

**FEC FORM 3X**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
American College of Rheumatology (RheumPAC)

ADDRESS (number and street) 2200 Lake Boulevard NE  
Check if different than previously reported. (ACC) Atlanta GA 30319

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00432823

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- 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 M M M / D D D / Y Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y 07 / 01 / 2013 through M M M / D D D / Y Y Y Y Y Y Y 12 / 31 / 2013

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 James Engelbrecht

Signature of Treasurer James Engelbrecht [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y 01 / 31 / 2014

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

Office Use Only												<b>FEC FORM 3X</b> Rev. 12/2004
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		148490.00
(b) Cash on Hand at Beginning of Reporting Period.....	153980.25	
(c) Total Receipts (from Line 19) .....	85809.98	134743.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	239790.23	283233.35
7. Total Disbursements (from Line 31).....	71062.31	114505.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	168727.92	168727.92
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

Report Covering the Period: From:  /  /  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).....	73985.00	115535.00
(ii) Unitemized .....	9915.00	14495.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	83900.00	130030.00
(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) .....	83900.00	130030.00
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.).....	1909.98	4713.35
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))..... ▶	85809.98	134743.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	85809.98	134743.35

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69000.00	109500.00
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 .....	2062.31	5005.43
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)) ..	71062.31	114505.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71062.31	114505.43

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	83900.00	130030.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	83900.00	130030.00
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 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. 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 ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2013  
**Transaction ID : 11755644**  
 Amount of Each Receipt this Period  
 300.00

**B. Eileen Moynihan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1304 Maple Ave  
 City Haddon Heights State NJ Zip Code 08035  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2013  
**Transaction ID : 11755645**  
 Amount of Each Receipt this Period  
 1000.00

**C. Stephen L. Burnstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 82 Lowell Dr.  
 City Marlton State NJ Zip Code 08053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arthritis, Rheumatic and Back Disease Occupation Rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2013  
**Transaction ID : 11755870**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 69  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Joseph J Weiss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4485 Chippewa CT  
 City Bloomfield Hills State MI Zip Code 48301-1551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Physician-Rheumatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2013  
**Transaction ID : 11787360**  
 Amount of Each Receipt this Period  
 350.00

**B. Dr. Frank E Harper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 890 Johnnie Dodds Blvd, Bldg 2  
 City Mt Pleasant State MI Zip Code 29464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2013  
**Transaction ID : 11788559**  
 Amount of Each Receipt this Period  
 250.00

**C. Ellison Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 445 Biltmore Center, Suite 306  
 City Asheville State NC Zip Code 28801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Asheville Arthritis Occupation physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2013  
**Transaction ID : 11788560**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00  
**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 8 OF 69  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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 ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2013  
**Transaction ID : 11788561**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 62 Olde Field Road

City State Zip Code  
 Newton Centre MA 02459

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

Name of Employer Occupation  
 Mass General Physicians Org Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2013  
**Transaction ID : 11804743**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 400 Whitesport Dr. SW Ste 104

City State Zip Code  
 Huntsville AL 35801-6429

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

Name of Employer Occupation  
 Rheumatology and Arthritis Clinic PC Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 501.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2013  
**Transaction ID : 11804744**

Amount of Each Receipt this Period  
 501.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1001.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 69
	<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. Cathy Chapman**  
Full Name (Last, First, Middle Initial)

Mailing Address 5210 Poplar Ave, Ste. 150

City Memphis State TN Zip Code 38119

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

Name of Employer Rheumatology & Derm Assoc. Occupation rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 22 / 2013  
**Transaction ID : 11805058**

Amount of Each Receipt this Period 2000.00

**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 07 / 23 / 2013  
**Transaction ID : 11805194**

Amount of Each Receipt this Period 250.00

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

Mailing Address 10505 Scarboro Lane

City Potomac State MD Zip Code 20850

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

Name of Employer Arthritis and Rheumatism Assoc Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 05 / 2013  
**Transaction ID : 11818807**

Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4250.00

**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 69
	<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 ▼ 500.00

Date of Receipt 08 / 06 / 2013  
**Transaction ID : 11818854**  
Amount of Each Receipt this Period 175.00

**B. 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 08 / 06 / 2013  
**Transaction ID : 11818855**  
Amount of Each Receipt this Period 1000.00

**C. 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 08 / 10 / 2013  
**Transaction ID : 11833182**  
Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3175.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 69
	<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. 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 ▼ 500.00

Date of Receipt 08 / 13 / 2013  
**Transaction ID : 11842931**  
 Amount of Each Receipt this Period 500.00

**B. daksha mehta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 584 Westport Rd, Ste 101  
 City Elizabethtown State KY Zip Code 42701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Center for Arthritis and Osteoporosis Occupation rheumatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2013  
**Transaction ID : 11857952**  
 Amount of Each Receipt this Period 250.00

**C. 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 08 / 26 / 2013  
**Transaction ID : 11859549**  
 Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 69
	<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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2013

