe                         | ecify) 🔻                          |                   |                        |                      |
|                 | State: PA District: 13   |                                    |                                   |                   |                        |                      |
| R               | Full Name (Last, First, Middle Initial)  |                                    |                                   |                   | Date of Disbursement   |                      |
| ٠.              | Alexander For Senate 2014 Inc  |                                    |                                   |                   | Man / Day              | Y                    |
|                 | Mailing Address 228 S Washington Street Suite 11:  | <br>5                              |                                   |                   | 04 28                  | 2014                 |
|                 |  |                                    |                                   |                   |                        |                      |
|                 | ,  | State                              | Zip Code                          |                   | Transaction ID: 1243   | 34272                |
|                 | Alexandria Purpose of Disbursement   | VA                                 | 22314                             |                   |                        |                      |
|                 | Talpood of Biosarcoment  |                                    |                                   | 011               | Amount of Each Disbur  | sement this Period   |
|                 | Candidate Name   |                                    |                                   | Category/         |                        | 1 1 1 1 1 1 1 1      |
|                 | Sen. Lamar Alexander   |                                    |                                   | Type              |                        | 1500.00              |
|                 |  | ment For:                          |                                   |                   |                        |                      |
|                 |  | Primary                            | General                           |                   |                        |                      |
|                 | State: TN District:  | Other (spe                         | city) $\blacktriangledown$        |                   |                        |                      |
|                 | Full Name (Last, First, Middle Initial)  |                                    |                                   |                   |                        |                      |
| C.              | Bilirakis For Congress   |                                    |                                   |                   | Date of Disbursement   |                      |
|                 |  |                                    |                                   |                   | M M / D D /            | Y Y Y Y Y            |
|                 | Mailing Address PO Box 606   |                                    |                                   |                   | 04 28                  | 2014                 |
|                 | City   | State                              | Zip Code                          |                   |                        |                      |
|                 |  | State                              |                                   |                   | Transaction ID: 1243   | 34273                |
|                 | ,  | FL                                 | 34688                             |                   |                        |                      |
|                 | Tarpon Springs Purpose of Disbursement   | FL                                 | 34688                             |                   |                        |                      |
|                 | Tarpon Springs Purpose of Disbursement   | FL                                 | 34688                             | 011               | Amount of Each Disbur  | sement this Period   |
|                 | Tarpon Springs Purpose of Disbursement  Candidate Name   | FL                                 | 34688                             | Category/         |                        |                      |
|                 | Tarpon Springs Purpose of Disbursement  Candidate Name  Rep. Gus Bilirakis   |                                    |                                   |                   |                        | rsement this Period  |
|                 | Tarpon Springs Purpose of Disbursement  Candidate Name  Rep. Gus Bilirakis  Office Sought: House Disburser   | ment For:                          |                                   | Category/         |                        |                      |
|                 | Tarpon Springs Purpose of Disbursement  Candidate Name  Rep. Gus Bilirakis  Office Sought: House Disburser   |                                    | 2014 General                      | Category/         |                        |                      |
