

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) **2200 LAKE BOULEVARD NE**  
Check if different than previously reported. (ACC) **ATLANTA GA 30319**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00432823** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2023 through  /  /  2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer **BLUMSTEIN, HOWARD, , DR.,**

Signature of Treasurer **BLUMSTEIN, HOWARD, , DR.,** Date  /  /  2024

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		<input type="text" value="346450.08"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="346450.08"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="30136.35"/>	<input type="text" value="30136.35"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="376586.43"/>	<input type="text" value="376586.43"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="48269.37"/>	<input type="text" value="48269.37"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="328317.06"/>	<input type="text" value="328317.06"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22970.30	22970.30
(ii) Unitemized .....	5979.54	5979.54
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	28949.84	28949.84
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	28949.84	28949.84
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1171.69	1171.69
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	14.82	14.82
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	30136.35	30136.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	30136.35	30136.35

## DETAILED SUMMARY PAGE of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	769.37	769.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	769.37	769.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47500.00	47500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	48269.37	48269.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48269.37	48269.37

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	28949.84	28949.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28949.84	28949.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	769.37	769.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1171.69	1171.69
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	- 402.32	- 402.32

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

**A. Baig, Sara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3810 Glendale Ter  
 City Minneapolis State MN Zip Code 55410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NA Occupation (for Individual) Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 19 / 2023  
**Transaction ID : 1791**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Bajwa, Hammad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13800 Spring Lake Rd  
 City Minnetonka State MN Zip Code 55345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis and Rheumatology Consultants Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 15 / 2023  
**Transaction ID : 1792**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Birnbaum, Belinda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 372 Trevor Ln  
 City Bala Cynwyd State PA Zip Code 19004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bryn Mawr Medical Specialists Associat Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 20 / 2023  
**Transaction ID : 1793**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

**A. Blumstein, Howard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Oakland Hills Dr  
 City Mount Sinai State NY Zip Code 11766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RALI Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2023  
**Transaction ID : 1794**  
 Amount of Each Receipt this Period  
 1100.00  
 Memo Item

**B. Bridges, Lou, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2920 Balmoral Rd  
 City Birmingham State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hospital for Special Surgery Occupation (for Individual) Physician-in-Chief  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2023  
**Transaction ID : 1795**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Brittan, Kaitlyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18670 N Hws Cleveland Blvd  
 City Elkhorn State NE Zip Code 68022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNMC Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2023  
**Transaction ID : 1796**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

**A. Correll, Colleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2450 Riverside Ave  
 City Minneapolis State MN Zip Code 55410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Minnesota Occupation (for Individual) Assistant Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 21 / 2023**  
**Transaction ID : 1797**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Craig, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8421 Plum Dr  
 City Urbandale State IA Zip Code 50322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Iowa Arthritis and Osteoporosis Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 31 / 2023**  
**Transaction ID : 1798**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Dahle, Angela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4656 115th Ave  
 City Clear Lake State MN Zip Code 55319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis and Rheumatology Consultants Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 26 / 2023**  
**Transaction ID : 1799**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

**A. Desir, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Zak Hill Dr  
 City WOODBRIDGE State CT Zip Code 06525  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Yale School of Medicine Occupation (for Individual) Associate Professor of Medicine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 13 / 2023  
**Transaction ID : 1800**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Downey, Christina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 Franklin Ave  
 City Redlands State CA Zip Code 92373  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Loma Linda University Health Occupation (for Individual) Associate Professor, Division Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2023  
**Transaction ID : 1801**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Fahey, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 128 Medical Park Rd 101  
 City mooresville State NC Zip Code 28117  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Piedmont HealthCare Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.30

Date of Receipt 06 / 29 / 2023  
**Transaction ID : 1802**  
 Amount of Each Receipt this Period 270.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1520.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

**A. GUARDIANO, SHERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 Darling Rd  
 City Keene State NH Zip Code 03431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Scipher Medicine Occupation (for Individual) SR. DIRECTOR, MEDICAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2023  
**Transaction ID : 1803**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Hargrove, Jody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1561 Comstock Ln N  
 City Plymouth State MN Zip Code 55447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired, Private Practice Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2023  
**Transaction ID : 1804**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**C. Harvey, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 Washington St  
 City Boston State MA Zip Code 02111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tufts Medical Center Occupation (for Individual) Assoc. Professor of Medicine  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2023  
**Transaction ID : 1805**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

**A. Huynh-Duc, Long, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 St Francis Dr  
Suite 400

City Greenville State SC Zip Code 29601

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

Name of Employer (for Individual) Occupation (for Individual)  
Piedmont Arthritis Clinic Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
04 / 15 / 2023  
Transaction ID : 1806

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 210 Brookbank Hill Pl

City Cary State NC Zip Code 27519

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

Name of Employer (for Individual) Occupation (for Individual)  
SoundRheum Diagnostics Dr.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
05 / 13 / 2023  
Transaction ID : 1807

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 8557 E 35th Ave

City Denver State CO Zip Code 80238

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

Name of Employer (for Individual) Occupation (for Individual)  
University of Colorado Anschutz Medica Assoc. Prof.