**Transaction ID : 11885253**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 436 2nd Avenue West

City Dickinson	State ND	Zip Code 58601
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired / Disability	Occupation Rheumatology
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

**Transaction ID : 11907680**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 19272 Stone Oak Pkwy, #101

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

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

Name of Employer Rheumatology Assoc. of So. TX	Occupation rheumatologist
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

**Transaction ID : 11907681**

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 69
	<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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2013  
**Transaction ID : 11907682**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 751 Michigan Ave

City Wilmette State IL Zip Code 60091

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

Name of Employer Illinois Bone and Joint Inst Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2013  
**Transaction ID : 11909625**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1152 Scott

City Winnetka State IL Zip Code 60093

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

Name of Employer Illinois Bone & Joint Inst Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2013  
**Transaction ID : 11909627**

Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Gerald Eisenberg</b>		Date of Receipt 09 / 24 / 2013 <b>Transaction ID : 11909628</b>
Mailing Address 2003 Old Briar Road		Amount of Each Receipt this Period 1000.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Patrick Schuette</b>		Date of Receipt 09 / 24 / 2013 <b>Transaction ID : 11909629</b>
Mailing Address 1334 West Arthur		Amount of Each Receipt this Period 500.00
City Chicago	State IL	Zip Code 60626
FEC ID number of contributing federal political committee. C		
Name of Employer Ullinois Bone and Joint Inst	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Ami Kurani Kothari MD</b>		Date of Receipt 09 / 24 / 2013 <b>Transaction ID : 11909632</b>
Mailing Address 2233 Winnetka Ave		Amount of Each Receipt this Period 500.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 69
	<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. 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 Shanahan Rheumatology & Immunotherapy Occupation Rheumatology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 24 / 2013**

**Transaction ID : 11909648**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 1752 Walden LN SW

City Rochester State MN Zip Code 55902

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

Name of Employer Mayo Clinic Occupation MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2013**

**Transaction ID : 11909744**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address P.O. Box 37

City Lewes State DE Zip Code 19958-0037

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

Name of Employer Physician Occupation Rheumatology Consultants

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 28 / 2013**

**Transaction ID : 11925620**

Amount of Each Receipt this Period  
**275.00**

**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 16 OF 69
<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 State Zip Code  
 Spokane WA 99204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Arthritis Northwest 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  
 10 / 01 / 2013  
**Transaction ID : 11926727**  
 Amount of Each Receipt this Period  
 1000.00

**B. Mary Radia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4800 Stonebridge Circle  
 City State Zip Code  
 W. Des Moines IA 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  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2013  
**Transaction ID : 11929229**  
 Amount of Each Receipt this Period  
 250.00

**C. Chandrakabt Mehta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29798 Haun Rd. # 301  
 City State Zip Code  
 Menifee CA 92586  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southland Arthritis & Osteoporosis Cen Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2013  
**Transaction ID : 11930016**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 69
	<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. 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 ▼ **625.00**

Date of Receipt  
10 / 02 / 2013  
**Transaction ID : 11930017**

Amount of Each Receipt this Period  
**200.00**

**B. 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 Occupation  
Rheumatology Associates of South Texas Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
10 / 02 / 2013  
**Transaction ID : 11930021**

Amount of Each Receipt this Period  
**500.00**

**C. 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 Occupation  
Richard D Gordon MD PA practice administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
10 / 02 / 2013  
**Transaction ID : 11930022**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **950.00**

**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 69
	<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. 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 ▼  
2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2013  
**Transaction ID : 11930027**

Amount of Each Receipt this Period  
2000.00

**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 ▼  
750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2013  
**Transaction ID : 11931165**

Amount of Each Receipt this Period  
750.00

**C. Amanda Walaliyadda**  
Full Name (Last, First, Middle Initial)

Mailing Address 1448 E Center St, Ste E

City State Zip Code  
Pocatello ID 83201

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

Name of Employer Occupation  
Self 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  
10 / 03 / 2013  
**Transaction ID : 11933229**

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. 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  
M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2013  
**Transaction ID : 11933230**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 10821 Willow Run Court

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
Arthritis & Rheumatism Associates, pc 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  
10 / 03 / 2013  
**Transaction ID : 11933365**

Amount of Each Receipt this Period  
500.00

**C. Firas Kassab**  
Full Name (Last, First, Middle Initial)

Mailing Address 10009 Paxton Run Road

City State Zip Code  
Charlotte NC 28211-4369

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

Name of Employer Occupation  
Mecklenburg Medical Group 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 / 03 / 2013  
**Transaction ID : 11934853**

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 69
	<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. Pietro V Rocca**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Deer Valley Lane  
City Greenville State DE Zip Code 19807  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pietro V Rocca Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 06 / 2013**  
**Transaction ID : 11939158**  
Amount of Each Receipt this Period **250.00**

**B. Edward Fudman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1301 W 38th Street Suite 702  
City Austin State TX Zip Code 78705  
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 **10 / 08 / 2013**  
**Transaction ID : 11939584**  
Amount of Each Receipt this Period **250.00**

**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 **1250.00**

Date of Receipt **10 / 08 / 2013**  
**Transaction ID : 11940065**  
Amount of Each Receipt this Period **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 69
	<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 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 ▼  
1150.00

Date of Receipt  
10 / 08 / 2013  
Transaction ID : 11951141

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 5342 Doe Run Rd.