|                 | Tarpon Springs Purpose of Disbursement  Candidate Name  Rep. Gus Bilirakis  Office Sought:  House Senate  Disburser  | ment For:<br>Primary               | 2014 General                      | Category/         |                        |                      |
|                 | Tarpon Springs Purpose of Disbursement  Candidate Name Rep. Gus Bilirakis  Office Sought:  House Senate President  Disbursen   | ment For:<br>Primary               | 2014 General                      | Category/         |                        | 1000.00              |
| S               | Tarpon Springs Purpose of Disbursement  Candidate Name Rep. Gus Bilirakis  Office Sought:  House Senate President  Disbursen   | nent For:<br>Primary<br>Other (spe | 2014 General                      | Category/<br>Type |                        |                      |
|                 | Tarpon Springs Purpose of Disbursement  Candidate Name  Rep. Gus Bilirakis  Office Sought:  House Senate President  State: FL  District: 12  | nent For:<br>Primary<br>Other (spe | 2014 General                      | Category/<br>Type |                        | 1000.00              |

| SCHEDULE B (FEC Form 3X)  |                             | EOD LINE            | NUMBER: PAGE 23 OF 26                          |
|---|-----------------------------|---------------------|--|
| ITEMIZED DISBURSEMENTS  | Use separate schedule(s     | s) (check only one) |  |
| I LIVIIZED DIODONOLIVILIVIO   | for each category of the    | 21b                 | 22 🔀 23 🗆 24 🗆 25 🖂 26                         |
|   | Detailed Summary Page       | 27                  | 28a 28b 28c 29 30k                             |
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| NAME OF COMMITTEE (In Full)   |                             |                     |  |
| American College of Rheumatolo  | gy (RheumPAC)               |                     |  |
|   |                             | 1                   |  |
| Full Name (Last, First, Middle Initial)                               |                             |                     | Data of Dishursoment                           |
| A. Wyden For Senate   |                             |                     | Date of Disbursement                           |
| Mailing Address 232 Ne 9th Avenue                                     |                             |                     | 04 28 2014                                     |
| 202 NO 0017 WORLD   |                             |                     | 2011   |
| City  | State Zip Code              |                     | Transaction ID : 42424274                      |
| Portland  | OR 97232                    |                     | Transaction ID: 12434274                       |
| Purpose of Disbursement   |                             | 044                 |  |
| Condidata Nama  |                             | 011                 | Amount of Each Disbursement this Period        |
| Candidate Name  |                             | Category/           | 2500.00  |
| Sen. Ron Wyden Office Sought: House Disburs                           | ement For: 2016             | Туре                |  |
| Senate  | Primary General             |                     |  |
| President   | Other (specify)             |                     |  |
| State: OR District:   | _ ` ` ' ' '                 |                     |  |
| Full Name (Last, First, Middle Initial)                               |                             |                     |  |
| B. Mckinley For Congress  |                             |                     | Date of Disbursement                           |
|   |                             |                     | M = M / D = D / Y = Y = Y                      |
| Mailing Address PO Box 642  |                             |                     | 05 12 2014                                     |
| City  | Otata 75 Octo               |                     |  |
| City<br>Morgantown  | State Zip Code<br>WV 26507  |                     | Transaction ID: 12546287                       |
| Purpose of Disbursement   | 20001                       |                     |  |
|   |                             | 011                 | Amount of Each Disbursement this Period        |
| Candidate Name  |                             | Category/           | 0500.00  |
| Rep. David McKinley   |                             | Type                | 2500.00  |
|   | ement For: 2014             |                     |  |
| Senate  | Primary Seneral             |                     |  |
| President State: WV District: 01                                      | Other (specify) ▼           |                     |  |
|   |                             |                     |  |
| Full Name (Last, First, Middle Initial)  C. Nanov Poloci For Congress |                             |                     | Date of Disbursement                           |
| C. Nancy Pelosi For Congress  |                             |                     |  |
| Mailing Address 700 13th Street, Nw                                   |                             |                     | 06 12 2014                                     |
| Suite 600   |                             |                     |  |
