

# 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.   
American College of Rheumatology (RheumPAC)

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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  /  /  through  /  /

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  /  /

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

**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="2009"/>	<input type="text" value="49394.84"/>	<input type="text" value="49394.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="83371.14"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="24641.69"/>	<input type="text" value="66859.27"/>
(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="108012.83"/>	<input type="text" value="116254.11"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18294.11"/>	<input type="text" value="26535.39"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="89718.72"/>	<input type="text" value="89718.72"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17390.00	49340.00
(ii) Unitemized .....	6550.00	15814.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23940.00	65154.00
(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) .....	23940.00	65154.00
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.).....	701.69	1705.27
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))..... ▶	24641.69	66859.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24641.69	66859.27

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	17000.00	24000.00
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 .....	250.00	500.00
(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)).....	250.00	500.00
29. Other Disbursements .....	1044.11	2035.39
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)) ..	18294.11	26535.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18294.11	26535.39

**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) .....	23940.00	65154.00
34. Total Contribution Refunds (from Line 28(d)) .....	250.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23690.00	64654.00
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 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Everett Allen**

Mailing Address 19272 Stone Oak Pkwy, Ste. 101

City San Antonio	State TX	Zip Code 78258
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FEC ID number of contributing federal political committee. **C**

Name of Employer Rheumatology Assoc. South Texas	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	/	21	/	2009

**Transaction ID : 10715179**

Amount of Each Receipt this Period  

250.00
--------

**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$250.00

Full Name (Last, First, Middle Initial)  
**B. Howard Epstein**

Mailing Address 26900 Cedar Rd  
Ste 325 South

City Beachwood	State OH	Zip Code 44122
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FEC ID number of contributing federal political committee. **C**

Name of Employer Cleveland Clinic Beachwood	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	/	2009

**Transaction ID : 8041833**

Amount of Each Receipt this Period  

250.00
--------

Full Name (Last, First, Middle Initial)  
**c. Marius C Teodorescu**

Mailing Address 6776 Fieldstone Drive

City Burr Ridge	State IL	Zip Code 60527
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FEC ID number of contributing federal political committee. **C**

Name of Employer Thera Test Labs Inc	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	/	07	/	2009

**Transaction ID : 8044708**

Amount of Each Receipt this Period  

250.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<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:	PAGE 7 OF 32
	(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. Kevin Kempf**

Mailing Address 19272 Stone Oak Pkwy, #101

City San Antonio	State TX	Zip Code 78258
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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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2009

**Transaction ID : 8044711**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Herbert Baraf**

Mailing Address 2730 University Blvd W Ste 310

City Wheaton	State MD	Zip Code 20902
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FEC ID number of contributing federal political committee. **C**

Name of Employer Arthritis & Rheumatism Associates, P.C	Occupation physician
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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
07		10		2009

**Transaction ID : 8048782**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Everett Allen**

Mailing Address 19272 Stone Oak Pkwy, Ste. 101

City San Antonio	State TX	Zip Code 78258
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FEC ID number of contributing federal political committee. **C**

Name of Employer Rheumatology Assoc. South Texas	Occupation Rheumatologist
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2009

**Transaction ID : 8076882**

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Gary M Kammer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 382 Blossom LN.  
City Chagrin Falls State OH Zip Code 44022-5111  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Arthritis Associates, INC Occupation Rheumatologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 27 / 2009  
**Transaction ID : 8091411**  
Amount of Each Receipt this Period 250.00

**B. Imran Iqbal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 875 Cotswolds CT  
City Richardson State TX Zip Code 75081  
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 ▼ 1000.00

Date of Receipt 07 / 28 / 2009  
**Transaction ID : 8101201**  
Amount of Each Receipt this Period 1000.00

**C. Dennis Boulware**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1603 Olalahina PI  
City Honolulu State HI Zip Code 96817  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hawaii Permanente Medical Grou Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 31 / 2009  
**Transaction ID : 8107652**  
Amount of Each Receipt this Period 500.00

**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 9 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Talat J Kheshgi**  
Full Name (Last, First, Middle Initial)

Mailing Address 5809 Dove Creek Lane

City Plano	State TX	Zip Code 75093
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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
07	/	31	/	2009

**Transaction ID : 8107695**

Amount of Each Receipt this Period  
250.00

**B. David Rosenstock**  
Full Name (Last, First, Middle Initial)

Mailing Address 3443 West Wheatland Road

City Dallas	State TX	Zip Code 75237
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FEC ID number of contributing federal political committee. **C**

