

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 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00432823 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE) X, 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) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), 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 07 01 2015 through 12 31 2015

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 Herb Baraf

Signature of Treasurer Herb Baraf [Electronically Filed] Date 04 15 2016

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)

Page 2

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="190601.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="198647.88"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="88461.68"/>	<input type="text" value="153730.33"/>
(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="287109.56"/>	<input type="text" value="344331.37"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="83198.97"/>	<input type="text" value="140420.78"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="203910.59"/>	<input type="text" value="203910.59"/>
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).....	80333.00	139034.00
(ii) Unitemized	7499.00	11809.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	87832.00	150843.00
(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)	87832.00	150843.00
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.).....	629.68	2887.33
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))..... ▶	88461.68	153730.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	88461.68	153730.33

DETAILED SUMMARY PAGE

of Disbursements

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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.....	81500.00	137000.00
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1698.97	3420.78
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)) ..	83198.97	140420.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83198.97	140420.78

DETAILED SUMMARY PAGE
of Disbursements

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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)	87832.00	150843.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	87832.00	150843.00
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 80
	<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)

A. 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 07 / 08 / 2015
Transaction ID : 13416068

Amount of Each Receipt this Period 1000.00

Memo Item

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

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 07 / 06 / 2015
Transaction ID : 13416071

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 2784 N. Brookbury Crossing

City Fayetteville State AR Zip Code 72703-4386

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

Name of Employer Washington Regional Internal Medicine Occupation Physician - Rheumatologis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2015
Transaction ID : 13458560

Amount of Each Receipt this Period 250.00

Memo Item

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 7 OF 80
	<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. Neal Birnbaum
Full Name (Last, First, Middle Initial)

Mailing Address 97 Carte Alejo

City Greenbrag State CA Zip Code 94904

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

Name of Employer Pacific Rheumatology Associate Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 25 / 2015
Transaction ID : 13460527

Amount of Each Receipt this Period 500.00

Memo Item

B. Dr. Neil Gonter
Full Name (Last, First, Middle Initial)

Mailing Address 396 Terhune

City Passaic State NJ Zip Code 07055

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

Name of Employer RANJ Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2015
Transaction ID : 13460756

Amount of Each Receipt this Period 250.00

Memo Item

C. Barton Wise MD
Full Name (Last, First, Middle Initial)

Mailing Address 4800 2nd Ave Suite 2600

City Sacramento State CA Zip Code 95817

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

Name of Employer UC Davis Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 27 / 2015
Transaction ID : 13460757

Amount of Each Receipt this Period 525.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1275.00

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 80
	<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. Paul Demarco
Full Name (Last, First, Middle Initial)

Mailing Address 2730 University Blvd W

City Wheaton State MD Zip Code 20902

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

Name of Employer Arthritis and Rheumatism Associates Occupation Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 27 / 2015
Transaction ID : 13460761

Amount of Each Receipt this Period 2000.00

Memo Item

B. Dr. Paula Marchetta
Full Name (Last, First, Middle Initial)

Mailing Address 40 Park Ave

City New York State NY Zip Code 10016

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 06 / 2015
Transaction ID : 13581225

Amount of Each Receipt this Period 500.00

Memo Item

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

Mailing Address 8 Morton Ave Suite 304

City Ridley Park State PA Zip Code 19078-2216

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 / 18 / 2015
Transaction ID : 13581236

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
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 80
	<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. Fehmida Zahabi
Full Name (Last, First, Middle Initial)

Mailing Address 6300 Stonewood Dr. #412

City Plano	State TX	Zip Code 75024
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : 13581237

Amount of Each Receipt this Period
1000.00

Memo Item

B. Dr. Ruy Carrasco
Full Name (Last, First, Middle Initial)

Mailing Address 2105 Antone St.

City Austin	State TX	Zip Code 78723
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dell Children's Medical Center	Occupation Pediatric 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	/	23	/	2015

Transaction ID : 13581238

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 200 Barton N. Dr

City Ann Arbor	State MI	Zip Code 48105
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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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : 13581247

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 80
	<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. Alfonse T. Masi
 Full Name (Last, First, Middle Initial)
 Mailing Address One Illini Dr.
 PO Box 1649
 City Peoria State IL Zip Code 61656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Illinois Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 28 / 2015**
Transaction ID : 13581248
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Raymond Scalettar
 Full Name (Last, First, Middle Initial)
 Mailing Address 12433 Ansin Circle Drive
 City Potmac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer George Washington University Occupation Clinical Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : 13581251
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Kenneth G Saag MD, MSc
 Full Name (Last, First, Middle Initial)
 Mailing Address 1530 3rd Ave South
 City Birmingham State AL Zip Code 35294-3408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Alabama at Birmingham Occupation Professor of Medicine
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 03 / 2015**
Transaction ID : 13581253
 Amount of Each Receipt this Period **250.00**
 Memo Item

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: PAGE 11 OF 80
(check only one)

<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)

Full Name (Last, First, Middle Initial)
A. Benjamin Lechner

Mailing Address 2163 NE 203rd Ter

City Miami State FL Zip Code 33179-2215

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

Name of Employer Self-Employed Occupation Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **08 / 05 / 2015**

Transaction ID : 13581255

Amount of Each Receipt this Period **500.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Douglas W White

Mailing Address 3111 Gundersen Dr

City Onalaska State WI Zip Code 54650

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

Name of Employer Onalaska Clinic Occupation Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 07 / 2015**

Transaction ID : 13581256

Amount of Each Receipt this Period **300.00**

Memo Item

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

Mailing Address 44825 Almeda Rd

City Houston State TX Zip Code 77004-5655

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **08 / 24 / 2015**

Transaction ID : 13581263

Amount of Each Receipt this Period **1000.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **1800.00**

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 80
<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. 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 / D D / Y Y Y Y Y Y
 08 / 25 / 2015
Transaction ID : 13581266

Amount of Each Receipt this Period
 1000.00

Memo Item

B. 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
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015
Transaction ID : 13581269

Amount of Each Receipt this Period
 500.00

Memo Item

C. Ami Kurani Kothari MD
Full Name (Last, First, Middle Initial)

Mailing Address 2233 Winnetka Ave

City Northfield State IL Zip Code 60093-3154

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

Name of Employer Illinois Bone and Joint Institute Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015
Transaction ID : 13581270

Amount of Each Receipt this Period
 500.00

Memo Item

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 13 OF 80
	<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. Patrick Schuette
Full Name (Last, First, Middle Initial)

Mailing Address 1334 West Arthur

City Chicago State IL Zip Code 60626

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

Name of Employer Occupation
Illinois Bone and Joint Inst Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 25 / 2015
Transaction ID : 13581272

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 4800 Stonebridge Circle

City W. Des Moines State IA Zip Code 50265

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

Name of Employer Occupation
Mercy Arthritis andOsteoporosis Center Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 25 / 2015
Transaction ID : 13581273

Amount of Each Receipt this Period
250.00

Memo Item

C. Gerald T Rosenberg MD
Full Name (Last, First, Middle Initial)

Mailing Address 45 Donore Square

City San Antonio State TX Zip Code 78229

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

Name of Employer Occupation
Arthritis Associates, PA Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 27 / 2015
Transaction ID : 13614125