| City  | State Zip Code              |                     | Transaction ID : 12546288                      |
| Washington  | DC 20005                    |                     |  |
| Purpose of Disbursement   |                             | 011                 |  |
| Candidate Name  |                             |                     | Amount of Each Disbursement this Period        |
| Rep. Nancy Pelosi   |                             | Category/<br>Type   | 2500.00  |
|   | ement For: 2014             | 1,700               |  |
| Senate  | Primary Seneral             |                     |  |
| President   | Other (specify) ▼           |                     |  |
| State: CA District: 12  |                             |                     |  |
|   |                             |                     |  |
| SUBTOTAL of Disbursements This Page (optional                         | )                           |                     | 7500.00  |
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| TOTAL This Period (last page this line number on                      | ly)                         |                     |  |

|  | Hee co.                            | Use separate schedule(s)                |                    | FOR LINE NUMBER: PAGE 24 OF 26  |  |  |  |
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| EMIZED DISBURSEMENTS   | for each                           | n category of the<br>Summary Page       | (check only 21b 27 | one)  22 X 23 24 25 2 28a 28b 28c 29 3  |  |  |  |
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| NAME OF COMMITTEE (In Full)  |                                    | , |                    |   |  |  |  |
| American College of Rheumatolog  | y (Rheı                            | umPAC)                                  |                    |   |  |  |  |
| Full Name (Last, First, Middle Initial)  |                                    |   |                    |   |  |  |  |
| Bennet For Colorado  |                                    |   |                    | Date of Disbursement  |  |  |  |
| Mailing Address PO Box 3078  |                                    |   |                    | 06 25 2014  |  |  |  |
|  | State                              | Zip Code                                |                    | Transaction ID : 12552806   |  |  |  |
| Denver   | СО                                 | 80201                                   |                    | 1141104041011 12 1 12002000   |  |  |  |
| Purpose of Disbursement  |                                    |   | 011                | Amount of Each Disbursement this Period   |  |  |  |
| Candidate Name   |                                    |   | Category/          |   |  |  |  |
| Sen. Michael Bennet  |                                    |   | Type               | 1500.00   |  |  |  |
| Office Sought:  House  Senate  President  Disburse   | ment For:<br>Primary<br>Other (sp  | General                                 |                    |   |  |  |  |
| State: CO District:  |                                    |   |                    |   |  |  |  |
| Full Name (Last, First, Middle Initial)  Georgians For Isakson   |                                    |   |                    | Date of Disbursement  |  |  |  |
|  |                                    |   |                    | M M / D D / Y Y Y Y   |  |  |  |
| Mailing Address Post Office Box 250116   |                                    |   |                    | 06 25 2014  |  |  |  |
| City<br>Atlanta  | State<br>GA                        | Zip Code<br>30325                       |                    | Transaction ID: 12552808  |  |  |  |
| Purpose of Disbursement  |                                    | 00020                                   |                    | A   |  |  |  |
| Candidate Name   |                                    |   | 011                | Amount of Each Disbursement this Period   |  |  |  |
| Sen. Johnny Isakson  |                                    |   | Category/          | 1000.00   |  |  |  |
|  | ment For:                          | 2016                                    | Туре               |   |  |  |  |
|  | Primary                            | General                                 |                    |   |  |  |  |
| President State: GA District:  | Other (spe                         | ecify) 🔻                                |                    |   |  |  |  |
| Full Name (Last, First, Middle Initial)  |                                    |   |                    |   |  |  |  |
| Hoyer For Congress   |                                    |   |                    | Date of Disbursement  |  |  |  |
| Mailing Address 700 40th Others No.  |                                    |   |                    | 06 25 2014  |  |  |  |
| Mailing Address 700 13th Street, Nw<br>Suite 600   |                                    |   |                    |   |  |  |  |
| Suite 600  | State                              | Zip Code                                |                    | Transaction ID + 12552900   |  |  |  |
| Suite 600 City Washington  | State<br>DC                        | Zip Code<br>20005                       |                    | Transaction ID : 12552809   |  |  |  |
