

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

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)
[X] 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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
Election on: MM/DD/YYYY in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)
Election on: MM/DD/YYYY in the State of

5. Covering Period 07/01/2012 through 09/30/2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ed Herzig

Signature of Treasurer Ed Herzig [Electronically Filed] Date 10/15/2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 10 columns for Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2012"/>		<input type="text" value="128121.95"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="138430.66"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="28541.87"/>	<input type="text" value="98358.93"/>
(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="166972.53"/>	<input type="text" value="226480.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="42848.46"/>	<input type="text" value="102356.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="124124.07"/>	<input type="text" value="124124.07"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	25102.00	83582.00
(ii) Unitemized	2495.00	10949.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27597.00	94531.00
(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)	27597.00	94531.00
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.).....	944.87	3827.93
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))..... ▶	28541.87	98358.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28541.87	98358.93

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.....	42000.00	98500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	365.00
(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	365.00
29. Other Disbursements	848.46	3491.81
30. Federal Election Activity (2 U.S.C. §431(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)) ..	42848.46	102356.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42848.46	102356.81

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	27597.00	94531.00
34. Total Contribution Refunds (from Line 28(d))	0.00	365.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27597.00	94166.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Chad Deal

Mailing Address 21099 Colby Rd

City Shaker Heights State OH Zip Code 44122

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

Name of Employer Cleveland Clinic Occupation 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
07 / 06 / 2012

Transaction ID : 10930807

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. daksha mehta

Mailing Address 584 Westport Rd, Ste 101

City Elizabethtown State KY Zip Code 42701

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

Name of Employer Center for Arthritis and Osteoporosis Occupation 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
07 / 06 / 2012

Transaction ID : 10930808

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. James Engelbrecht

Mailing Address 4281 Rosemary Lane

City Rapid City State SD Zip Code 57702

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

Name of Employer Black Hills Orth and Spine Cen Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : 10958062

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<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. Elizabeth Tindall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1255 SW Schaeffer Rd
 City West Linn State OR Zip Code 97068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 18 / 2012**
Transaction ID : 10984080
 Amount of Each Receipt this Period **500.00**

B. Steven Kimmel
 Full Name (Last, First, Middle Initial)
 Mailing Address 7431 N. University Dr.
 City Tamarac State FL Zip Code 33321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Medical Arts South Occupation Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **07 / 23 / 2012**
Transaction ID : 10994608
 Amount of Each Receipt this Period **2000.00**

C. David Borenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 10505 Scarboro Lane
 City Potomac State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arthritis and Rheumatism Assoc Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt **08 / 04 / 2012**
Transaction ID : 11017428
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<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. Stanley Cohen
Full Name (Last, First, Middle Initial)

Mailing Address 5447 Castlewood Dr

City Dallas State TX Zip Code 75229

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

Name of Employer Rheumatology Associates Occupation 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
 08 / 19 / 2012

Transaction ID : 11074304

Amount of Each Receipt this Period
 250.00

B. Charles King
Full Name (Last, First, Middle Initial)

Mailing Address 179 Edgewater Cv

City Belden State MS Zip Code 38826-9145

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

Name of Employer NMMCI Occupation 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
 08 / 27 / 2012

Transaction ID : 11079642

Amount of Each Receipt this Period
 1000.00

c. Joan C S Shparago
Full Name (Last, First, Middle Initial)

Mailing Address 1190 N. State Street Suite 302

City Jackson State MS Zip Code 39202

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

Name of Employer Arthritis Associates of MS Occupation PA

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
 08 / 27 / 2012

Transaction ID : 11079644

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
	<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)

Full Name (Last, First, Middle Initial) A. Edward Herzig		Date of Receipt MM / DD / YYYY 08 / 27 / 2012 Transaction ID : 11079647
Mailing Address 2121 Alpine Place Apt. 703		Amount of Each Receipt this Period 500.00
City Cincinnati	State OH	
Zip Code 45206-3612		Aggregate Year-to-Date ▼ 1500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Herzig Krall Medical Group	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Jeffrey Lawson		Date of Receipt MM / DD / YYYY 08 / 27 / 2012 Transaction ID : 11079648
Mailing Address 20 Crescent Ave		Amount of Each Receipt this Period 500.00
City Greenville	State SC	
Zip Code 29605		Aggregate Year-to-Date ▼ 2500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Piedmont Arthritis Center	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Paul Demarco		Date of Receipt MM / DD / YYYY 08 / 27 / 2012 Transaction ID : 11079649
Mailing Address 2730 University Blvd W		Amount of Each Receipt this Period 1000.00
City Wheaton	State MD	
Zip Code 20902		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Arthritis and Rheumatism Associates	Occupation Rheumatologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)