Amount of Each Receipt this Period
250.00

Memo Item

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 14 OF 80
	<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. Diane C Narhi
Full Name (Last, First, Middle Initial)

Mailing Address 2925 N Sycamore Dr
Suite 109

City State Zip Code
Simi Valley CA 93065

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

Name of Employer Occupation
Osteoperosis Center Simi Valley Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2015

Transaction ID : 13614126

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1575 Hillside Ave, Suite 102

City State Zip Code
New Hyde Park NY 11040

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

Name of Employer Occupation
Self physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2015

Transaction ID : 13614132

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 4281 Rosemary Lane

City State Zip Code
Rapid City SD 57702

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

Name of Employer Occupation
Black Hills Orth and Spine Cen Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2015

Transaction ID : 13614133

Amount of Each Receipt this Period
250.00

Memo Item

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 15 OF 80
<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. 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 ▼
3000.00

Date of Receipt
10 / 04 / 2015
Transaction ID : 13614134

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 4601 Cheltenham Drive

City Bethesda State MD Zip Code 20814

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

Name of Employer Arthritis and Rheumatism Associates, P Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 04 / 2015
Transaction ID : 13614135

Amount of Each Receipt this Period
1000.00

Memo Item

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 ▼
2000.00

Date of Receipt
10 / 04 / 2015
Transaction ID : 13614139

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 80
	<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. Ms. Janet L Bahr
Full Name (Last, First, Middle Initial)
Mailing Address 3111 Gundersen Dr.
City Onalaska State WI Zip Code 54650
FEC ID number of contributing federal political committee. **C**
Name of Employer Gundersen Lutheran Occupation Nurse Practitioner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2015
Transaction ID : 13614140
Amount of Each Receipt this Period 150.00
 Memo Item

B. Robert Levin
Full Name (Last, First, Middle Initial)
Mailing Address 1050 Roundstone PI
City Palm Harbor State FL Zip Code 34698
FEC ID number of contributing federal political committee. **C**
Name of Employer Robert W. Levin MD PA Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2015
Transaction ID : 13644147
Amount of Each Receipt this Period 250.00
 Memo Item

C. Elizabeth M Etherton
Full Name (Last, First, Middle Initial)
Mailing Address 6342 Mossman PI NE
City Albuquerque State NM Zip Code 87110-2129
FEC ID number of contributing federal political committee. **C**
Name of Employer ABQ Health Partners Occupation Certified Nurse Practitioner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2015
Transaction ID : 13644150
Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 80
	<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. Brian E Daikh
Full Name (Last, First, Middle Initial)

Mailing Address 51 Sewall St

City Portland State ME Zip Code 04102

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

Name of Employer Rheumatology Associates PC 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
 10 / 06 / 2015
Transaction ID : 13644385

Amount of Each Receipt this Period
 250.00

Memo Item

B. Dr. Grace C Wright
Full Name (Last, First, Middle Initial)

Mailing Address 1035 Garrison Avenue

City Teaneck State NJ Zip Code 07666

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

Name of Employer Grace C Wright MD PC 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
 10 / 14 / 2015
Transaction ID : 13644588

Amount of Each Receipt this Period
 2000.00

Memo Item

C. Dr. Vijay R Jampala
Full Name (Last, First, Middle Initial)

Mailing Address 400 Whitesport Dr. SW Ste 104

City Huntsville State AL Zip Code 35801-6429

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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2015
Transaction ID : 13644591

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 80
	<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 W White
Full Name (Last, First, Middle Initial)

Mailing Address 3111 Gundersen Dr

City Onalaska State WI Zip Code 54650

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

Name of Employer Onalaska Clinic Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **10 / 09 / 2015**

Transaction ID : 13644598

Amount of Each Receipt this Period **300.00**

Memo Item

B. Steven J Klein MD
Full Name (Last, First, Middle Initial)

Mailing Address 346 Mill St.

City Hagerstown State MD Zip Code 21740

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

Name of Employer Rheumatology Consultants Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt **08 / 03 / 2015**

Transaction ID : 13644600

Amount of Each Receipt this Period **3000.00**

Memo Item

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

Mailing Address 186 Joralemon Street

City Brooklyn State NY Zip Code 11201

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

Name of Employer YU Medical Williamsburg Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **07 / 29 / 2015**

Transaction ID : 13646525

Amount of Each Receipt this Period **1000.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4300.00
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 80
	<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 ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2015

Transaction ID : 13648253

Amount of Each Receipt this Period
2000.00

Memo Item

B. Stephen R White
Full Name (Last, First, Middle Initial)

Mailing Address 8 Stirrup Lane

City Bell Canyon	State CA	Zip Code 91307
---------------------	-------------	-------------------

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

Name of Employer Affiliates in Medical Specialities	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
10	/	26	/	2015

Transaction ID : 13673224

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1375 Owahgena Rd.

City Cazenovia	State NY	Zip Code 13035
-------------------	-------------	-------------------

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

Name of Employer Arthritis Health Associates	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
10	/	27	/	2015

Transaction ID : 13673226

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 80
<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. Timothy Gensler
Full Name (Last, First, Middle Initial)

Mailing Address 200 Spruce St #100

City Denver State CO Zip Code 80230

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

Name of Employer Denver Arthritis Clinic Occupation rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2015
Transaction ID : 13673232

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 8116 Buford Oaks Dr

City Richmond State VA Zip Code 23235-4683

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

Name of Employer Pediatric & Adolescent Health Partners Occupation rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 07 / 2015
Transaction ID : 13682090

Amount of Each Receipt this Period 150.00

Memo Item

C. 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 ▼ 1000.00

Date of Receipt 11 / 07 / 2015
Transaction ID : 13682091

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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 80
<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. Cynthia Weaver MD
Full Name (Last, First, Middle Initial)

Mailing Address 2820 Mt Rushmore Rd

City Rapid City	State SD	Zip Code 57701
--------------------	-------------	-------------------

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

Name of Employer Rapid City Medical Center	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
11	/	08	/	2015

Transaction ID : 13682092

Amount of Each Receipt this Period
250.00

Memo Item

B. Katherine S Upchurch MD
Full Name (Last, First, Middle Initial)

Mailing Address 119 Belmont St.