| Suite 600<br>City  |                                    |   | 011                |   |  |  |  |
| Suite 600  City  Washington  Purpose of Disbursement   |                                    |   | 011                | Transaction ID: 12552809  Amount of Each Disbursement this Period                         |  |  |  |
| Suite 600 City Washington Purpose of Disbursement Candidate Name   |                                    |   | Category/          |   |  |  |  |
| Suite 600 City Washington Purpose of Disbursement  Candidate Name Rep. Steny Hoyer   | ment For:                          | 20005  2014  General                    |                    | Amount of Each Disbursement this Period   |  |  |  |
| Suite 600  City  Washington  Purpose of Disbursement  Candidate Name  Rep. Steny Hoyer  Office Sought:  House Senate  Disburser        | DC ment For:                       | 20005  2014  General                    | Category/          | Amount of Each Disbursement this Period   |  |  |  |
| Suite 600  City Washington Purpose of Disbursement  Candidate Name Rep. Steny Hoyer  Office Sought:  House Senate President  Disburset | ment For:<br>Primary<br>Other (spe | 20005  2014  General ecify)             | Category/<br>Type  | Amount of Each Disbursement this Period   |  |  |  |

| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s                          | FOR LINE NUMBER: PAGE 25 OF 26 |   |  |  |
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| TEMIZED DISBURSEMENTS   | for each category of the Detailed Summary Page   | (check only 21b 27             | one)  22 X 23 24 25 26  28a 28b 28c 29 30 |  |  |
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| NAME OF COMMITTEE (In Full)   | , , , , , , , , , , , , , , , , , ,              |                                |   |  |  |
| American College of Rheumatology  | (RheumPAC)                                       |                                |   |  |  |
| /   |  |                                |   |  |  |
| Full Name (Last, First, Middle Initial)  - Pascrell For Congress  |  |                                | Date of Disbursement                      |  |  |
|   |  |                                | M M / D D / Y Y Y Y                       |  |  |
| Mailing Address PO Box 100  |  |                                | 06 25 2014                                |  |  |
| ,   | State Zip Code                                   |                                | Transaction ID : 12552810                 |  |  |
| Teaneck   | NJ 07666   |                                | 1141134341011 15 . 12002010               |  |  |
| Purpose of Disbursement   |  | 011                            | Amount of Each Disbursement this Period   |  |  |
| Candidate Name  |  | Category/                      |   |  |  |
| Rep. William Pascrell Jr.   |  | Type                           | 1000.00                                   |  |  |
| Senate  | nent For: 2014  Primary                          |                                |   |  |  |
| State: NJ District: 09  |  |                                |   |  |  |
| Full Name (Last, First, Middle Initial)   |  |                                |   |  |  |
| Stivers For Congress  |  |                                | Date of Disbursement                      |  |  |
| Mailing Address 4679 Winterset Drive  |  |                                | 06 25 2014                                |  |  |
| •   | State Zip Code                                   |                                | Transaction ID : 12552811                 |  |  |
| Columbus Purpose of Disbursement  | OH 43220   |                                |   |  |  |
| Turpose of Bisbursement   |  | 011                            | Amount of Each Disbursement this Period   |  |  |
| Candidate Name  |  | Category/                      |   |  |  |
| Rep. Steve Stivers  |  | Туре                           | 1000.00                                   |  |  |
| Senate  | nent For: 2014  Primary General  Other (specify) |                                |   |  |  |
| Full Name (Last, First, Middle Initial)  Friends Of John Boehner  |  |                                | Date of Disbursement                      |  |  |
| Mailing Address 7908 Cincinnati Dayton Road Suite I   |  |                                | 06 26 2014                                |  |  |
| City  | State Zip Code<br>OH 45069                       |                                | Transaction ID: 12588191                  |  |  |
| Purpose of Disbursement   | 10000  |                                |   |  |  |
|   |  | 011                            | Amount of Each Disbursement this Period   |  |  |
| Candidate Name  |  | Category/                      | 2500.00                                   |  |  |
| Rep. John Boehner  Office Sought:  House Disbursen  | nent For: 2014                                   | Туре                           | 1   |  |  |
| Senate  | Primary  |                                |   |  |  |
| State: OH District: 08  |  |                                |   |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |  |                                | 4500.00                                   |  |  |
