

# 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)  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 M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2018 through 06 / 30 / 2018

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

Signature of Treasurer Palmer, William, , Dr., [Electronically Filed] Date 10 / 10 / 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text"/>	<input type="text" value="274927.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="264405.37"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="38063.53"/>	<input type="text" value="74326.99"/>
(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="302468.90"/>	<input type="text" value="349254.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="59774.95"/>	<input type="text" value="106560.96"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="242693.95"/>	<input type="text" value="242693.95"/>
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:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American College of Rheumatology (RheumPAC)**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	33918.00	63128.00
(ii) Unitemized .....	3666.00	9204.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	37584.00	72332.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	37584.00	72332.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	479.53	1994.99
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)).....▶	38063.53	74326.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	38063.53	74326.99

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	59000.00	104500.00
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).....	774.95	2060.96
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)) ..	59774.95	106560.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59774.95	106560.96

**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) .....	37584.00	72332.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37584.00	72332.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Form/Schedule: F3XA

Transaction ID :

Amending in regards to RFAI dated August 9, 2018 regarding contributions made after primary election date.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Melton, Gwenesta, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 443 Harlow Dr  
 City Fayetteville State NC Zip Code 28314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LaFayetteville Clinic Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **04 / 01 / 2018**  
**Transaction ID : 15379779**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**B. Breland, Hazel, L, , PhD, OTR/L**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1854 Green Pond Hwy.  
 City Walterboro State SC Zip Code 29488-8128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Occupational Therapy Faculty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt **04 / 03 / 2018**  
**Transaction ID : 15380416**  
 Amount of Each Receipt this Period 91.00  
 Memo Item

**C. Gewanter, Harry, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3805 Cutshaw Ave Apt 510  
 City Richmond State VA Zip Code 23230-3940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 05 / 2018**  
**Transaction ID : 15389088**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2191.00
<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 32
	<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 Rheumatology Associates of Long Is  
 315 Middle Country Rd

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 04 / 05 / 2018  
**Transaction ID : 15389089**

Amount of Each Receipt this Period  
 75.00

Memo Item

**B. Malone, Daniel, G, Dr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3437 Edgehill Pkwy

City Madison	State WI	Zip Code 53705
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 04 / 09 / 2018  
**Transaction ID : 15396394**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 4281 Rosemary Ln

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

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

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 04 / 12 / 2018  
**Transaction ID : 15399067**

Amount of Each Receipt this Period  
 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1325.00
<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 32
	<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. Bergman, Martin, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Morton Ave  
Ste 304

City Ridley Park State PA Zip Code 19078-2216

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

Name of Employer (for Individual) Arthritis and Rheumatology Occupation (for Individual) Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 16 / 2018  
**Transaction ID : 15403891**

Amount of Each Receipt this Period 500.00

Memo Item

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

Mailing Address 260 East Chestnut #3801

City Chicago State IL Zip Code 60611

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt 04 / 16 / 2018  
**Transaction ID : 15403946**

Amount of Each Receipt this Period 120.00

Memo Item

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

Mailing Address 2901 W KK River Pkwy Ste. 301

City Milwaukee State WI Zip Code 53215

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 04 / 18 / 2018  
**Transaction ID : 15404020**

Amount of Each Receipt this Period 170.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 790.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 32
<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. Bass, Anne, R, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 535 E 70th St

City New York	State NY	Zip Code 10021-4823
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital for Special Surgery	Occupation (for Individual) Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	18	/	2018

**Transaction ID : 15410366**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Hawkes, Angela, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2015 Brassfield Road

City Greensboro	State NC	Zip Code 27410
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	22	/	2018

**Transaction ID : 15410577**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 1424 Cedar Bay Lane

City Sarasota	State FL	Zip Code 34231
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Englewood Arthritis Center	Occupation (for Individual) Physician
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	23	/	2018

**Transaction ID : 15411094**

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 11 OF 32
<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. Peng, Justin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 955 North Madison St.

City Arlington	State VA	Zip Code 22205
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 23 / 2018

**Transaction ID : 15411096**

Amount of Each Receipt this Period  

300.00
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 Memo Item

**B. Chapman, Cathy, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 432 Williamsburg Lane

City Memphis	State TN	Zip Code 38117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rheumatology and Dermatology Associate	Occupation (for Individual) Rheumatologist
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 24 / 2018

**Transaction ID : 15411229**

Amount of Each Receipt this Period  

1000.00
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 Memo Item

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

Mailing Address 3701 Josh Lane

City Austin	State TX	Zip Code 78730
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Orthopedics	Occupation (for Individual) physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 24 / 2018

**Transaction ID : 15411231**

Amount of Each Receipt this Period  

500.00
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<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 32
	<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. Mund, Douglas, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 63 Maplewood Drive  
 City Plainview State NY Zip Code 11803-4825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ProHealthcare, Inc Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **04 / 25 / 2018**  
**Transaction ID : 15411587**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