City Worcester	State MA	Zip Code 01605
-------------------	-------------	-------------------

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

Name of Employer UMass Memorial Medical Group	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
11	/	08	/	2015

Transaction ID : 13682093

Amount of Each Receipt this Period
1000.00

Memo Item

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 ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2015

Transaction ID : 13682094

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 80
<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. Lisa Shanahan
Full Name (Last, First, Middle Initial)

Mailing Address 10208 Cerny Street

City Raleigh State NC Zip Code 27617

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

Name of Employer Occupation
Shanahan Rheumatology & Immunotherapy Rheumatology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 08 / 2015
Transaction ID : 13682105

Amount of Each Receipt this Period
175.00

Memo Item

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

Mailing Address 327 Mocksville

City Salisbury State NC Zip Code 28144

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

Name of Employer Occupation
Novant Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 08 / 2015
Transaction ID : 13682109

Amount of Each Receipt this Period
250.00

Memo Item

C. Douglas W White
Full Name (Last, First, Middle Initial)

Mailing Address 3111 Gundersen Dr

City Onalaska State WI Zip Code 54650

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

Name of Employer Occupation
Onalaska Clinic Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
11 / 04 / 2015
Transaction ID : 13682185

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 725.00

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 80
	<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. Maria I Danila
Full Name (Last, First, Middle Initial)

Mailing Address 1530 Third Ave South

City Birmingham State AL Zip Code 35294

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

Name of Employer UAB Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : 13682187

Amount of Each Receipt this Period
 250.00

Memo Item

B. Carmen Perez-Masuelli
Full Name (Last, First, Middle Initial)

Mailing Address 30 Villa Canyon Place

City The Woodlands State TX Zip Code 77382

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

Name of Employer Northwest Diagnostic Clinic, PA Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : 13682188

Amount of Each Receipt this Period
 500.00

Memo Item

C. Michael J Maricic
Full Name (Last, First, Middle Initial)

Mailing Address 4022 N Calle Vista Ciudad

City Tuscon State AZ Zip Code 85750-1816

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

Name of Employer Catalina Pointe Rheumatology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : 13682190

Amount of Each Receipt this Period
 250.00

Memo Item

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 24 OF 80
<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. Judith S Gordon
Full Name (Last, First, Middle Initial)
Mailing Address 1483 Buck Creek Drive
City Yardley State PA Zip Code 19067
FEC ID number of contributing federal political committee. **C**
Name of Employer Richard D Gordon MD PA Occupation practice administrator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 11 / 08 / 2015
Transaction ID : 13682192
Amount of Each Receipt this Period 250.00
 Memo Item

B. Tanya Doan
Full Name (Last, First, Middle Initial)
Mailing Address 20 Fox Run
City Duxbury State MA Zip Code 02332-4954
FEC ID number of contributing federal political committee. **C**
Name of Employer PMG Physician Associates, PC Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 26 / 2015
Transaction ID : 13682195
Amount of Each Receipt this Period 250.00
 Memo Item

C. Timothy S Shaver
Full Name (Last, First, Middle Initial)
Mailing Address 1921 N Webb Rd
City Wichita State KS Zip Code 67206-3405
FEC ID number of contributing federal political committee. **C**
Name of Employer Staff Physician Occupation Arthritis & Rheumatology Clinics of Ka
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 26 / 2015
Transaction ID : 13682196
Amount of Each Receipt this Period 250.00
 Memo Item

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 25 OF 80
	<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. Emilio B Gonzalez
Full Name (Last, First, Middle Initial)

Mailing Address 3302 Duchess Park Lane

City Friendswood State TX Zip Code 77546-2212

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

Name of Employer University of Texas Medical Branch Occupation Director, Rheumatology - UTMB

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2015
Transaction ID : 13682199

Amount of Each Receipt this Period 250.00

Memo Item

B. Cong-Qiu Chu
Full Name (Last, First, Middle Initial)

Mailing Address 3181 SW Sam Jackson Park Road

City Portland State OR Zip Code 97239

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

Name of Employer Oregon Health & Science University Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2015
Transaction ID : 13682200

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 2206 Horns Point Road

City Cambridge State MD Zip Code 21613

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

Name of Employer Self-Employed Occupation Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2015
Transaction ID : 13682206

Amount of Each Receipt this Period 250.00

Memo Item

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 26 OF 80
<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. Howard M Kenney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 W 8th Ave
 City Spokane State WA Zip Code 99204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arthritis Northwest Occupation Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2015
Transaction ID : 13682928
 Amount of Each Receipt this Period 500.00
 Memo Item

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 ▼ 500.00

Date of Receipt 11 / 09 / 2015
Transaction ID : 13683469
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Sharon L Kolasinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 545 Hansell Road
 City Wynnewood State PA Zip Code 19096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMDNJ-Camden Occupation Rheumatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2015
Transaction ID : 13689225
 Amount of Each Receipt this Period 500.00
 Memo Item

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 27 OF 80
	<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. 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 ▼
1000.00

Date of Receipt
11 / 09 / 2015
Transaction ID : 13689231

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 245 N Broad St Ste 403

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 09 / 2015
Transaction ID : 13689232

Amount of Each Receipt this Period
500.00

Memo Item

C. Dr. Madelaine T Feldman
Full Name (Last, First, Middle Initial)

Mailing Address 2663 Napoleon Ave.
#530

City New Orleans State LA Zip Code 70115

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

Name of Employer Wilson and Sanders Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 09 / 2015
Transaction ID : 13689233

Amount of Each Receipt this Period
250.00

Memo Item

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 28 OF 80
	<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. Anna Lawrence
Full Name (Last, First, Middle Initial)

Mailing Address 600 Professional Dr. Suite 260

City Lawrenceville	State GA	Zip Code 30046
-----------------------	-------------	-------------------

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

Name of Employer North GA Rheumatology Group	Occupation Practice Manager
---	--------------------------------

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
11	/	09	/	2015

Transaction ID : 13689235

Amount of Each Receipt this Period
250.00

Memo Item

B. Dr. Zsuzsanna McMahan
Full Name (Last, First, Middle Initial)

Mailing Address 230 Overbrook Rd.

City Baltimore	State MD	Zip Code 21212
-------------------	-------------	-------------------

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

Name of Employer Johns Hopkins	Occupation Physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2015

Transaction ID : 13689236

Amount of Each Receipt this Period
150.00

Memo Item

C. J. Suzanne Moore
Full Name (Last, First, Middle Initial)

Mailing Address 4304 Annadale Circle

City Jonesboro	State AR	Zip Code 72404
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FEC ID number of contributing federal political committee. **C**

Name of Employer St. Bernard's Hospital	Occupation Rheumatologist
--	------------------------------

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
11	/	10	/	2015

Transaction ID : 13689237

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
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 29 OF 80
	<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. Mara L Becker
Full Name (Last, First, Middle Initial)

Mailing Address 5415 Locust Street

City Kansas City State MO Zip Code 64110

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

Name of Employer Childrens Mercy Hospital 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
 11 / 10 / 2015
Transaction ID : 13689241

Amount of Each Receipt this Period
 250.00

Memo Item

B. William St. Clair
Full Name (Last, First, Middle Initial)

Mailing Address 11 West Haven Place

City Durham State NC Zip Code 27705

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

Name of Employer Duke Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2015
Transaction ID : 13689253

Amount of Each Receipt this Period
 500.00

Memo Item

C. William P Maier
Full Name (Last, First, Middle Initial)

Mailing Address 633 E 11th Street

City Eugene State OR Zip Code 97401

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

Name of Employer WILLIAM P MAIER MD PC 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
 11 / 10 / 2015
Transaction ID : 13689317

Amount of Each Receipt this Period
 500.00

Memo Item

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 30 OF 80
	<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. 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 Wellstar Rheumatology Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
11 / 10 / 2015
Transaction ID : 13689345

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 110 Erna Way

City Pismo Beach State CA Zip Code 93449

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 ▼ **1600.00**

Date of Receipt
11 / 10 / 2015
Transaction ID : 13689346

Amount of Each Receipt this Period
100.00

Memo Item

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 ▼ **1000.00**

Date of Receipt
11 / 10 / 2015
Transaction ID : 13689348

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 31 OF 80
	<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. Michael P Stevens
Full Name (Last, First, Middle Initial)

Mailing Address 101 S. San Mateo Dr.

