

# 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.  
BLUMSTEIN, HOWARD, , DR.,  
Type or Print Name of Treasurer

Signature of Treasurer BLUMSTEIN, HOWARD, , DR., [Electronically Filed] Date  /  /  2023

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)

Page 2

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"/>		346450.08
(b) Cash on Hand at Beginning of Reporting Period.....	346450.08	
(c) Total Receipts (from Line 19) .....	29836.35	29836.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	376286.43	376286.43
7. Total Disbursements (from Line 31).....	45599.99	45599.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	330686.44	330686.44
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)

Report Covering the Period: From: 01 / 01 / 2023 To: 06 / 30 / 2023

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).....	22670.30	22670.30
(ii) Unitemized .....	5979.54	5979.54
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	28649.84	28649.84
(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) .....	28649.84	28649.84
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)).....▶	29836.35	29836.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	29836.35	29836.35

**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 .....	599.99	599.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	599.99	599.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45000.00	45000.00
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)) ..	45599.99	45599.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45599.99	45599.99

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	28649.84	28649.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28649.84	28649.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	599.99	599.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1171.69	1171.69
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	- 571.70	- 571.70

**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 25
<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. 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
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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  
MM / DD / YYYY  
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  
MM / DD / YYYY  
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  
MM / DD / YYYY  
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 25
	<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 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 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 06 / 14 / 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 25
	<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  
 M M M / D D D / Y Y Y Y Y Y  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 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  
 M M M / D D D / Y Y Y Y Y Y  
 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 25
	<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. 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 mooreville 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 25
<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 Medial 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
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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
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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 25
<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. 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  
 M M M / D D D / Y Y Y Y Y Y  
 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 PI  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 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 25
<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. 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 **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 **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 **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 25
<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. 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 25
	<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. 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 25
<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. 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 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 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) MD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 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 25
<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. Widener, Benjamin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1110 Big Goose Rd

City Sheridan	State WY	Zip Code 82801
------------------	-------------	-------------------

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

Name of Employer (for Individual) Sheridan memorial Hospital	Occupation (for Individual) Dr
---	-----------------------------------

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		10		2023

**Transaction ID : 1821**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 5405 Mirror Lakes Dr

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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 ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2023

**Transaction ID : 1822**

Amount of Each Receipt this Period  
1100.00

Memo Item

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

Mailing Address 843 S Bundy Dr

City Los Angeles	State CA	Zip Code 90049
---------------------	-------------	-------------------

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

Name of Employer (for Individual) UCLA Rheumatology	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
05		30		2023

**Transaction ID : 1823**

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 17 OF 25
<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.** 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) Physician
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		13		2023

**Transaction ID : 1824**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	22670.30

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 18 OF 25	
(check only one)			
<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 checked="" 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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
American College Of Rheumatology

Mailing Address 2200 Lake Boulevard NE

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1171.69

Date of Receipt  

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

**Transaction ID : 1825**

Amount of Each Receipt this Period  
1171.69

Memo Item

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

Mailing Address

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

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

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

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1171.69
<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: STRIPE. Includes fields for Mailing Address (185 Berry St #550), City (San Francisco), State (CA), Zip Code (94107), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, and Date of Disbursement (01/31/2023). Transaction ID: 30331204. Amount: 79.03.

Form B: STRIPE. Includes fields for Mailing Address (185 Berry St #550), City (San Francisco), State (CA), Zip Code (94107), Purpose of Disbursement (February Credit Card Processing Fees), Candidate Name, Office Sought, Disbursement For, and Date of Disbursement (02/28/2023). Transaction ID: 30331205. Amount: 93.96.

Form C: BANK OF AMERICA. Includes fields for Mailing Address (3116 Peachtree Rd NE), City (Atlanta), State (GA), Zip Code (30305), Purpose of Disbursement (Bank Fee), Candidate Name, Office Sought, Disbursement For, and Date of Disbursement (02/28/2023). Transaction ID: 30331206. Amount: 15.00.