**B. Moeller, Garland, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4503 Gloucester Drive  
 City Trent Woods State NC Zip Code 28562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CIM Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 26 / 2018**  
**Transaction ID : 15411595**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Silver, Richard, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 Rebellion Road  
 City Charleston State SC Zip Code 29407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 27 / 2018**  
**Transaction ID : 15413996**  
 Amount of Each Receipt this Period 500.00  
 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 13 OF 32
	<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. Dalessandro, Louis, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 217 S Thompson St

City Davidson	State NC	Zip Code 28036
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2018

**Transaction ID : 15414270**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 19272 Stone Oak Pkwy, #101

City San Antonio	State TX	Zip Code 78258
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Rheumatology Assoc. of So. TX	Occupation (for Individual) rheumatologist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2018

**Transaction ID : 15414274**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 2163 NE 203 Terrace

City Miami	State FL	Zip Code 33009
---------------	-------------	-------------------

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

Name of Employer (for Individual) Benjamin Lechner, MD, FACP	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : 15414718**

Amount of Each Receipt this Period  
500.00

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 14 OF 32
	<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. Jesse, Edgar, F, Dr, Jr**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1401 Johnston Willis Dr S 1200  
 City Richmond State VA Zip Code 23235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis Specialists LTD Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : 15415990**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Chudhri, Shariq, I, , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6430 San Saba  
 City Irving State AZ Zip Code 75039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arizona Arthritis Center Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2018  
**Transaction ID : 15426545**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Gewanter, Harry, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3805 Cutshaw Ave Apt 510  
 City Richmond State VA Zip Code 23230-3940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2018  
**Transaction ID : 15430103**  
 Amount of Each Receipt this Period  
 100.00  
 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 15 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Blumstein, Howard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Rheumatology Associates of Long Is  
 315 Middle Country Rd  
 City Smithtown State NY Zip Code 11787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rheum Associates of Long Island Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 05 / 2018  
**Transaction ID : 15430104**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. FURIE, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 86 ANDREW ROAD  
 City MANHASSET State NY Zip Code 11030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwell Health Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 07 / 2018  
**Transaction ID : 15432781**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Mikuls, Ted, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2903 N 147th Street  
 City Omaha State NE Zip Code 68116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Nebraska Occupation (for Individual) rheumatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 07 / 2018  
**Transaction ID : 15448882**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Chk #5211

<b>SUBTOTAL</b> of Receipts This Page (optional).....	825.00
<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 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ott, Stephanie, J, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4133 Fieldstone Street

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

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

Name of Employer (for Individual) Fairfield Medical Center	Occupation (for Individual) Rheumatologist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2018

**Transaction ID : 15450229**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 315 Middle Co Rd

City Smithtown	State NY	Zip Code 11787
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2018

**Transaction ID : 15450241**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

Mailing Address 40 Park Ave

City New York	State NY	Zip Code 10016
------------------	-------------	-------------------

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

Name of Employer (for Individual) Concorde Medical Group, PLLC	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2018

**Transaction ID : 15450286**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<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 32
<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. Schweitz, Michael, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7721 Pine Tree LN  
 City West Palm Beach State FL Zip Code 33406-7833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2018  
**Transaction ID : 15450454**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Lawson, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Crescent Ave  
 City Greenville State SC Zip Code 29605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Piedmont Arthritis Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2018  
**Transaction ID : 15450721**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

**C. Baraf, Herbert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2730 University Blvd W Ste 310  
 City Wheaton State MD Zip Code 20902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis & Rheumatism Associates, P.C Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2018  
**Transaction ID : 15450785**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<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 18 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Oza, Meera, R, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2100, Kingsley Avenue  
 City Orange Park State FL Zip Code 32073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis & Osteoporosis Treatment Cen Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **05 / 17 / 2018**  
**Transaction ID : 15457336**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**B. Marinescu, L. Manuela, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Jefferson Landing Circle  
 City Jefferson State NY Zip Code 11777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rheumatology Associates of Long Island Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 17 / 2018**  
**Transaction ID : 15457341**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Cruz, Nilsa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2901 W KK River Pkwy Ste. 301  
 City Milwaukee State WI Zip Code 53215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Milwaukee Rheumatology Center Occupation (for Individual) Practice Admin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt **05 / 18 / 2018**  
**Transaction ID : 15460453**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2420.00
<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 19 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1854 Green Pond Hwy.