City San Mateo State CA Zip Code 94401

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 11 / 12 / 2015
Transaction ID : 13689907

Amount of Each Receipt this Period 250.00

Memo Item

B. 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 11 / 12 / 2015
Transaction ID : 13690164

Amount of Each Receipt this Period 500.00

Memo Item

C. Marilyn G Punaro
Full Name (Last, First, Middle Initial)

Mailing Address 3965 Cedarbrush Drive

City Dallas State TX Zip Code 75229

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

Name of Employer UT Southwestern Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 12 / 2015
Transaction ID : 13690186

Amount of Each Receipt this Period 500.00

Memo Item

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 32 OF 80
	<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. Adrienne Hollander
Full Name (Last, First, Middle Initial)

Mailing Address 2309 Evesham Rd.
Suite 101

City Voorhees State NJ Zip Code 08043

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

Name of Employer Arthritis Rheumatic and Back Disease Occupation Rheumatology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 14 / 2015
Transaction ID : 13725034

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 8 Morton Ave Suite 304

City Ridley Park State PA Zip Code 19078-2216

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 11 / 18 / 2015
Transaction ID : 13725036

Amount of Each Receipt this Period 250.00

Memo Item

C. 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 11 / 19 / 2015
Transaction ID : 13725038

Amount of Each Receipt this Period 2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 33 OF 80
	<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. Stuart N Novack MD
Full Name (Last, First, Middle Initial)

Mailing Address 40 Cross St.

City Norwalk State CT Zip Code 06851

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

Name of Employer Self Employed Occupation Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2015
Transaction ID : 13725040

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 309 E 16th

City Portales State NM Zip Code 88130

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

Name of Employer Occupation Mercy Arthritis andOsteoporosis Center Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2015
Transaction ID : 13725041

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 11 Jacqueline Circle

City Richboro State PA Zip Code 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 ▼ 250.00

Date of Receipt 11 / 21 / 2015
Transaction ID : 13725042

Amount of Each Receipt this Period 250.00

Memo Item

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 34 OF 80
	<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. Dr. Suzan House
Full Name (Last, First, Middle Initial)

Mailing Address 36 Mountain Orchard Path

City Signal Mountain State TN Zip Code 37377

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

Name of Employer Arthritis Associate, PLLC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 23 / 2015
Transaction ID : 13725044

Amount of Each Receipt this Period 250.00

Memo Item

B. 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 ▼ 250.00

Date of Receipt 11 / 24 / 2015
Transaction ID : 13725046

Amount of Each Receipt this Period 250.00

Memo Item

C. Brock E Harper
Full Name (Last, First, Middle Initial)

Mailing Address 12221 N. MoPac Expwy
3rd Floor, South

City Austin State TX Zip Code 78758-2483

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

Name of Employer University of Texas Medical Branch Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2015
Transaction ID : 13725052

Amount of Each Receipt this Period 250.00

Memo Item

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 35 OF 80
	<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. Andrew J Laster
Full Name (Last, First, Middle Initial)

Mailing Address 1918 Randolph Rd
Suite 600

City Charlotte State NC Zip Code 28207-1198

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

Name of Employer AOCC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 15 / 2015
Transaction ID : 13725488

Amount of Each Receipt this Period
500.00

Memo Item

B. Jurgen Craig-Muller
Full Name (Last, First, Middle Initial)

Mailing Address 665 Mystic Dr

City Marstons Mills State MA Zip Code 02648

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

Name of Employer Cape Cod Healthsystem Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 20 / 2015
Transaction ID : 13726906

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 3277 Rose Glen CT

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 17 / 2015
Transaction ID : 13727846

Amount of Each Receipt this Period
250.00

Memo Item

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 36 OF 80
	<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. 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 Self-Employed Occupation Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 16 / 2015
Transaction ID : 13727847

Amount of Each Receipt this Period 1000.00

Memo Item

B. Patience H White
Full Name (Last, First, Middle Initial)

Mailing Address 7516 Arrowood Rd

City Bethesda State MD Zip Code 20817

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

Name of Employer Arthritis Foundation Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 16 / 2015
Transaction ID : 13727849

Amount of Each Receipt this Period 350.00

Memo Item

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

Mailing Address 605 Ivory Stone Ln.

City League City State TX Zip Code 77573

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

Name of Employer The University of Texas Medical Branch Occupation Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 04 / 2015
Transaction ID : 13730566

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2350.00

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 37 OF 80
	<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. Ricardo E Alvillar
Full Name (Last, First, Middle Initial)

Mailing Address 3731 Southborough Rd Apt 6H

City Florence	State SC	Zip Code 29501-5820
------------------	-------------	------------------------

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

Name of Employer The Veterans Administration	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
12	/	04	/	2015

Transaction ID : 13730570

Amount of Each Receipt this Period
250.00

Memo Item

B. Carlos E Ramirez
Full Name (Last, First, Middle Initial)

Mailing Address 2604 Sandal Walk

City Pearland	State TX	Zip Code 77584
------------------	-------------	-------------------

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

Name of Employer University of Texas Health Science Cen	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
12	/	04	/	2015

Transaction ID : 13733388

Amount of Each Receipt this Period
250.00

Memo Item

C. Alan K Matsumoto
Full Name (Last, First, Middle Initial)

Mailing Address 2730 University Blvd. West

City Wheaton	State MD	Zip Code 20902
-----------------	-------------	-------------------

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

Name of Employer Arthritis and Rheumatism 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
12	/	14	/	2015

Transaction ID : 13771959

Amount of Each Receipt this Period
250.00

Memo Item

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 38 OF 80
	<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. Simon M Helfgott
Full Name (Last, First, Middle Initial)

Mailing Address 11 Hamlin Road

City State Zip Code
Newton MA 02459

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

Name of Employer Occupation
Brigham & Womens Hospital Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 13 / 2015
Transaction ID : 13771963

Amount of Each Receipt this Period
250.00

Memo Item

B. Kamran A Chaudhary
Full Name (Last, First, Middle Initial)

Mailing Address 20503 N. Joshua Court

City State Zip Code
Deer Park IL 60010

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

Name of Employer Occupation
Greater Chicago Rheumatology Rheumatology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 13 / 2015
Transaction ID : 13771964

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 751 Michigan Ave

City State Zip Code
Wilmette IL 60091

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

Name of Employer Occupation
Illinois Bone and Joint Inst Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 13 / 2015
Transaction ID : 13771968

Amount of Each Receipt this Period
250.00

Memo Item

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 39 OF 80
	<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. Mark E Pearson
Full Name (Last, First, Middle Initial)

Mailing Address 601 N. Barker Rd.