Name of Employer Solo Practice	Occupation Rheumatologist
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2009

**Transaction ID : 8109291**

Amount of Each Receipt this Period  
250.00

**C. Bessie M Sullivan**  
Full Name (Last, First, Middle Initial)

Mailing Address 35-37 Progress St #A 2

City Edison	State NJ	Zip Code 08820-1179
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FEC ID number of contributing federal political committee. **C**

Name of Employer Bessie M Sullivan, MD, PA	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	/	21	/	2009

**Transaction ID : 8164041**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 10 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Melvin Britton**  
Full Name (Last, First, Middle Initial)

Mailing Address 167 Toyon Road

City Attierton      State CA      Zip Code 94027

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 ▼ **500.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 14 / 2009**

**Transaction ID : 8235010**

Amount of Each Receipt this Period  
**500.00**

**B. 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 / 18 / 2009**

**Transaction ID : 8239614**

Amount of Each Receipt this Period  
**500.00**

**C. George A Housley**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 Edgewater Cove

City Belden      State MS      Zip Code 38826

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

Name of Employer Norht MS Med Clinics      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 / 27 / 2009**

**Transaction ID : 8246612**

Amount of Each Receipt this Period  
**250.00**

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

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

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

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

**A. 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 **1100.00**

Date of Receipt **09 / 25 / 2009**  
**Transaction ID : 8246615**  
Amount of Each Receipt this Period **500.00**

**B. Allan H Morton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30101 Hoover  
City Warren State MI Zip Code 48093  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allan H Morton, D.O.P.C. Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 26 / 2009**  
**Transaction ID : 8246618**  
Amount of Each Receipt this Period **1000.00**

**C. Herbert Baraf**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2730 University Blvd W Ste 310  
City Wheaton State MD Zip Code 20902  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Arthritis & Rheumatism Associates, P.C. Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 28 / 2009**  
**Transaction ID : 8246824**  
Amount of Each Receipt this Period **500.00**

**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: (check only one)	PAGE 12 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Nilsa Cruz**  
Full Name (Last, First, Middle Initial)

Mailing Address 2801 W KK River Pkwy  
Ste. 375

City Milwaukee State WI Zip Code 53215

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

Name of Employer Milwaukee Rheumatology Center Occupation rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID : 8259125**

Amount of Each Receipt this Period  
1000.00

**B. James Barry Lesser**  
Full Name (Last, First, Middle Initial)

Mailing Address 7107 Daventry Woods Drive

City West Bloomfield State MI Zip Code 48322

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 ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 05 / 2009

**Transaction ID : 8285820**

Amount of Each Receipt this Period  
500.00

**C. Benjamin Harris**  
Full Name (Last, First, Middle Initial)

Mailing Address 516 E Stella Lane

City Phoenix State AZ Zip Code 85012

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

Name of Employer Phoenix Rheumatology Specialis Occupation Rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 05 / 2009

**Transaction ID : 8285821**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<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: PAGE 13 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Michael C Schweitz**  
 Mailing Address 7721 Pine Tree LN  
 City State Zip Code  
 West Palm Beach FL 33406-7833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Rheumatologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2009  
**Transaction ID : 8300016**  
 Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. Audrey Uknis**  
 Mailing Address 11 Jacqueline Circle  
 City State Zip Code  
 Richboro PA 18954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Temple University Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2009  
**Transaction ID : 8300724**  
 Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**C. Rajat Dhar**  
 Mailing Address 442 Bldg D Commons Way  
 City State Zip Code  
 Toms River NJ 08755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self employed 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  
 10 / 17 / 2009  
**Transaction ID : 8667152**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1450.00  
**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 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gary Bryant**  
Full Name (Last, First, Middle Initial)

Mailing Address 5429 Vining Point Road

City State Zip Code  
Minnetonka MN 55345

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

Name of Employer Occupation  
University of Minnesota 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  
10 / 18 / 2009  
**Transaction ID : 8667156**

Amount of Each Receipt this Period  
500.00

**B. Jonathan Kay**  
Full Name (Last, First, Middle Initial)

Mailing Address 62 Olde Field Road

City State Zip Code  
Newton Centre MA 02459

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

Name of Employer Occupation  
Mass General Physicians Org Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2009  
**Transaction ID : 8667163**

Amount of Each Receipt this Period  
20.00

**C. Enrico Arguelles**  
Full Name (Last, First, Middle Initial)

Mailing Address 3232 Lloyd Mangrum Lane

City State Zip Code  
Billings MT 59106

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

Name of Employer Occupation  
Arthritis & Osteoporosis Cente 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  
10 / 20 / 2009  
**Transaction ID : 8667166**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1020.00
<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: PAGE 15 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 179 Edgewater Cv