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

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
03 / 31 / 2023

FEC Identification Number  
  
**Transaction ID : 30331218**  
Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
06 / 08 / 2023

FEC Identification Number  
  
**Transaction ID : 30331219**  
Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
06 / 08 / 2023

FEC Identification Number  
  
**Transaction ID : 30331220**  
Amount of Each Disbursement this Period

Memo Item

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

**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. TONY CARDENAS FOR CONGRESS

Date of Disbursement

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

Mailing Address 122 C ST NW  
STE 360

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
2024 Primary Election Contribution

011
Category/ Type

FEC Identification Number

C C00498873
-------------

Transaction ID : 30331207

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

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. RICHARD E NEAL FOR CONGRESS COMMITTEE

Date of Disbursement

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

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement  
2024 Primary Election Contribution

011
Category/ Type

FEC Identification Number

C C00226522
-------------

Transaction ID : 30331208

Amount of Each Disbursement this Period

5000.00
---------

Memo Item

Candidate Name

Neal, Richard, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼

State: MA District: 01

Full Name (Last, First, Middle Initial)

### C. PALLONE FOR CONGRESS

Date of Disbursement

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

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement  
2024 Primary Election Contribution

011
Category/ Type

FEC Identification Number

C C00226928
-------------

Transaction ID : 30331209

Amount of Each Disbursement this Period

5000.00
---------

Memo Item

Candidate Name

Pallone, Frank, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼

State: NJ District: 06

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

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

12500.00
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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, 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. 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. Disbursement For: Primary, General, Other (specify). State: District:

Date of Disbursement 03 / 08 / 2023

FEC Identification Number C00049730 Transaction ID : 30331210 Amount of Each Disbursement this Period 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ROSA DELAURO

Mailing Address 129 CHURCH ST STE 818

City NEW HAVEN State CT Zip Code 06510

Purpose of Disbursement 2024 Convention Contribution

Category/Type 011

Candidate Name DeLauro, Rosa, , Rep.,

Office Sought: House, Senate, President. Disbursement For: 2024 Primary, General, Other (specify) Convention. State: CT District: 03

Date of Disbursement 03 / 08 / 2023

FEC Identification Number C00238865 Transaction ID : 30331211 Amount of Each Disbursement this Period 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DR. RAUL RUIZ FOR CONGRESS

Mailing Address PO BOX 1566

City INDIO State CA Zip Code 92202

Purpose of Disbursement 2024 Primary Election Contribution

Category/Type 011

Candidate Name Ruiz, Raul, , Rep.,

Office Sought: House, Senate, President. Disbursement For: 2024 Primary, General, Other (specify). State: CA District: 25

Date of Disbursement 03 / 08 / 2023

FEC Identification Number C00502575 Transaction ID : 30331212 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. 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:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: TX District: 37

Date of Disbursement  
MM / DD / YYYY  
03 / 08 / 2023

FEC Identification Number  
C00286500  
Transaction ID : 30331213  
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:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: WA District: 01

Date of Disbursement  
MM / DD / YYYY  
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. BILIRAKIS FOR CONGRESS**

Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688-0606

Purpose of Disbursement  
2024 Primary Election Contribution

011  
Category/  
Type

Candidate Name  
**Bilirakis, Gus, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: FL District: 12

Date of Disbursement  
MM / DD / YYYY  
03 / 08 / 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)

<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. ARMSTRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1515 BURNT BOAT DRIVE  
BOX 112

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

City BISMARCK State ND Zip Code 58503

FEC Identification Number

Purpose of Disbursement  
2024 Primary Election Contribution

C	C00670547
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Candidate Name  
**Armstrong, Kelly, , Rep.,**

011
Category/ Type

Transaction ID : 30331216

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: ND District: 00

2500.00
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Memo Item

## B. BERA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 582496

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

City ELK GROVE State CA Zip Code 95758

FEC Identification Number

Purpose of Disbursement  
2024 Primary Election Contribution

C	C00461061
---	-----------

Candidate Name  
**Bera, Ami, , Rep.,**

011
Category/ Type

Transaction ID : 30331217

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: CA District: 07

2500.00
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Memo Item

## C. GUTHRIE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 9639

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

City BOWLING GREEN State KY Zip Code 42102-9639

FEC Identification Number

Purpose of Disbursement  
2024 Primary Election Contribution

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

Candidate Name  
**Guthrie, Brett, , Rep.,**

011
Category/ Type

Transaction ID : 30331221

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: KY District: 02

2500.00
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Memo Item

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

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

7500.00
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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. 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:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	3

FEC Identification Number

C C00410761

**Transaction ID : 30331222**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

### B.

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

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

Full Name (Last, First, Middle Initial)

### C.

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

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

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

2	5	0	0	.	0	0
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4	5	0	0	.	0	0
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