City Brookfield State WI Zip Code 53045

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

Name of Employer West Suburban Center For Arthritis Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 11 / 2015
Transaction ID : 13771971

Amount of Each Receipt this Period 500.00

Memo Item

B. Guada R Respicio
Full Name (Last, First, Middle Initial)

Mailing Address 2730 university Blvd. Ste 310

City Wheaton State MD Zip Code 20902

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

Name of Employer Arthritis and Rheumatism Associates Occupation Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 11 / 2015
Transaction ID : 13771978

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 400 Massachusetts Ave NW Apt 906

City Washington State DC Zip Code 20001

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

Name of Employer Shah Associates MD LLC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2015
Transaction ID : 13771980

Amount of Each Receipt this Period 250.00

Memo Item

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 40 OF 80
<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. Emily T Marx
Full Name (Last, First, Middle Initial)

Mailing Address 2075 Oakland Bend

City San Antonio State TX Zip Code 78258

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

Name of Employer Rheumatology Associates of South Texas Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2015
Transaction ID : 13771984

Amount of Each Receipt this Period 250.00

Memo Item

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 ▼ 250.00

Date of Receipt 12 / 09 / 2015
Transaction ID : 13771985

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 10215 Fernwood Rd.

City Bethesda State MD Zip Code 20817

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

Name of Employer Center for Rheumatic Diseases Occupation Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 08 / 2015
Transaction ID : 13771987

Amount of Each Receipt this Period 400.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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 41 OF 80
	<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 Perkins
Full Name (Last, First, Middle Initial)

Mailing Address 757 Jasmine Way

City Birmingham State AL Zip Code 35226-4215

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

Name of Employer Rheumatology Care Center 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
 12 / 08 / 2015

Transaction ID : 13771988

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 9201 Westeind Ct

City Dallas State TX Zip Code 75231

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

Name of Employer Arthritis Centers of Texas 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
 12 / 06 / 2015

Transaction ID : 13771990

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 6425 Goldleaf Dr.

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : 13772205

Amount of Each Receipt this Period
 1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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 42 OF 80
	<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. Terri Horan
Full Name (Last, First, Middle Initial)
Mailing Address 1328 Marys Cove
City New Braunfels State TX Zip Code 78130
FEC ID number of contributing federal political committee. **C**
Name of Employer Terri T Horan MD Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 12 / 14 / 2015
Transaction ID : 13775695
Amount of Each Receipt this Period 250.00
 Memo Item

B. Justin Peng MD
Full Name (Last, First, Middle Initial)
Mailing Address 2700 S. Veitch St Apt 101
City Arlington State VA Zip Code 22206-3047
FEC ID number of contributing federal political committee. **C**
Name of Employer Arthritis and Rheumatism Associates, P Occupation Rheumatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 12 / 15 / 2015
Transaction ID : 13776497
Amount of Each Receipt this Period 250.00
 Memo Item

C. Dr. Gerald D Levy
Full Name (Last, First, Middle Initial)
Mailing Address 9449 E. Imperial Hwy Ste. 315
City Downey State CA Zip Code 90242
FEC ID number of contributing federal political committee. **C**
Name of Employer SCPMG Occupation MD
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 415.00

Date of Receipt 12 / 14 / 2015
Transaction ID : 13793907
Amount of Each Receipt this Period 415.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **915.00**
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 43 OF 80
	<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. Emma G Diorio
Full Name (Last, First, Middle Initial)

Mailing Address 13036 MIMOSA FARM COURT

City State Zip Code
Rockville MD 20850

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

Name of Employer Occupation
ARTHRITIS AND RHEUMATISM ASSOCIATES Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 14 / 2015
Transaction ID : 13793908

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 260 Santa Monica Ave

City State Zip Code
Menlo Park CA 94025

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

Name of Employer Occupation
Stanford University Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 02 / 2015
Transaction ID : 13793909

Amount of Each Receipt this Period
250.00

Memo Item

C. Karla B. Jones
Full Name (Last, First, Middle Initial)

Mailing Address 700 Childrens Dr

City State Zip Code
Columbus OH 43205-2692

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

Name of Employer Occupation
Nationwide Children's Hospital Pediatric Nurse Practitioner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 17 / 2015
Transaction ID : 13799260

Amount of Each Receipt this Period
250.00

Memo Item

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 44 OF 80
	<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. Howard Hauptman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1504 Pinnacle Road
 City Baltimore State MD Zip Code 21286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rheumatology Associates of Baltimore Occupation Rheumatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **12 / 18 / 2015**
Transaction ID : 13799261
 Amount of Each Receipt this Period **350.00**
 Memo Item

B. Ananda Walaliyadda
 Full Name (Last, First, Middle Initial)
 Mailing Address 1448 E Center St, Ste E
 City Pocatello State ID Zip Code 83201
 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 **2000.00**

Date of Receipt **12 / 23 / 2015**
Transaction ID : 13799266
 Amount of Each Receipt this Period **2000.00**
 Memo Item

C. Trinh Tran
 Full Name (Last, First, Middle Initial)
 Mailing Address 5712 Pebblestone Ct
 City Carmel State IN Zip Code 46033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AllCarerheumatology LLC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 26 / 2015**
Transaction ID : 13799318
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2850.00
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 45 OF 80
	<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. Roberta Rose
Full Name (Last, First, Middle Initial)

Mailing Address 37 Orchard Hill Rd.

City Westport State CT Zip Code 06880

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

Name of Employer Norwalk Medical Group Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : 13803835

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 21645 Fall River Drive

City Boca Raton State FL Zip Code 33428

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

Name of Employer Arthritis Center Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : 13803836

Amount of Each Receipt this Period
 250.00

Memo Item

C. 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : 13803837

Amount of Each Receipt this Period
 500.00

Memo Item

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 46 OF 80
	<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. Stephanie J. Ott
Full Name (Last, First, Middle Initial)

Mailing Address 4133 Fieldstone Street

City State Zip Code
Carroll OH 43112

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

Name of Employer Occupation
Fairfield Medical Ctr physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 13803838

Amount of Each Receipt this Period
500.00

Memo Item

B. James J Curran
Full Name (Last, First, Middle Initial)

Mailing Address 5841 S. Maryland AVE

City State Zip Code
Chicago IL 60637

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

Name of Employer Occupation
University of Chicago Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 13803840

Amount of Each Receipt this Period
250.00

Memo Item

c. Katherine S Upchurch MD
Full Name (Last, First, Middle Initial)

Mailing Address 119 Belmont St.

City State Zip Code
Worcester MA 01605

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

Name of Employer Occupation
UMass Memorial Medical Group Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1595.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 13803841

Amount of Each Receipt this Period
595.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1345.00
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 47 OF 80
<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. Angus Worthing MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5530 Wisconsin Ave
 #1150
 City Chevy Chase State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arthritis and Rheumatism Associates, P Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1219.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 13803842
 Amount of Each Receipt this Period
 119.00
 Memo Item

B. Dr. Dannette Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2500 N State St
 City Jackson State MS Zip Code 39216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of MS Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 13803843
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Jeffrey A Alper
 Full Name (Last, First, Middle Initial)
 Mailing Address 689 Ninth St N
 City Naples State FL Zip Code 34102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jeffrey A Alper MD 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
 12 / 31 / 2015
Transaction ID : 13803845
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	469.00
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 48 OF 80
	<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. Angele Bourg
Full Name (Last, First, Middle Initial)
Mailing Address 15414 Victory Hill Court
City Baton Rouge State LA Zip Code 70810
FEC ID number of contributing federal political committee. **C**
Name of Employer Baton Rouge Clinic Occupation Rheumatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : 13803849
Amount of Each Receipt this Period **500.00**
 Memo Item

B. William Palmer
Full Name (Last, First, Middle Initial)
Mailing Address 9016 Harney
City Omaha State NE Zip Code 68114
FEC ID number of contributing federal political committee. **C**
Name of Employer Westroads Medical Group Occupation Rheumatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2000.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : 13803850
Amount of Each Receipt this Period **2000.00**
 Memo Item

C. Kevin Schlesel
Full Name (Last, First, Middle Initial)
Mailing Address 6066 Quin Abbey Ct E
City Dublin State OH Zip Code 43017
FEC ID number of contributing federal political committee. **C**
Name of Employer Columbus Arthritis Center Occupation Rheumatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : 13803851
Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **2750.00**
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 49 OF 80
<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. Eric Ruderman
Full Name (Last, First, Middle Initial)

Mailing Address 2036 Orrington Ave.