City State Zip Code  
 Belden MS 38826-9145

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

Name of Employer Occupation  
 NMMCI Physician

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  
 10 / 20 / 2009

**Transaction ID : 8667169**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Steven Overman**

Mailing Address 10330 Meridian Ave N Ste 250

City State Zip Code  
 Seattle WA 98133

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

Name of Employer Occupation  
 The Seattle Arthritis Clinic rheumatology

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2009

**Transaction ID : 8667173**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Terence Starz**

Mailing Address 179 Woodshire Dr

City State Zip Code  
 Pittsburgh PA 15215

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

Name of Employer Occupation  
 UPMC 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  
 10 / 20 / 2009

**Transaction ID : 8667358**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

**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 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. William Harvey</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2009 <b>Transaction ID : 8667719</b>
Mailing Address 33 Worcester Square #4		Amount of Each Receipt this Period 500.00
City Boston	State MA	Zip Code 02118
FEC ID number of contributing federal political committee. C		
Name of Employer Tufts Medical Center	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>B. Jonathan Kay</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2009 <b>Transaction ID : 8667730</b>
Mailing Address 62 Olde Field Road		Amount of Each Receipt this Period 20.00
City Newton Centre	State MA	Zip Code 02459
FEC ID number of contributing federal political committee. C		
Name of Employer Mass General Physicians Org	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas Olenginski</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2009 <b>Transaction ID : 8668250</b>
Mailing Address 100 N Academy Ave		Amount of Each Receipt this Period 250.00
City Danville	State PA	Zip Code 17822
FEC ID number of contributing federal political committee. C		
Name of Employer Geisinger Medical Center	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	770.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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) <b>A. Robert Lloyd</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2009 <b>Transaction ID : 8668267</b>
Mailing Address 3277 Rose Glen CT		Amount of Each Receipt this Period 120.00
City Falls Church	State VA	Zip Code 22042
FEC ID number of contributing federal political committee. C		
Name of Employer Arthritis & Rheumatism Assoc.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Arthur Huppert</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2009 <b>Transaction ID : 8668270</b>
Mailing Address 245 N Broad St Ste 403		Amount of Each Receipt this Period 1000.00
City Philadelphia	State PA	Zip Code 19107-1518
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Rheumatologist	
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>C. Timothy Laing</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 20 / 2009 <b>Transaction ID : 8668273</b>
Mailing Address 5522 Warren Road		Amount of Each Receipt this Period 20.00
City Ann Arbor	State MI	Zip Code 48105
FEC ID number of contributing federal political committee. C		
Name of Employer University of Michigan	Occupation MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1140.00
<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: PAGE 18 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jeffrey Lawson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Crescent Ave  
 City Greenville State SC Zip Code 29605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Piedmont Arthritis Center Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2009  
**Transaction ID : 8668275**  
 Amount of Each Receipt this Period  
 20.00

**B. Michael C Schweitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7721 Pine Tree LN  
 City West Palm Beach State FL Zip Code 33406-7833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Rheumatologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2009  
**Transaction ID : 8668276**  
 Amount of Each Receipt this Period  
 20.00

**C. William Harvey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 Worcester Square #4  
 City Boston State MA Zip Code 02118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Tufts Medical Center Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2009  
**Transaction ID : 8668277**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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 19 OF 32
	(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"/> 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) <b>A. Charles Geringer</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 20 / 2009 <b>Transaction ID : 8668278</b>
Mailing Address 12230 Arbor Trail		Amount of Each Receipt this Period 20.00
City Palos Heights	State IL	Zip Code 60463-1877
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Rheumatologist and Internest	Aggregate Year-to-Date ▼ 220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Neal Birnbaum</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 20 / 2009 <b>Transaction ID : 8668279</b>
Mailing Address 97 Carte Alejo		Amount of Each Receipt this Period 20.00
City Greenbrag	State CA	Zip Code 94904
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Pacific Rheumatology Associate Rheumatologist	Aggregate Year-to-Date ▼ 320.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John A Goldman</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 20 / 2009 <b>Transaction ID : 8668280</b>
Mailing Address 5800 Timberlane Terrace		Amount of Each Receipt this Period 20.00
City Atlanta	State GA	Zip Code 30328
FEC ID number of contributing federal political committee. C	Name of Employer Occupation John A Gold MAN MD PC Rheumatologist	Aggregate Year-to-Date ▼ 220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Herbert Baraf**  
Full Name (Last, First, Middle Initial)