City Walterboro	State SC	Zip Code 29488-8128
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
364.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2018

**Transaction ID : 15462414**

Amount of Each Receipt this Period  
91.00

Memo Item

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

Mailing Address 104 Steeplechase Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2018

**Transaction ID : 15463455**

Amount of Each Receipt this Period  
45.00

Memo Item

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

Mailing Address 2141 K Street NW  
Suite 407

City Washington	State DC	Zip Code 20037
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	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	/	21	/	2018

**Transaction ID : 15463457**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	386.00
<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 20 OF 32
	<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. Gharib, Suzanne, L, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Villa Oak Circle

City Cross Lanes	State WV	Zip Code 25313
---------------------	-------------	-------------------

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

Name of Employer (for Individual) The Rheum Center of Charleston	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2018

**Transaction ID : 15464135**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Beale, Donah, Zack, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1417 Gentlemens Way

City Dresher	State PA	Zip Code 19025
-----------------	-------------	-------------------

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

Name of Employer (for Individual) The Arthritis Group	Occupation (for Individual) Research Director
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2018

**Transaction ID : 15464240**

Amount of Each Receipt this Period  
350.00

Memo Item

**c. Clegg, Daniel, O, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 817 East 2075 South

City Bountiful	State UT	Zip Code 84010
-------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Utah	Occupation (for Individual) Rheumatologist
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2018

**Transaction ID : 15466269**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<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 21 OF 32
<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. Wright, Grace, C, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 345 37th Street  
Suite #303C

City New York State NY Zip Code 10016-3256

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

Name of Employer (for Individual) Grace C Wright MD PC Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 01 / 2018  
**Transaction ID : 15473156**

Amount of Each Receipt this Period 2000.00

Memo Item

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

Mailing Address 1854 Green Pond Hwy.

City Walterboro State SC Zip Code 29488-8128

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 03 / 2018  
**Transaction ID : 15473718**

Amount of Each Receipt this Period 91.00

Memo Item

**C. Naegle, Matthew, B, Dr., M.D.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 826 Main St #100

City Phoenixville State PA Zip Code 19460-4459

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

Name of Employer (for Individual) PMA Medical Specialists Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 03 / 2018  
**Transaction ID : 15473722**

Amount of Each Receipt this Period 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2341.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 32
<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. Gewanter, Harry, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3805 Cutshaw Ave  
 Apt 510  
 City Richmond State VA Zip Code 23230-3940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 05 / 2018  
**Transaction ID : 15477089**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Blumstein, Howard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Rheumatology Associates of Long Is  
 315 Middle Country Rd  
 City Smithtown State NY Zip Code 11787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rheum Associates of Long Island Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 05 / 2018  
**Transaction ID : 15477090**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Siegel, Evan, L, Dr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10821 Willow Run Court  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthritis and Rheumatism Associates, p Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 10 / 2018  
**Transaction ID : 15491075**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1175.00
<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 23 OF 32
<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. Gelfand, Gilbert, F., , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2723 Manning Ave

City Los Angeles	State CA	Zip Code 90064-4354
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Gilbert F. Gelfand, MD	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2018

**Transaction ID : 15497550**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 2901 W KK River Pkwy Ste. 301

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2018

**Transaction ID : 15497551**

Amount of Each Receipt this Period  
170.00

Memo Item

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

Mailing Address 17620 Goose Creek Road

City Olney	State MD	Zip Code 20832-2161
---------------	-------------	------------------------

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

Name of Employer (for Individual) Arthritis & Rheumatism Association PC	Occupation (for Individual) Rheumatologist
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2018

**Transaction ID : 15501712**

Amount of Each Receipt this Period  
2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2670.00
<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 24 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 104 Steeplechase Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2018

**Transaction ID : 15502031**

Amount of Each Receipt this Period  
45.00

Memo Item

**B. Desir, Deborah, D., , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3018 Dixwell Ave.

City Hamden	State CT	Zip Code 06518
----------------	-------------	-------------------

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

Name of Employer (for Individual) Arthritis and Osteoporosis PC	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2018

**Transaction ID : 15508166**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 751 Jaeger Street

City Columbus	State OH	Zip Code 43206-2272
------------------	-------------	------------------------

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

Name of Employer (for Individual) Columbus Arthritis Center	Occupation (for Individual) Physician Rheumatologist
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2018

**Transaction ID : 15509788**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2045.00
<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 25 OF 32
<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. Eisenberg, Gerald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2003 Old Briar Road  
 City Highland Park State IL Zip Code 60035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Illinois Bone and Joint Instit Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 28 / 2018  
**Transaction ID : 15509836**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Chk #1123

**B. Schuette, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1334 West Arthur  
 City Chicago State IL Zip Code 60626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ullinois Bone and Joint Inst Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 28 / 2018  
**Transaction ID : 15509837**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Chk #6440

**C. Kothari, Ami, Kurani, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2233 Winnetka Ave  
 City Northfield State IL Zip Code 60093-3154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Illinois Bone and Joint Institute Occupation (for Individual) Rheumatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 28 / 2018  
**Transaction ID : 15509838**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Chk #5111

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	33918.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 32
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