City Evanston State IL Zip Code 60201

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

Name of Employer Northwestern University School Occupation Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **619.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : 13803852

Amount of Each Receipt this Period **519.00**

Memo Item

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

Mailing Address 1420 Locus Street Apt 15T

City Philadelphia State PA Zip Code 19102

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

Name of Employer Arthritis, Rheumatic and Back Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : 13804741

Amount of Each Receipt this Period **250.00**

Memo Item

C. 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 ▼ **1119.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : 13804742

Amount of Each Receipt this Period **119.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	888.00
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 50 OF 80
	<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. Amrit P Sandhu
Full Name (Last, First, Middle Initial)

Mailing Address 16148 Bay Ridge Dr NW

City Poulsbo State WA Zip Code 98370

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

Name of Employer Rheumatology The Doctors Clinic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2015
Transaction ID : 13804759

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address Rheumatology Associates of Long Is
315 Middle Country Rd

City Smithtown State NY Zip Code 11787

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

Name of Employer Rheum Associates of Long Island Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 369.00

Date of Receipt 12 / 31 / 2015
Transaction ID : 13804760

Amount of Each Receipt this Period 119.00

Memo Item

C. Dr. Luiziana Marinescu
Full Name (Last, First, Middle Initial)

Mailing Address 50 Jefferson Landing Circle

City Jefferson State NY Zip Code 11777

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

Name of Employer Rheumatology Associates of Long Island Occupation Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 30 / 2015
Transaction ID : 13804763

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	619.00
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 51 OF 80
	<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. Marc A Antonchak
Full Name (Last, First, Middle Initial)

Mailing Address 7592 Cook Rd

City Powell State OH Zip Code 43065

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

Name of Employer Columbus Arthritis Center 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
 12 / 30 / 2015
Transaction ID : 13804767

Amount of Each Receipt this Period
500.00

Memo Item

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 ▼
1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 13804768

Amount of Each Receipt this Period
125.00

Memo Item

C. Deborah J Power DO
Full Name (Last, First, Middle Initial)

Mailing Address 7520 N Oracle Rd

City Tucson State AZ Zip Code 85704-4448

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

Name of Employer Catalina Pointe Arthritis & Rheumatolo Occupation 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
 12 / 30 / 2015
Transaction ID : 13804769

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2625.00
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 52 OF 80
	<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. Lee S Shapiro
Full Name (Last, First, Middle Initial)

Mailing Address 103 Trask Lane

City Stillwater State NY Zip Code 12170

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

Name of Employer Steffens Scleroderma Center/TCFR 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
 12 / 30 / 2015
Transaction ID : 13804773

Amount of Each Receipt this Period
 250.00

Memo Item

B. Kathleen P Flint
Full Name (Last, First, Middle Initial)

Mailing Address 1842 Heyward St

City Columbia State SC Zip Code 29205

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

Name of Employer Columbia Arthritis Center 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
 12 / 30 / 2015
Transaction ID : 13804775

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 9940 E Progress Cir

City Greenwood Village State CO Zip Code 80111

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 13804776

Amount of Each Receipt this Period
 1000.00

Memo Item

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 53 OF 80
	<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. Brian Sayers
Full Name (Last, First, Middle Initial)

Mailing Address 1301 W. 38th Ste. 110

City Austin State TX Zip Code 78705

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

Name of Employer Austin Rheumatology Associates Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 30 / 2015
Transaction ID : 13804777

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 2723 Manning Ave

City Los Angeles State CA Zip Code 90064

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

Name of Employer Caremore Med Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 30 / 2015
Transaction ID : 13804778

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 3437 Edgehill Pkwy

City Madison State WI Zip Code 53705-1450

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

Name of Employer Excel Ortho Occupation Rheumatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 29 / 2015
Transaction ID : 13804779

Amount of Each Receipt this Period 500.00

Memo Item

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 54 OF 80
	<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. Sean Fahey MD
Full Name (Last, First, Middle Initial)

Mailing Address 157 - A Professional Park Dr.

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

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

Name of Employer Piedmont Healthcare	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2015

Transaction ID : 13804780

Amount of Each Receipt this Period
500.00

Memo Item

B. Nicole S Thomas
Full Name (Last, First, Middle Initial)

Mailing Address 6630 McLean CT

City McLean	State VA	Zip Code 22101
----------------	-------------	-------------------

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

Name of Employer Arthritis & Rheumatism Associate	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
12	/	29	/	2015

Transaction ID : 13804783

Amount of Each Receipt this Period
250.00

Memo Item

C. Marcus S Snow
Full Name (Last, First, Middle Initial)

Mailing Address 2120 S 64th Plz Apt 202

City Omaha	State NE	Zip Code 68106
---------------	-------------	-------------------

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

Name of Employer University of Nebraska Medical Center	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
12	/	29	/	2015

Transaction ID : 13804785

Amount of Each Receipt this Period
250.00

Memo Item

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 55 OF 80
<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. Richard Olson
Full Name (Last, First, Middle Initial)
Mailing Address 3324 Westminster Dr.
City Rockford State IL Zip Code 61107
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 12 / 29 / 2015
Transaction ID : 13804786
Amount of Each Receipt this Period 500.00
 Memo Item

B. Paul E Schulman
Full Name (Last, First, Middle Initial)
Mailing Address 20 Tavern Way
City Setauket State NY Zip Code 11733
FEC ID number of contributing federal political committee. **C**
Name of Employer RALI Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 29 / 2015
Transaction ID : 13804787
Amount of Each Receipt this Period 500.00
 Memo Item

c. Max Hamburger
Full Name (Last, First, Middle Initial)
Mailing Address 315 Middle Co Rd
City Smithtown State NY Zip Code 11787
FEC ID number of contributing federal political committee. **C**
Name of Employer Rheum Assoc of Long Island Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2369.00

Date of Receipt 12 / 29 / 2015
Transaction ID : 13804789
Amount of Each Receipt this Period 119.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1119.00
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 56 OF 80
<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. Michael C Schuster
Full Name (Last, First, Middle Initial)

Mailing Address 1928 Kater St

City Philadelphia State PA Zip Code 19146

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

Name of Employer Arthritis, Rheumatic and Back Disease Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 29 / 2015
Transaction ID : 13804794

Amount of Each Receipt this Period 500.00

Memo Item

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

Mailing Address 110 Erna Way

City Pismo Beach State CA Zip Code 93449

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 ▼ 2200.00

Date of Receipt 12 / 29 / 2015
Transaction ID : 13804795

Amount of Each Receipt this Period 600.00

Memo Item

C. Raymond A Adelizzi
Full Name (Last, First, Middle Initial)

Mailing Address 215 East Laurel RD

City Stratford State NJ Zip Code 08084

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

Name of Employer Arthritis Center of South Jersey Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 28 / 2015
Transaction ID : 13804801