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
05 / 28 / 2023  
Transaction ID : 1808

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

**A. Laster, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1918 Randolph Rd  
Suite 600

City Charlotte State NC Zip Code 28207-1198

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

Name of Employer (for Individual) AOCC Occupation (for Individual) President ( AOCC)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2023

**Transaction ID : 1809**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

Mailing Address 3945 Xerxes Ave S

City Minneapolis State MN Zip Code 55410

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

Name of Employer (for Individual) Arthritis and Rheumatology Consultants Occupation (for Individual) Dr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2023

**Transaction ID : 1810**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 4511 Horizon Hill Blvd

City San Antonio State TX Zip Code 78229

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

Name of Employer (for Individual) Arthritis Associates PA Occupation (for Individual) Practice Administrator

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2023

**Transaction ID : 1811**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

**A. Minhas, Deeba, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2945 Turtle Pond Ct  
 City Bloomfield Hills State MI Zip Code 48302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Michigan Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2023  
**Transaction ID : 1812**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Morris, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Sheridan Sq  
 City Kingsport State TN Zip Code 37660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis Associates of Kingsport Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2023  
**Transaction ID : 1813**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Myers, Amanda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 514 Gregory Ave  
 City Wilmette State IL Zip Code 60091  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NorthShore University HealthSystem Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2023  
**Transaction ID : 1814**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

**A. Niemer, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3140 Castle Woods Ln  
 City Dubuque State IA Zip Code 52001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical Associates Clinic PC Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 13 / 2023**  
**Transaction ID : 1815**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Oates, Jim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 592 Crowned Kinglet Retreat  
 City Charleston State SC Zip Code 29412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Professor of Medicine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **05 / 10 / 2023**  
**Transaction ID : 1816**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**C. Phillips, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 Pershing Way  
 City Paducah State KY Zip Code 42001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Paducah Rheumatology Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 25 / 2023**  
**Transaction ID : 1817**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

**A. Shepherd, Rebecca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Herr Rd  
 City New providence State PA Zip Code 17560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lgh Occupation (for Individual) Dr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2023  
**Transaction ID : 1818**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Soloman, Nehad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9097 W Roberta Ln  
 City Peoria State AZ Zip Code 85383  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AARA Occupation (for Individual) DR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2023  
**Transaction ID : 1819**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

**C. Wener, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1856 E Shelby St  
 Box 357110, DLMP, UWMC  
 City Seattle State WA Zip Code 98112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Washington Occupation (for Individual) Dr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2023  
**Transaction ID : 1820**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. White, Douglas, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2023 <b>Transaction ID : 1825</b>
Mailing Address 3111 Gundersen Dr		Amount of Each Receipt this Period 300.00
City Onalaska	State WI	Zip Code 54650
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Gundersen Health	Occupation (for Individual) Chair Rheumatology Department	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Widener, Benjamin, , ,</b>		Date of Receipt MM / DD / YYYY 05 / 10 / 2023 <b>Transaction ID : 1821</b>
Mailing Address 1110 Big Goose Rd		Amount of Each Receipt this Period 500.00
City Sheridan	State WY	Zip Code 82801
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Sheridan memorial Hospital	Occupation (for Individual) Dr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Wolff, Anne, , ,</b>		Date of Receipt MM / DD / YYYY 05 / 26 / 2023 <b>Transaction ID : 1822</b>
Mailing Address 5405 Mirror Lakes Dr		Amount of Each Receipt this Period 1100.00
City Edina	State MN	Zip Code 55436
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Arthritis and Rheumatology Consultants	Occupation (for Individual) MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Yang, Howard, , ,

Mailing Address 843 S Bundy Dr

City Los Angeles	State CA	Zip Code 90049
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UCLA Rheumatology	Occupation (for Individual) MD
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2023

**Transaction ID : 1823**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 12901 Valley Dr

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis & Rheumatism Associates	Occupation (for Individual) MD
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2023