Mailing Address 2730 University Blvd W Ste 310

City Wheaton State MD Zip Code 20902

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

Name of Employer Arthritis & Rheumatism Associates, P.C. Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 10 / 20 / 2009

Transaction ID : 8668281

Amount of Each Receipt this Period 40.00

**B. Jeffrey Lawson**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Crescent Ave

City Greenville State SC Zip Code 29605

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

Name of Employer Piedmont Arthritis Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 10 / 20 / 2009

Transaction ID : 8668282

Amount of Each Receipt this Period 20.00

**C. Edward Herzig**  
Full Name (Last, First, Middle Initial)

Mailing Address 419 Reilly Road

City Cincinnati State OH Zip Code 45215

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 ▼ 1020.00

Date of Receipt 10 / 20 / 2009

Transaction ID : 8668283

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00

**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 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. 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 **1040.00**

Date of Receipt **10 / 20 / 2009**  
**Transaction ID : 8668285**  
Amount of Each Receipt this Period **400.00**

**B. David Fox**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 Barton N. Dr  
City Ann Arbor State MI Zip Code 48105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Michigan Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **270.00**

Date of Receipt **10 / 20 / 2009**  
**Transaction ID : 8668286**  
Amount of Each Receipt this Period **200.00**

**C. Paul Goldfarb**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2113 Palmbrooke Ct  
City Lexington State KY Zip Code 40513  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Arthritis Center of Lexington Occupation rheumatologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 21 / 2009**  
**Transaction ID : 8668588**  
Amount of Each Receipt this Period **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1060.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Gloria Higgins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2202 Bryden Rd.  
City Columbus State OH Zip Code 43209  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ohio State University and Pediatric Ac Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 06 / 2009  
**Transaction ID : 8709328**  
Amount of Each Receipt this Period 300.00

**B. Ronald E Krauser**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35 Broad Leaf Trail  
City Malvern State PA Zip Code 19355  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ronald E Krauser, MD, PC Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2009  
**Transaction ID : 8742842**  
Amount of Each Receipt this Period 250.00

**C. Salahuddin Kazi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9301 N Central Expressway Ste 675  
City Dallas State TX Zip Code 75231-0823  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Arthritis Consulation Ctr Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 290.00

Date of Receipt 12 / 05 / 2009  
**Transaction ID : 8775239**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**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 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Steven Wees**  
Full Name (Last, First, Middle Initial)

Mailing Address 16120 W. Dodge Ro

City Omaha State NE Zip Code 08118

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

Name of Employer Physicians Clinic Occupation Rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 23 / 2009  
**Transaction ID : 8820931**

Amount of Each Receipt this Period  
250.00

**B. Steven Overman**  
Full Name (Last, First, Middle Initial)

Mailing Address 10330 Meridian Ave N Ste 250

City Seattle State WA Zip Code 98133

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

Name of Employer The Seattle Arthritis Clinic Occupation rheumatology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
10 / 06 / 2009  
**Transaction ID : 8900928**

Amount of Each Receipt this Period  
500.00

**C. Haddon Christopher Alexander MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1206 Partridge Ln

City Charlottesville State VA Zip Code 22901-1787

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  
10 / 17 / 2009  
**Transaction ID : 9659560**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	17390.00

**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 32
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. American College of Rheumatology</b>		Date of Receipt
Mailing Address 2200 Lake Boulevard NE		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
City	State	Zip Code
Atlanta	GA	30319
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 8107656</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="140.86"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1144.44"/>	

Full Name (Last, First, Middle Initial) <b>B. American College of Rheumatology</b>		Date of Receipt
Mailing Address 2200 Lake Boulevard NE		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
City	State	Zip Code
Atlanta	GA	30319
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 8154739</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="105.22"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1249.66"/>	

Full Name (Last, First, Middle Initial) <b>C. American College of Rheumatology</b>		Date of Receipt
Mailing Address 2200 Lake Boulevard NE		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
City	State	Zip Code
Atlanta	GA	30319
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 8235220</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="125.04"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1374.70"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="371.12"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 32
	<input 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 ▼  
1705.27

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 30 / 2009  
**Transaction ID : 8749622**

Amount of Each Receipt this Period  
330.57

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

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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.57
<b>TOTAL</b> This Period (last page this line number only).....▶	701.69