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1350.00

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 57 OF 80
	<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. Michael Brit
Full Name (Last, First, Middle Initial)

Mailing Address 805 Harris Lane

City Chattanooga State TN Zip Code 37412

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

Name of Employer Erlanger Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : 13804802

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 8116 Buford Oaks Dr

City Richmond State VA Zip Code 23235-4683

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

Name of Employer Pediatric & Adolescent Health Partners Occupation rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : 13805103

Amount of Each Receipt this Period
 125.00

Memo Item

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 ▼ 3595.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : 13805104

Amount of Each Receipt this Period
 595.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	970.00
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 58 OF 80
	<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. Gwenesta B Melton
Full Name (Last, First, Middle Initial)

Mailing Address 443 Harlow Dr

City LaFayetteville State NC Zip Code 28314

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

Name of Employer LaFayetteville Clinic Occupation Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 13805105

Amount of Each Receipt this Period
 600.00

Memo Item

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

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 ▼ 1119.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 13805106

Amount of Each Receipt this Period
 119.00

Memo Item

C. Kent k k Huston MD
Full Name (Last, First, Middle Initial)

Mailing Address 4330 Wornall Rd Suite 40

City Kansas City State MO Zip Code 64111

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

Name of Employer The Medical Plaza II Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 13805107

Amount of Each Receipt this Period
 600.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1319.00
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 59 OF 80
<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. James Jenkins
Full Name (Last, First, Middle Initial)

Mailing Address 5800 Sea Walk Drive No. 8

City State Zip Code
Playa Vista CA 90094

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

Name of Employer Occupation
Pacific Arthritis Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2119.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015
Transaction ID : 13805108

Amount of Each Receipt this Period
119.00

Memo Item

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

Mailing Address 751 Jaeger Street

City State Zip Code
Columbus OH 43206-2272

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

Name of Employer Occupation
Columbus Arthritis Center Physician Rheumatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015
Transaction ID : 13805292

Amount of Each Receipt this Period
600.00

Memo Item

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

Mailing Address 2121 Alpine Place
Apt. 703

City State Zip Code
Cincinnati OH 45206-3612

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

Name of Employer Occupation
Herzig Krall Medical Group Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3595.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015
Transaction ID : 13805293

Amount of Each Receipt this Period
595.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1314.00
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 60 OF 80
	<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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NAME OF COMMITTEE (In Full)
American College of Rheumatology (RheumPAC)

A. 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 Tufts Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 28 / 2015
Transaction ID : 13805294
 Amount of Each Receipt this Period 600.00
 Memo Item

B. Walter H Dorman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7250 Frances Ave. S Suite 215
 City Edina State MN Zip Code 55435-4312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arthritis and Rheumatology Consultants Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 30 / 2015
Transaction ID : 13849855
 Amount of Each Receipt this Period 500.00
 Memo Item

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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	80333.00

**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 61 OF 80
<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 ▼
2442.77

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2015
Transaction ID : 13581249

Amount of Each Receipt this Period
185.12

Memo Item

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 ▼
2485.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2015
Transaction ID : 13581250

Amount of Each Receipt this Period
42.92

Memo Item

Full Name (Last, First, Middle Initial)
C. 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 ▼
2609.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : 13644596

Amount of Each Receipt this Period
124.11

Memo Item

Aug 2015 CC Fees Reimbursement

SUBTOTAL of Receipts This Page (optional).....	352.15
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 62 OF 80
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. American College of Rheumatology
Full Name (Last, First, Middle Initial)
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 ▼
2787.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

Transaction ID : 13682184

Amount of Each Receipt this Period
177.43

Memo Item

CC Fees for Sept 2015

B. American College of Rheumatology
Full Name (Last, First, Middle Initial)
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 ▼
2887.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : 13727593

Amount of Each Receipt this Period
100.10

Memo Item

CC Feses - Oct 2015

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	277.53
TOTAL This Period (last page this line number only).....	629.68

**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. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement

011

Candidate Name

Michael C. Burgess

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 13454907

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Van Hollen For Senate

Mailing Address 10605 Concord St Suite 202

City State Zip Code
Kensington MD 20895

Purpose of Disbursement

011

Candidate Name

Chris Van Hollen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 13455022

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City State Zip Code
Eden Prairie MN 55344

Purpose of Disbursement

011

Candidate Name

Rep. Erik Paulsen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 13455176

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4000.00

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. Friends For Jim McDermott

Mailing Address PO Box 21786

City State Zip Code
Seattle WA 98111

Purpose of Disbursement

011

Candidate Name

Rep. Jim McDermott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2015

Transaction ID : 13459763

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ryan For Congress

Mailing Address PO Box 1488

City State Zip Code
Janesville WI 53547

Purpose of Disbursement

011

Candidate Name

Rep. Paul Ryan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2015

Transaction ID : 13516725

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Georgians For Isakson

Mailing Address Post Office Box 250116

City State Zip Code
Atlanta GA 30325

Purpose of Disbursement

011

Candidate Name

Sen. Johnny Isakson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2015

Transaction ID : 13516726

Amount of Each Disbursement this Period

3000.00

Memo Item

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

6500.00

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. Texans For Henry Cuellar Congressional Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		25		2015

Mailing Address 1519 Washington Street
Suite 200

City Laredo State TX Zip Code 78042

Transaction ID : 13526234

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Rep. Henry Cuellar

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 28

Full Name (Last, First, Middle Initial)

B. Bennet For Colorado

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2015

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Transaction ID : 13526363

Purpose of Disbursement
June 2015 Mid Year Report

011
Category/ Type

Amount of Each Disbursement this Period

2500.00

Memo Item
June 2015 Mid Year Report

Candidate Name

Sen. Michael Bennet

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District:

Full Name (Last, First, Middle Initial)

C. Bennet For Colorado

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		25		2015

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Transaction ID : 13526364

Purpose of Disbursement
Re-designated funds for trans. dated 4/14/2015

011
Category/ Type

Amount of Each Disbursement this Period

2500.00

Memo Item
Re-designated funds for trans. dated 4/14/2015

Candidate Name

Sen. Michael Bennet

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District:

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

011

Candidate Name

Rep. Anna Eshoo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2015

Transaction ID : 13529360

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ruiz For Congress

Mailing Address PO Box 3433

City Palm Desert State CA Zip Code 92261

Purpose of Disbursement
Chk #378

011

Candidate Name

Rep. Raul Ruiz MD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : 13634200

Amount of Each Disbursement this Period

2000.00

Memo Item

Chk #378

Full Name (Last, First, Middle Initial)

C. Andy Harris For Congress

Mailing Address PO Box 604

City Bel Air State MD Zip Code 21014

Purpose of Disbursement
Chk #380

011

Candidate Name

Rep. Andy Harris

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2015

Transaction ID : 13764817

Amount of Each Disbursement this Period

1000.00

Memo Item

Chk #380

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Ron Johnson For Senate Inc

Mailing Address 219 E Washington Ave
Suite 101

City Oshkosh State WI Zip Code 54901

Purpose of Disbursement
Chk #385

011

Candidate Name

Sen. Ron Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : 13765630

Amount of Each Disbursement this Period

2500.00

Memo Item
Chk #385

Full Name (Last, First, Middle Initial)