Full Name (Last, First, Middle Initial) A. Robert Rosenberg		Date of Receipt 08 / 27 / 2012 Transaction ID : 11079651
Mailing Address 6425 Goldleaf Dr.		Amount of Each Receipt this Period 500.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C		
Name of Employer Arthritis & Rheumatism Association	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Bevra H Hahn		Date of Receipt 08 / 29 / 2012 Transaction ID : 11084231
Mailing Address		Amount of Each Receipt this Period 1000.00
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer UCLA	Occupation Professor / Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) c. Dr. Nanette Alexander-Thomas		Date of Receipt 08 / 29 / 2012 Transaction ID : 11084246
Mailing Address 725 East 22nd St.		Amount of Each Receipt this Period 250.00
City Brooklyn	State NY	Zip Code 11210
FEC ID number of contributing federal political committee. C		
Name of Employer Village Care	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 31
<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. Delfin Santos M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1983 Chalmers Drive
 City West Rochester Hills State MI Zip Code 48309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rochester Rheumatology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 29 / 2012
Transaction ID : 11084426
 Amount of Each Receipt this Period 250.00

B. Dr. Ephraim P. Engleman
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 Parnassus Ave
 City San Francisco State CA Zip Code 94117-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 29 / 2012
Transaction ID : 11084428
 Amount of Each Receipt this Period 250.00

C. Dr. Brock Harper
 Full Name (Last, First, Middle Initial)
 Mailing Address 1216 Post Office
 City Galveston State TX Zip Code 77550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UTMB Occupation Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 30 / 2012
Transaction ID : 11084995
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
<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. Arnaldo Torres MD
Full Name (Last, First, Middle Initial)
Mailing Address 6711 38th Ave N.
City St. Petersburg State FL Zip Code 33710-1536
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Petersburg Arthritis Center Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 251.00

Date of Receipt 09 / 04 / 2012
Transaction ID : 11086923
Amount of Each Receipt this Period 251.00

B. K Kwas Huston MD
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Saint Luke's Physician Partners Occupation rheumatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 08 / 27 / 2012
Transaction ID : 11086926
Amount of Each Receipt this Period 500.00

c. Mary L. Olsen
Full Name (Last, First, Middle Initial)
Mailing Address 2550 Ashley Ave
City Beaumont State TX Zip Code 77702
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Rheumatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 09 / 04 / 2012
Transaction ID : 11086927
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶ 1001.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
	<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. Dorothy Mary Nicholson
Full Name (Last, First, Middle Initial)

Mailing Address 5513 32nd St. N.

City Arlington State VA Zip Code 22207

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

Name of Employer Self Occupation 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
 09 / 04 / 2012

Transaction ID : 11086928

Amount of Each Receipt this Period
 250.00

B. Fehmida Zahabi
Full Name (Last, First, Middle Initial)

Mailing Address 6300 Stonewood Dr. #412

City Plano State TX Zip Code 75024

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

Name of Employer Texas Rheumatology Care Occupation 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
 08 / 31 / 2012

Transaction ID : 11086929

Amount of Each Receipt this Period
 500.00

C. Dr. Gregory Schimizzi
Full Name (Last, First, Middle Initial)

Mailing Address 613 Sandfiddler Pte

City Wilmington State NC Zip Code 28409

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

Name of Employer Carolina Arthritis Associates Occupation 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
 09 / 05 / 2012

Transaction ID : 11088755

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31
	<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. Jeff Peterson
Full Name (Last, First, Middle Initial)

Mailing Address 1112 1st St.

City Kirkland State WA Zip Code 98033

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

Name of Employer The Seattle Arthritis Clinic Occupation 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
 09 / 10 / 2012

Transaction ID : 11105728

Amount of Each Receipt this Period
 250.00

B. Matthew Mundwiler
Full Name (Last, First, Middle Initial)

Mailing Address 6570 Deer Island Drive

City Cherry Valley State IL Zip Code 61016

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

Name of Employer Rockford Orthopedic Associates Occupation 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
 09 / 10 / 2012

Transaction ID : 11105729

Amount of Each Receipt this Period
 250.00

C. Dr. Melanie Barron
Full Name (Last, First, Middle Initial)

Mailing Address 6901 Vista Ridge Drive East

City Fort Worth State TX Zip Code 76132

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

Name of Employer UNT Health Science Center Occupation Chief of Rheumatology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2012