**Transaction ID : 1824**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	22970.30

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 27
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

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

Mailing Address 2200 Lake Boulevard NE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
731.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2023

**Transaction ID : S15.6246**

Amount of Each Receipt this Period  
731.62

Memo Item

Refund of December Credit Card Processing Fees

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

Mailing Address 2200 Lake Boulevard NE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
810.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2023

**Transaction ID : S15.6266**

Amount of Each Receipt this Period  
79.03

Memo Item

Refund of January Credit Card Processing Fees

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

Mailing Address 2200 Lake Boulevard NE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
950.77

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2023

**Transaction ID : S15.6281**

Amount of Each Receipt this Period  
140.12

Memo Item

Refund of February Credit Card Processing Fees (per DR)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 27
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

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

Mailing Address 2200 Lake Boulevard NE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1069.73

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		20		2023

**Transaction ID : S15.6396**

Amount of Each Receipt this Period  
118.96

Memo Item

Refund of March Credit Card Processing Fees

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

Mailing Address 2200 Lake Boulevard NE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1171.69

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		27		2023

**Transaction ID : S15.6387**

Amount of Each Receipt this Period  
101.96

Memo Item

Refund of March Credit Card Processing Fees

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.92
<b>TOTAL</b> This Period (last page this line number only).....	1171.69

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

Form A: BANK OF AMERICA. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form B: STRIPE. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form C: STRIPE. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

SUBTOTAL of Disbursements This Page (optional) 187.99
TOTAL This Period (last page this line number only)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

Full Name (Last, First, Middle Initial)

### A. STRIPE

Mailing Address 185 Berry St  
#550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
March Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2023

FEC Identification Number

C  
Transaction ID : DB21b.1218  
Amount of Each Disbursement this Period  
101.96

Memo Item

Full Name (Last, First, Middle Initial)

### B. STRIPE

Mailing Address 185 Berry St  
#550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
April Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2023

FEC Identification Number

C  
Transaction ID : DB21b.1219  
Amount of Each Disbursement this Period  
42.85

Memo Item

Full Name (Last, First, Middle Initial)

### C. STRIPE

Mailing Address 185 Berry St  
#550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
May Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2023

FEC Identification Number

C  
Transaction ID : DB21b.1220  
Amount of Each Disbursement this Period  
267.19

Memo Item

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

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

412.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 185 Berry St  
#550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
June Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2023

FEC Identification Number

C

Transaction ID : DB21b.1223

Amount of Each Disbursement this Period

169.38

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

169.38

769.37

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

Full Name (Last, First, Middle Initial)

A. ARMSTRONG FOR CONGRESS

Mailing Address 1515 BURNT BOAT DRIVE
BOX 112

City BISMARCK State ND Zip Code 58503

Purpose of Disbursement 2024 Primary Election Contribution

Candidate Name Armstrong, Kelly, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President
State: ND District: 00

Disbursement For: 2024
[X] Primary [ ] General
[ ] Other (specify) v

011
Category/Type

Date of Disbursement

Date of Disbursement: 04 / 04 / 2023

FEC Identification Number

C00670547

Transaction ID : 30331216

Amount of Each Disbursement this Period

2500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. BERA FOR CONGRESS

Mailing Address PO BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement 2024 Primary Election Contribution

Candidate Name Bera, Ami, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 07

Disbursement For: 2024
[X] Primary [ ] General
[ ] Other (specify) v

011
Category/Type

Date of Disbursement

Date of Disbursement: 03 / 24 / 2023

FEC Identification Number

C00461061

Transaction ID : 30331217

Amount of Each Disbursement this Period

2500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688-0606

Purpose of Disbursement 2024 Primary Election Contribution

Candidate Name Bilirakis, Gus, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 12

Disbursement For: 2024
[X] Primary [ ] General
[ ] Other (specify) v

011
Category/Type

Date of Disbursement

Date of Disbursement: 03 / 22 / 2023

FEC Identification Number

C00408534

Transaction ID : 30331215

Amount of Each Disbursement this Period

2500.00

[ ] Memo Item

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

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

7500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is selected.