**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)

<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. Wyden For Senate**

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Event July 22

Category/  
Type

Candidate Name

**Sen. Ron Wyden**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

/  /

**Transaction ID : 8056934**

Amount of Each Disbursement this Period

Event July 22

Full Name (Last, First, Middle Initial)

**B. Anna Eshoo For Congress**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Event July 16

Category/  
Type

Candidate Name

**Rep. Anna Eshoo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: CA District: 14

Date of Disbursement

/  /

**Transaction ID : 8056936**

Amount of Each Disbursement this Period

Event July 16

Full Name (Last, First, Middle Initial)

**C. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Event August 16

Category/  
Type

Candidate Name

**Rep. Michael Thompson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

/  /

**Transaction ID : 8108020**

Amount of Each Disbursement this Period

Event August 16

**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"/> 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. Georgians For Isakson**

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement  
Event August 12

011

Candidate Name

**Sen. Johnny Isakson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2009

**Transaction ID : 8108021**

Amount of Each Disbursement this Period

1000.00
---------

Event August 12

Full Name (Last, First, Middle Initial)

**B. Friends Of Barbara Boxer**

Mailing Address PO Box 641751

City Los Angeles State CA Zip Code 90064

Purpose of Disbursement  
September 17 event in Washington, D.C.

011

Candidate Name

**Sen. Barbara Boxer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: CA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		25		2009

**Transaction ID : 8165440**

Amount of Each Disbursement this Period

2500.00
---------

September 17 event in Washington, D.C.

Full Name (Last, First, Middle Initial)

**C. People For Patty Murray U S Senate Campaign**

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement  
Event September 22

011

Candidate Name

**Sen. Patty Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2009

**Transaction ID : 8235201**

Amount of Each Disbursement this Period

2500.00
---------

Event September 22

**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. Berkley for Congress**

Mailing Address 7500 W. Lake Mead Blvd.  
Box9-306

City Las Vegas State NV Zip Code 89128

Purpose of Disbursement  
Event September 24

Candidate Name

**Shelley Berkley**

Office Sought:  House  
 Senate  
 President  
State: NV District: 00

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

011

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2009

**Transaction ID : 8235202**

Amount of Each Disbursement this Period

2500.00

Event September 24

Full Name (Last, First, Middle Initial)

**B. Upton For All Of Us**

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
Event September 22

Candidate Name

**Rep. Frederick Upton**

Office Sought:  House  
 Senate  
 President  
State: MI District: 06

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

011

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2009

**Transaction ID : 8235211**

Amount of Each Disbursement this Period

1000.00

Event September 22

Full Name (Last, First, Middle Initial)

**C. Stabenow For Us Senate**

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement  
Event September 20

Candidate Name

**Sen. Debbie Stabenow**

Office Sought:  House  
 Senate  
 President  
State: MI District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2009

**Transaction ID : 8243889**

Amount of Each Disbursement this Period

1000.00

Event September 20

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

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

4500.00

**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"/> 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. Wyden For Senate**

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Event October 22

011

Candidate Name

**Sen. Ron Wyden**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2009

**Transaction ID : 8295789**

Amount of Each Disbursement this Period

1000.00
---------

Event October 22

Full Name (Last, First, Middle Initial)

**B. Pallone For Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
Event October 14

011

Candidate Name

**Rep. Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2009

**Transaction ID : 8295790**

Amount of Each Disbursement this Period

1000.00
---------

Event October 14

Full Name (Last, First, Middle Initial)

**C. Lisa Murkowski For Us Senate**

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement  
Event October 15

011

Candidate Name

**Sen. Lisa Murkowski**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2009

**Transaction ID : 8295791**

Amount of Each Disbursement this Period

1000.00
---------

Event October 15

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

3000.00
---------

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

17000.00
----------

**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 checked="" 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. Everett Allen**

Mailing Address 19272 Stone Oak Pkwy, Ste. 101

City San Antonio State TX Zip Code 78258

Purpose of Disbursement  
Refund of Corporate Contribution received 6/30

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 8056933**

Amount of Each Disbursement this Period

Refund of Corporate Contribution received 6/30

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**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 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 : 8138434**

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 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 : 8239860**

Amount of Each Disbursement this Period

August credit card 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 : 8832581**

Amount of Each Disbursement this Period

**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 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  
Nov 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 : 8847803**

Amount of Each Disbursement this Period

Nov 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  
Dec 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 : 8847804**

Amount of Each Disbursement this Period

Dec credit card 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  
Checks with new address

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 8847805**

Amount of Each Disbursement this Period

Checks with new address

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

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