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

Mailing Address 2200 Lake Boulevard NE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1893.78

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		16		2018

**Transaction ID : 15403948**

Amount of Each Receipt this Period  
378.32

Memo Item

**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 ▼  
1994.99

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		04		2018

**Transaction ID : 15476483**

Amount of Each Receipt this Period  
101.21

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	479.53
<b>TOTAL</b> This Period (last page this line number only).....▶	479.53

# 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. Bucshon For Congress

Mailing Address PO Box 250

City  
Newburgh

State  
IN

Zip Code  
47629

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Bucshon, Larry, , Rep., MD**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	8

FEC Identification Number

C C00468256

**Transaction ID : 15472694**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

### B. Friends Of John Barrasso

Mailing Address PO Box 52008

City  
Casper

State  
WY

Zip Code  
82605

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Barrasso, John, , Sen., MD**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: WY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	8

FEC Identification Number

C C00436386

**Transaction ID : 15472695**

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

### C. New Democrat Coalition PAC

Mailing Address 700 13TH STREET, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**New Democrat Coalition PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	8

FEC Identification Number

C C00409730

**Transaction ID : 15472696**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Memo Item

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

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

1	4	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Kind For Congress Committee**

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Kind, Ron, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2018

FEC Identification Number

C C00312017

**Transaction ID : 15472697**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Joe Kennedy For Congress**

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Kennedy, Joseph, , Mr.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: MA District: 04

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2018

FEC Identification Number

C C00512970

**Transaction ID : 15509447**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Joe Kennedy For Congress**

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Kennedy, Joseph, , Mr.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MA District: 04

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2018

FEC Identification Number

C C00512970

**Transaction ID : 15509448**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

10000.00

**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 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. Andy Harris For Congress**

Mailing Address PO Box 604

City  
Bel Air

State  
MD

Zip Code  
21014

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Harris, Andy, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2018

FEC Identification Number

**C** C00435974

**Transaction ID : 15509449**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Anna Eshoo For Congress**

Mailing Address 555 Capitol Mall, Suite 1425

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Eshoo, Anna, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: CA District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2018

FEC Identification Number

**C** C00258475

**Transaction ID : 15509450**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Butterfield For Congress**

Mailing Address PO Box 2571

City  
Wilson

State  
NC

Zip Code  
27894

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Butterfield, George, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2018

FEC Identification Number

**C** C00401190

**Transaction ID : 15509451**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

**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 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) <b>A. John Lewis For Congress</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2018
Mailing Address PO Box 2323		FEC Identification Number C00202416 <b>Transaction ID : 15509452</b> Amount of Each Disbursement this Period 5000.00
City Atlanta	State GA	Zip Code 30301
Purpose of Disbursement	011 Category/Type	
Candidate Name <b>Lewis, John, , Rep.,</b>	Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 05		

Full Name (Last, First, Middle Initial) <b>B. Whitehouse For Senate</b>		Date of Disbursement MM / DD / YYYY 05 / 07 / 2018
Mailing Address P.O. Box 40280		FEC Identification Number C00410803 <b>Transaction ID : 15509453</b> Amount of Each Disbursement this Period 5000.00
City Providence	State RI	Zip Code 02940
Purpose of Disbursement	011 Category/Type	
Candidate Name <b>Whitehouse, Sheldon, , Sen.,</b>	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: RI District:		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL BURGESS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2018
Mailing Address PO Box 2334		FEC Identification Number C00372532 <b>Transaction ID : 15509458</b> Amount of Each Disbursement this Period 5000.00
City Denton	State TX	Zip Code 76202
Purpose of Disbursement	011 Category/Type	
Candidate Name <b>Burgess, Michael C., ,</b>	Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 00		

**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)**

**A. Bob Casey For Senate Inc**

Full Name (Last, First, Middle Initial)

Mailing Address 30 South 15th Street Suite 400

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement  011 Category/Type

Candidate Name **Casey, Robert, , Sen., Jr.**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: PA District:

Date of Disbursement: 06 / 15 / 2018

FEC Identification Number: **C** C00431056

Transaction ID : 15523126

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	59000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. SunTrust Bank Charges**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 30 / 2018

FEC Identification Number: C

Transaction ID : 15476482

Amount of Each Disbursement this Period: 101.21

Memo Item

**B. SunTrust Bank Charges**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
May 2018 Credit Card fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 05 / 31 / 2018

FEC Identification Number: C

Transaction ID : 15509791

Amount of Each Disbursement this Period: 314.20  
May 2018 Credit Card fees

Memo Item

**C. SunTrust Bank Charges**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
June 2018 Credit Card fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 30 / 2018

FEC Identification Number: C

Transaction ID : 15523314

Amount of Each Disbursement this Period: 359.54  
June 2018 Credit Card fees

Memo Item

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

774.95

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

774.95