Transaction ID : 11105731

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 31
	<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. Dr. Howard M. Busch
Full Name (Last, First, Middle Initial)

Mailing Address 217 E. Lakeworth Ave

City Lantana State FL Zip Code 33462

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

Name of Employer Family Arthritis Center Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 10 / 2012
Transaction ID : 11105734

Amount of Each Receipt this Period
 500.00

B. Dr. Stephanie J. Ott
Full Name (Last, First, Middle Initial)

Mailing Address 4133 Fieldstone Street

City Carroll State OH Zip Code 43112

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

Name of Employer Fairfield Medical Ctr Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 09 / 10 / 2012
Transaction ID : 11105739

Amount of Each Receipt this Period
 250.00

C. Mary Moran
Full Name (Last, First, Middle Initial)

Mailing Address 1152 Scott

City Winnetka State IL Zip Code 60093

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

Name of Employer Illinois Bone & Joint Inst Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 20 / 2012
Transaction ID : 11150012

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 31
	<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)

Full Name (Last, First, Middle Initial) A. Patrick Schuette		Date of Receipt MM / DD / YYYY 09 / 20 / 2012 Transaction ID : 11150013
Mailing Address 1334 West Arthur		Amount of Each Receipt this Period 500.00
City Chicago	State IL	Zip Code 60626
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Bone and Joint Inst	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ami Kurani Kothari MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2012 Transaction ID : 11150014
Mailing Address 41 E. 8th St. Apt. 1003		Amount of Each Receipt this Period 500.00
City Chicago	State IL	Zip Code 60605-2369
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Bone and Joint Institute	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. William Arnold		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 Transaction ID : 11150015
Mailing Address 751 Michigan Ave		Amount of Each Receipt this Period 250.00
City Wilmette	State IL	Zip Code 60091
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Bone and Joint Inst	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 31
	<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. Gerald Eisenberg
Full Name (Last, First, Middle Initial)

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 Illinois Bone and Joint Instit Occupation 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
 09 / 20 / 2012

Transaction ID : 11150016

Amount of Each Receipt this Period
 1000.00

B. Richard Roseff
Full Name (Last, First, Middle Initial)

Mailing Address 7 Hussars Camp place

City Ridgefield State CT Zip Code 06877

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

Name of Employer Self Occupation 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
 09 / 23 / 2012

Transaction ID : 11150714

Amount of Each Receipt this Period
 250.00

C. Kevin Kempf
Full Name (Last, First, Middle Initial)

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 Rheumatology Assoc. of So. TX Occupation 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
 09 / 23 / 2012

Transaction ID : 11150716

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 31
	<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. Robert Jenkins
Full Name (Last, First, Middle Initial)

Mailing Address 9624 Windy Terrace Dr.

City Dallas	State TX	Zip Code 75231
----------------	-------------	-------------------

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

Name of Employer Rheumatology Associates	Occupation 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
09	/	24	/	2012

Transaction ID : 11151000

Amount of Each Receipt this Period
500.00

B. Rebecca M Shepherd MD
Full Name (Last, First, Middle Initial)

Mailing Address 311 Bowyer Lane

City Lititz	State PA	Zip Code 17543
----------------	-------------	-------------------

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

Name of Employer LGA	Occupation Physician
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : 11151545

Amount of Each Receipt this Period
250.00

C. Timothy R Howard DO
Full Name (Last, First, Middle Initial)

Mailing Address 1534 Park Ave
Suite 340

City Quakertown	State PA	Zip Code 18951
--------------------	-------------	-------------------

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

Name of Employer Bucks-Mont Rheumatology	Occupation Rheumatology
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Transaction ID : 11151546

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	▶	1000.00
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 31
	<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)

Full Name (Last, First, Middle Initial) A. Dr. Richard Edwin Jones III		Date of Receipt MM / DD / YYYY 09 / 27 / 2012
Mailing Address		Transaction ID : 11154118
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Dale G Halter		Date of Receipt MM / DD / YYYY 09 / 27 / 2012
Mailing Address 902 Frostwood #208		Transaction ID : 11154121
City	State	Zip Code
Houston	TX	77024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Reumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Meera Oza		Date of Receipt MM / DD / YYYY 09 / 27 / 2012
Mailing Address 2574 Admirals Walk Dr S		Transaction ID : 11154122
City	State	Zip Code
Orange Park	FL	32073-6102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 31
	<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. Edward Herzig
Full Name (Last, First, Middle Initial)