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| Transaction ID: 12546494  Ary information copied from such Reports and Stutements may not be sent or used by any person for the purpose of soliciting contributions from such committees.  NAME OF COMMITTEE (in Full)  American College of Rheumatology (RheumPAC)  Full Name (Last, First, Middle Initial)  A. SunTrust Bank Charges  Mailing Address PO Box 622227  City State Zip Code Primary General  Date of Disbursement this Period  Category' Type  District:  Full Name (Last, First, Middle Initial)  B. SunTrust Bank Charges  Mailing Address PO Box 622227  City State Zip Code FL 32862-2227  Full Name (Last, First, Middle Initial)  B. SunTrust Bank Charges  Mailing Address PO Box 622227  City State Zip Code FL 32862-2227  City State Disbursement Tor:  State: District:  Full Name (Last, First, Middle Initial)  C. SunTrust Bank Charges  Mailing Address PO Box 622227  City State Zip Code FL 32862-2227  City State Zip Code Filmary General  District:  Full Name (Last, First, Middle Initial)  C. SunTrust Bank Charges  Mailing Address PO Box 622227  City State Zip Code FL 32862-2227  City State Zip Code Corindods FL 32862-2227  City State Zip Code Corindod FL 32862-2227  City Corindod FL 32862-2227  City Corindod FL 32862-2227  City Corindod FL 32862-2227  Ci  | SCHEE       | OULE B (FEC Form 3X)                        | Hee consists astro    | dula/a\   | FOR LINE N       |                 | PAGE 26 OF 26                |
|--|-------------|---|-----------------------|-----------|------------------|-----------------|------------------------------|
| Detailed Summary Page 27 28a 28b 28c 20 30  Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of scilioting 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)  Full Name (Last, First, Middle Initial)  A. SunTrust Bank Charges  Mailing Address PO Box 622227  City State 29 Code Onlando FL 38862-2227  District  Full Name (Last, First, Middle Initial)  B. SunTrust Bank Charges  Mailing Address PO Box 622227  City State 29 Code Onlando FL 39862-2227  City State 398  | ITEMIZ      | ED DISBURSEMENTS                            | for each category o   | of the    | (check only one) |                 | 23 24 25 25                  |
| Any Information copied from such Reports and Statements may not be soid or used by any person for the purpose of soliciting contributions or for commendate phryoses, when then using the hames and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  American College of Rheumatology (RheumPAC)  Full Name (Last, First, Middle Initial)  A. SunTrust Bank Charges  Mailing Address PO Box 622227  City State Zip Code Transaction ID : 12486262  Amount of Each Disbursement April 2014 Credit Card Fees  Candidate Name  City Chinado President Other (specify) ▼  Office Sought: House Senate Primary General Disbursement  State: District  Full Name (Last, First, Middle Initial)  B. SunTrust Bank Charges  Mailing Address PO Box 622227  City State Zip Code The State Sught: House Sunday General Primary General Primary General Disbursement  City Chinado President Candidate Name  Candidate Name  Candidate Name  Candidate Name  Condidate Nam  |             |   |                       |           |                  |                 |                              |
| American College of Rheumatology (RheumPAC)  Full Name (Last, First, Middle Initial)  American College of Rheumatology (RheumPAC)  Full Name (Last, First, Middle Initial)  As JuntTrust Bank Charges  Malling Address PO Box 622227  City State Zip Code Orlando FL 32862 2227  Orlice Sought: House Disbursement Por: Senate Primary General Prupose of Disbursement  Full Name (Last, First, Middle Initial)  B. SunTrust Bank Charges  Malling Address PO Box 622227  City State Zip Code Orlando FL 32862 2227  City State: District: District: Pull Name (Last, First, Middle Initial)  B. SunTrust Bank Charges  Malling Address PO Box 622227  City State Zip Code FL 32862 2227  City State: Disbursement  Cardidate Name  Cardidate Name  Cardidate Name  Collice Sought: House Disbursement For: Sanate President Disbursement This Period Cardidate Name  Collice Sought: House Disbursement For: Sanate President District: Trunsaction ID: 12546494  Amount of Each Disbursement This Period Cardidate Name  Collice Sought: House Disbursement For: Sanate President District: District: District: Trunsaction ID: 1258494  Amount of Each Disbursement This Period Cardidate Name  City State Zip Code Transaction ID: 1258494  Amount of Each Disbursement This Period Category/ Type  City State Zip Code Transaction ID: 1258494  Amount of Each Disbursement This Period Category/ Type  City State Zip Code Transaction ID: 1258494  Amount of Each Disbursement This Period Category/ Type  City State Zip Code Transaction ID: 1258494  Amount of Each Disbursement This Period Category/ Type  City State Zip Code Transaction ID: 1258494  Amount of Each Disbursement This Period Category/ Type  City State Disburseme  | Any inforr  | mation copied from such Reports and Staten  | nents may not be solo | d or used | by any perso     | n for the purpo |                              |
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