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

Full Name (Last, First, Middle Initial)

A. CASTOR FOR CONGRESS

Mailing Address 301 W PLATT STREET, #385

City TAMPA

State FL

Zip Code 33606

Purpose of Disbursement 2024 Primary Election Contribution

011 Category/Type

Candidate Name

Castor, Kathy, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: FL District: 14

Date of Disbursement

03 / 17 / 2023

FEC Identification Number

C00410761

Transaction ID : 30331222

Amount of Each Disbursement this Period

2500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. DELBENE FOR CONGRESS

Mailing Address PO BOX 477

City KIRKLAND

State WA

Zip Code 98083

Purpose of Disbursement 2024 Primary Election Contribution

011 Category/Type

Candidate Name

DelBene, Suzan, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: WA District: 01

Date of Disbursement

03 / 08 / 2023

FEC Identification Number

C00459099

Transaction ID : 30331214

Amount of Each Disbursement this Period

2500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. DOGGETT FOR CONGRESS

Mailing Address PO BOX 5843

City AUSTIN

State TX

Zip Code 78763

Purpose of Disbursement 2024 Primary Election Contribution

011 Category/Type

Candidate Name

Doggett, Lloyd, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: TX District: 37

Date of Disbursement

03 / 08 / 2023

FEC Identification Number

C00286500

Transaction ID : 30331213

Amount of Each Disbursement this Period

2500.00

[ ] Memo Item

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

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

7500.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

Full Name (Last, First, Middle Initial)

**A. DR. RAUL RUIZ FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2023

Mailing Address PO BOX 1566

FEC Identification Number

C	C00502575
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**Transaction ID : 30331212**

Amount of Each Disbursement this Period

5000.00
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Memo Item

City  
INDIO State  
CA Zip Code  
92202

Purpose of Disbursement  
2024 Primary Election Contribution

011
Category/ Type

Candidate Name

Ruiz, Raul, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: CA District: 25

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ROSA DELAURO**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2023

Mailing Address 129 CHURCH ST  
STE 818

FEC Identification Number

C	C00238865
---	-----------

**Transaction ID : 30331211**

Amount of Each Disbursement this Period

5000.00
---------

Memo Item

City  
NEW HAVEN State  
CT Zip Code  
06510

Purpose of Disbursement  
2024 Convention Contribution

011
Category/ Type

Candidate Name

DeLauro, Rosa, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) Convention

State: CT District: 03

Full Name (Last, First, Middle Initial)

**C. GUTHRIE FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		17		2023

Mailing Address PO BOX 9639

FEC Identification Number

C	C00445023
---	-----------

**Transaction ID : 30331221**

Amount of Each Disbursement this Period

5000.00
---------

Memo Item

City  
BOWLING GREEN State  
KY Zip Code  
42102-9639

Purpose of Disbursement  
2024 Primary Election Contribution

011
Category/ Type

Candidate Name

Guthrie, Brett, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

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

15000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-28a, 22-28b, 23-28c, 26-29, 27-30b with checkboxes.

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

Full Name (Last, First, Middle Initial)

A. NEW DEMOCRAT COALITION ACTION FUND

Mailing Address 233 PENNSYLVANIA AVE SE

City WASHINGTON

State DC

Zip Code 20003

Purpose of Disbursement 2023 Contribution

Category/Type 011

Candidate Name NEW DEMOCRAT COALITION ACTION FUND

Office Sought: House, Senate, President; State: District:

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date of Disbursement 03 / 08 / 2023

FEC Identification Number

FEC Identification Number C00409730

Transaction ID : 30331210

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH

State NJ

Zip Code 07740

Purpose of Disbursement 2024 Primary Election Contribution

Category/Type 011

Candidate Name Pallone, Frank, , Rep.,

Office Sought: House, Senate, President; State: NJ District: 06

Disbursement For: 2024 Primary, General, Other (specify)

Date of Disbursement

Date of Disbursement 03 / 08 / 2023

FEC Identification Number

FEC Identification Number C00226928

Transaction ID : 30331209

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD

State MA

Zip Code 01108

Purpose of Disbursement 2024 Primary Election Contribution

Category/Type 011

Candidate Name Neal, Richard, , Rep.,

Office Sought: House, Senate, President; State: MA District: 01

Disbursement For: 2024 Primary, General, Other (specify)

Date of Disbursement

Date of Disbursement 03 / 08 / 2023

FEC Identification Number

FEC Identification Number C00226522

Transaction ID : 30331208

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period 5000.00

Memo Item

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

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

15000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

Full Name (Last, First, Middle Initial)

### A. TONY CARDENAS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2023

Mailing Address 122 C ST NW  
STE 360

City  
WASHINGTON

State  
DC

Zip Code  
20001

FEC Identification Number

**C** C00498873

**Transaction ID : 30331207**

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement  
2024 Primary Election Contribution

011
Category/ Type

Candidate Name

Cardenas, Tony, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: CA District: 29

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

2500.00

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

47500.00