B. Schakowsky For Congress

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement
Chk #386

011

Candidate Name

Rep. Jan Schakowsky

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : 13765631

Amount of Each Disbursement this Period

1500.00

Memo Item
Chk #386

Full Name (Last, First, Middle Initial)

C. Nita Lowey For Congress

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement
Chk #382

011

Candidate Name

Rep. Nita Lowey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : 13765632

Amount of Each Disbursement this Period

3000.00

Memo Item
Chk #382

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

7000.00

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. Debbie Dingell For Congress

Mailing Address 19855 W. Outer Dr.
Ste 103 Ae

City Dearborn State MI Zip Code 48124

Purpose of Disbursement
Chk #381

011

Candidate Name

Rep. Debbie Dingell

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : 13765633

Amount of Each Disbursement this Period

2000.00

Memo Item
Chk #381

Full Name (Last, First, Middle Initial)

B. Pete Sessions For Congress

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement
Chk #383

011

Candidate Name

Rep. Pete Sessions

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 32

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : 13765634

Amount of Each Disbursement this Period

2500.00

Memo Item
Chk #383

Full Name (Last, First, Middle Initial)

C. Price For Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Chk #384

011

Candidate Name

Rep. Thomas Price M.D.

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : 13765635

Amount of Each Disbursement this Period

4000.00

Memo Item
Chk #384

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

8500.00

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. Friends Of Rosa DeLauro		Date of Disbursement MM / DD / YYYY 12 / 14 / 2015
Mailing Address 12 Trumbull Street		Transaction ID : 13770569
City New Haven	State CT	
Zip Code 06511	Purpose of Disbursement Chk #394	Amount of Each Disbursement this Period 2000.00
Candidate Name Rep. Rosa DeLauro	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item Chk #394
State: CT District: 03	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends Of Raja For Congress		Date of Disbursement MM / DD / YYYY 11 / 18 / 2015
Mailing Address PO Box 681202		Transaction ID : 13845935
City Schaumburg	State IL	
Zip Code 60168	Purpose of Disbursement Chk #379	Amount of Each Disbursement this Period 1000.00
Candidate Name S. Raja Krishnamoorthi	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item Chk #379
State: IL District: 08	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tim Scott For Senate		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 1405 Ashley River Rd		Transaction ID : 13849392
City Charleston	State SC	
Zip Code 29407	Purpose of Disbursement Chk #408	Amount of Each Disbursement this Period 2000.00
Candidate Name Sen. Tim Scott	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item Chk #408
State: SC District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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. Joe Kennedy For Congress

Mailing Address PO Box 590464

City State Zip Code
Newton MA 02459

Purpose of Disbursement

011

Candidate Name

Mr. Joseph Kennedy

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MA District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : 13849396

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Lisa Murkowski For Us Senate

Mailing Address PO Box 100847

City State Zip Code
Anchorage AK 99510

Purpose of Disbursement

011

Candidate Name

Sen. Lisa Murkowski

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : 13849397

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kirk For Senate

Mailing Address P.O. Box 8

City State Zip Code
Winnetka IL 60093

Purpose of Disbursement

011

Candidate Name

Sen. Mark Kirk

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : 13849398

Amount of Each Disbursement this Period

2000.00

Memo Item

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. Georgians For Isakson

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement

011

Candidate Name

Sen. Johnny Isakson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : 13849399

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Richard Burr Committee; The

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

011

Candidate Name

Sen. Richard Burr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : 13849400

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement

011

Candidate Name

Sen. Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : 13849401

Amount of Each Disbursement this Period

2000.00

Memo Item

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

8000.00

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. Friends Of Schumer

Mailing Address 509 Madison Ave Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Charles Schumer

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2015

Transaction ID : 13849402

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. People For Patty Murray U S Senate Campaign

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Patty Murray

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2015

Transaction ID : 13849403

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bennet For Colorado

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Michael Bennet

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2015

Transaction ID : 13849404

Amount of Each Disbursement this Period

2500.00

Memo Item

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

9000.00

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. Upton For All Of Us

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Frederick Upton

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2015

Transaction ID : 13849405

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hal Rogers For Congress

Mailing Address P.O. Box 1214

City State Zip Code
Somerset KY 42502

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Hal Rogers

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 05

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2015

Transaction ID : 13849406

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Heck

Mailing Address PO Box 750114

City State Zip Code
Las Vegas NV 89136

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Joseph Heck

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2015

Transaction ID : 13849407

Amount of Each Disbursement this Period

1500.00

Memo Item

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. Kevin Mccarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

011

Candidate Name

Rep. Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

Transaction ID : 13849408

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Candidate Name

Rep. Renee Ellmers RN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

Transaction ID : 13849409

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Charles Boustany Jr. Md For Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

011

Candidate Name

Rep. Charles Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

Transaction ID : 13849410

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Diane Black For Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Diane Black

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : 13849411

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ron Kind

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : 13849412

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Anna Eshoo

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 14

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : 13849413

Amount of Each Disbursement this Period

1000.00

Memo Item

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. Brady For Congress

Mailing Address PO Box 8277

City State Zip Code
The Woodlands TX 77387

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Kevin Brady

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : 13849414

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Crapo For Us Senate

Mailing Address PO Box 1948

City State Zip Code
Boise ID 83701

Purpose of Disbursement
Chk #403

011

Category/
Type

Candidate Name

Sen. Mike Crapo

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : 13849415

Amount of Each Disbursement this Period

2000.00

Memo Item

Chk #403

Full Name (Last, First, Middle Initial)

C. Scalise For Congress

Mailing Address PO Box 23219

City State Zip Code
Jefferson LA 70183

Purpose of Disbursement
Check #407

011

Category/
Type

Candidate Name

Rep. Steve Scalise

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : 13849417

Amount of Each Disbursement this Period

1500.00

Memo Item

Check #407

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

6500.00

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. Boozman For Arkansas

Mailing Address PO Box 671

City Rogers State AR Zip Code 72757

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. John Boozman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : 13849852

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

3000.00

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

81500.00

**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
Credit Card / Bank Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 13526360

Amount of Each Disbursement this Period

Memo Item
Credit Card / Bank 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
September 2015 Bank Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 13662651

Amount of Each Disbursement this Period

Memo Item
September 2015 Bank Fees

Full Name (Last, First, Middle Initial)

C. Chiu for Assembly 2016

Mailing Address

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
David Chiu, STATE HOUSE 17th CA

011
Category/
Type

Candidate Name

CA Asm. David Chiu

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 13849418

Amount of Each Disbursement this Period

Memo Item
David Chiu, STATE HOUSE 17th CA

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : 13853474

Amount of Each Disbursement this Period

Memo Item

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : 13853475

Amount of Each Disbursement this Period

Memo Item

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : 13853476

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 62227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	5		

Transaction ID : 13853477

Amount of Each Disbursement this Period

2	6	2	.	1	6
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Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--	--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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Memo Item

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

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

2	6	2	.	1	6
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1	6	9	8	.	9	7
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