Mailing Address 2121 Alpine Place
Apt. 703

City Cincinnati State OH Zip Code 45206-3612

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

Name of Employer Herzig Krall Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
09 / 28 / 2012
Transaction ID : 11154587

Amount of Each Receipt this Period
500.00

B. Jody K Hargrove MD
Full Name (Last, First, Middle Initial)

Mailing Address 7250 France Ave So
Suite 215

City Edina State MN Zip Code 55435

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

Name of Employer Arthritis & Rheumatology Consultants Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 28 / 2012
Transaction ID : 11154589

Amount of Each Receipt this Period
500.00

C. Kelly Weselman
Full Name (Last, First, Middle Initial)

Mailing Address 6035 Riverwood Dr. NW

City Sandy Springs State GA Zip Code 30328

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
09 / 28 / 2012
Transaction ID : 11154591

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 31
	<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. Douglas Mund
Full Name (Last, First, Middle Initial)

Mailing Address 1575 Hillside Ave, Suite 102

City New Hyde Park State NY Zip Code 11040

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

Name of Employer Self Occupation 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
 09 / 28 / 2012

Transaction ID : 11154592

Amount of Each Receipt this Period
 500.00

B. Jose Antonio Pando
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 37

City Lewes State DE Zip Code 19958-0037

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

Name of Employer Physician Occupation Rheumatology Consultants

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
 09 / 28 / 2012

Transaction ID : 11154593

Amount of Each Receipt this Period
 500.00

C. Joseph Laukaitis M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 6909 Rannoch Road

City Bethesda State MD Zip Code 20817

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

Name of Employer Self-Employed Occupation Physician

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
 09 / 28 / 2012

Transaction ID : 11156155

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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 31
	<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. Ellison Smith
Full Name (Last, First, Middle Initial)

Mailing Address 445 Biltmore Center, Suite 306

City Asheville	State NC	Zip Code 28801
-------------------	-------------	-------------------

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

Name of Employer Asheville Arthritis	Occupation 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
 09 / 29 / 2012

Transaction ID : 11156156

Amount of Each Receipt this Period
500.00

B. Dr. Amy M Evangelisto
Full Name (Last, First, Middle Initial)

Mailing Address 528 Bartram Road

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

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

Name of Employer Arthritis, Rheumatic and Back Disease	Occupation 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
 09 / 26 / 2012

Transaction ID : 11168997

Amount of Each Receipt this Period
250.00

C. Joseph Flood
Full Name (Last, First, Middle Initial)

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 Musculoskeletal Med Specialist	Occupation Physician 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
 09 / 26 / 2012

Transaction ID : 11168998

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 23 OF 31
<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 (Last, First, Middle Initial)
Dr. Vijay R Jampala

Mailing Address

City State Zip Code

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

Name of Employer: **Rheumatology and Arthritis Clinic PC**
Occupation: **Rheumatologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **501.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : 11168999

Amount of Each Receipt this Period
501.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	501.00
TOTAL This Period (last page this line number only).....▶	25102.00

**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 24 OF 31
<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)

Full Name (Last, First, Middle Initial)
A. 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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3562.40

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : 11004512

Amount of Each Receipt this Period
679.34

June credit card fees

Full Name (Last, First, Middle Initial)
B. 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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3827.93

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 05 / 2012
Transaction ID : 11088355

Amount of Each Receipt this Period
265.53

July credit card fees

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	944.87
TOTAL This Period (last page this line number only).....▶	944.87

**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"/> 24	<input type="checkbox"/> 25	<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. Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
July 12 event in DC

011

Candidate Name
Rep. Allyson Schwartz

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : 10983092

Amount of Each Disbursement this Period

2500.00

July 12 event in DC

Full Name (Last, First, Middle Initial)

B. Mary Bono Mack Committee

Mailing Address PO Box 3370

City State Zip Code
Palm Springs CA 92263

Purpose of Disbursement
July 11 event in DC

011

Candidate Name
Rep. Mary Bono

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 45

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : 10983384

Amount of Each Disbursement this Period

1000.00

July 11 event in DC

Full Name (Last, First, Middle Initial)

C. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement
July 17 event in DC

011

Candidate Name
Rep. Pete Stark

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2012

Transaction ID : 10983385

Amount of Each Disbursement this Period

1000.00

July 17 event in DC

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

4500.00

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"/> 24	<input type="checkbox"/> 25	<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. Bob Casey For Senate Inc

Mailing Address 30 South 15th Street Suite 400

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
July 25 event in DC

011

Candidate Name

Sen. Robert Casey Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : 10983387

Amount of Each Disbursement this Period

2500.00

July 25 event in DC

Full Name (Last, First, Middle Initial)

B. Friends Of John Barrow

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement
July 25 event in DC

011

Candidate Name

Rep. John Barrow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : 10983388

Amount of Each Disbursement this Period

1500.00

July 25 event in DC

Full Name (Last, First, Middle Initial)

C. Bass Victory Committee

Mailing Address PO Box 3451

City Concord State NH Zip Code 03302

Purpose of Disbursement
July 25 event in DC

011

Candidate Name

Rep. Charles Bass

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : 10983389

Amount of Each Disbursement this Period

1000.00

July 25 event in DC

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

5000.00

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"/> 24	<input type="checkbox"/> 25	<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. Dave Camp For Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
July 24 event in DC

011
Category/
Type

Candidate Name

Rep. David Camp

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2012

Transaction ID : 10983391

Amount of Each Disbursement this Period

2500.00

July 24 event in DC

Full Name (Last, First, Middle Initial)

B. Friends Of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
July 24 event in DC

011
Category/
Type

Candidate Name

Rep. Lois Capps

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2012

Transaction ID : 10983392

Amount of Each Disbursement this Period

2500.00

July 24 event in DC

Full Name (Last, First, Middle Initial)

C. Volunteers For Shimkus

Mailing Address P.O. Box 661
PO Box 5458

City Collinsville State IL Zip Code 62234

Purpose of Disbursement
July 26 event in DC

011
Category/
Type

Candidate Name

Rep. John Shimkus

Office Sought: House
 Senate
 President
State: IL District: 19

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2012

Transaction ID : 10983393

Amount of Each Disbursement this Period

1000.00

July 26 event in DC

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

6000.00

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"/> 24	<input type="checkbox"/> 25	<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. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
July 26 event in DC

011

Category/
Type

Candidate Name

Rep. Henry Waxman

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2012

Transaction ID : 10983394

Amount of Each Disbursement this Period

2500.00

July 26 event in DC

Full Name (Last, First, Middle Initial)

B. Mckinley For Congress

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement
July 25 event in DC

011

Category/
Type

Candidate Name

Rep. David McKinley

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2012

Transaction ID : 11063152

Amount of Each Disbursement this Period

5000.00

July 25 event in DC

Full Name (Last, First, Middle Initial)

C. Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
July 24 event in DC

011

Category/
Type

Candidate Name

Rep. Sander Levin

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2012

Transaction ID : 11063153

Amount of Each Disbursement this Period

2500.00

July 24 event in DC

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"/> 24	<input type="checkbox"/> 25	<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. Carper For Senate

Mailing Address PO Box 2882

City State Zip Code
Wilmington DE 19805

Purpose of Disbursement
August 25 event in DE

011

Candidate Name

Sen. Thomas Carper

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: DE District:

Date of Disbursement

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

Transaction ID : 11083285

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

August 25 event in DE

Full Name (Last, First, Middle Initial)

B. Bobby Schilling For Congress

Mailing Address 367 Avenue Of The Cities Suite D

City State Zip Code
East Moline IL 61244

Purpose of Disbursement
August 10 event in IL

011

Candidate Name

Rep. Robert Schilling

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

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

Transaction ID : 11083286

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

August 10 event in IL

Full Name (Last, First, Middle Initial)

C. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement
September 20 event in DC

011

Candidate Name

Michael C. Burgess

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	2

Transaction ID : 11132932

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

September 20 event in DC

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

6	5	0	0	.	0	0
---	---	---	---	---	---	---

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

6	5	0	0	.	0	0
---	---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<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. Bob Casey For Senate Inc

Mailing Address 30 South 15th Street Suite 400

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Robert Casey Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : 11154129

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Sherrod Brown

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Sherrod Brown

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : 11154130

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Van Hollen For Congress

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Sept 29 event in MD

011

Category/
Type

Candidate Name

Rep. Chris Van Hollen

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : 11156028

Amount of Each Disbursement this Period

2500.00

Sept 29 event in MD

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

10000.00

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

42000.00

**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"/> 24	<input type="checkbox"/> 25	<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)

Full Name (Last, First, Middle Initial)

A. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
July credit card fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 11063171

Amount of Each Disbursement this Period

July credit card fees

Full Name (Last, First, Middle Initial)

B. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
August bank fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 11128579

Amount of Each Disbursement this Period

August bank fees

Full Name (Last, First, Middle Initial)

C. SunTrust Bank Charges

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 11169395

Amount of Each Disbursement this Period

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

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