City Poanoke State VA Zip Code 24018

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

Name of Employer Lewis-Gale Phys. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
10 / 10 / 2013  
Transaction ID : 11952720

Amount of Each Receipt this Period  
500.00

**C. Gary Feldman**  
Full Name (Last, First, Middle Initial)

Mailing Address 609 23rd Street

City Santa Monica State CA Zip Code 90402

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

Name of Employer Pacific Arthritis Occupation rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
10 / 14 / 2013  
Transaction ID : 11961503

Amount of Each Receipt this Period  
1000.00

**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 22 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. William Palmer</b>		Date of Receipt
Mailing Address 9016 Harney		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Omaha	NE	68114
FEC ID number of contributing federal political committee.		Transaction ID : <b>11976292</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>
Name of Employer	Occupation	
Westroads Medical Group	Rheumatologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Timothy R Howard DO</b>		Date of Receipt
Mailing Address 1534 Park Ave Suite 340		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Quakertown	PA	18951
FEC ID number of contributing federal political committee.		Transaction ID : <b>11980698</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
Bucks-Mont Rheumatology	Rheumatology	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Anthony I Sebba</b>		Date of Receipt
Mailing Address 33920 US Highway 19 N Ste 241		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Palm Harbor	FL	34684
FEC ID number of contributing federal political committee.		Transaction ID : <b>11980705</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Arthritis Associates	MD	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2800.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 69
	<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. 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 ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2013  
**Transaction ID : 11981427**  
Amount of Each Receipt this Period  
2000.00

**B. Hong Xu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8 James Monroe Ln  
City Setauket State NY Zip Code 11733  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rheumatology Associates of Long Island 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  
10 / 28 / 2013  
**Transaction ID : 11981432**  
Amount of Each Receipt this Period  
1000.00

**C. 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  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2013  
**Transaction ID : 11981438**  
Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Polly Ferguson**  
Full Name (Last, First, Middle Initial)

Mailing Address 4662 Rapid Creek Trail NE

City Iowa City State IA Zip Code 52240

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

Name of Employer University of Iowa Carver College of M 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  
 10 / 27 / 2013

**Transaction ID : 11981439**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 2801 W KK River Pkwy Ste. 375

City Milwaukee State WI Zip Code 53215

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

Name of Employer Milwaukee Rheumatology Center Occupation rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2013

**Transaction ID : 11981443**

Amount of Each Receipt this Period  
**500.00**

**c. 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 ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2013

**Transaction ID : 11981452**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>950.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Gloria Higgins</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2013 <b>Transaction ID : 11981455</b>
Mailing Address 2202 Bryden Rd.		Amount of Each Receipt this Period 250.00
City Columbus	State OH	Zip Code 43209
FEC ID number of contributing federal political committee. C	Name of Employer Ohio State University and Pediatric Ac	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Haddon Christopher Alexander MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2013 <b>Transaction ID : 11981457</b>
Mailing Address 1206 Partridge Ln		Amount of Each Receipt this Period 250.00
City Charlottesville	State VA	Zip Code 22901-1787
FEC ID number of contributing federal political committee. C	Name of Employer Self	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Stacy Kennedy</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2013 <b>Transaction ID : 11981458</b>
Mailing Address 327 Mocksville		Amount of Each Receipt this Period 250.00
City Salisbury	State NC	Zip Code 28144
FEC ID number of contributing federal political committee. C	Name of Employer Novant	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Sean Fahey MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 157 - A Professional Park Dr.

City	State	Zip Code
Mooresville	NC	28117

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

Name of Employer	Occupation
Piedmont Healthcare	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2013

**Transaction ID : 11981462**

Amount of Each Receipt this Period  
500.00

**B. Stacey Cassel-Busch**  
Full Name (Last, First, Middle Initial)

Mailing Address 217 E Lake Worth Ave

City	State	Zip Code
Lantana	FL	33462

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

Name of Employer	Occupation
FAC	RN/MGR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2013

**Transaction ID : 11981465**

Amount of Each Receipt this Period  
500.00

**C. Monty Tew**  
Full Name (Last, First, Middle Initial)

Mailing Address 1518 Weiskopf Loop

City	State	Zip Code
Round Rock	TX	78664

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

Name of Employer	Occupation
Austin Diagnostic Clinic	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2013

**Transaction ID : 11981467**

Amount of Each Receipt this Period  
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 69
	<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. 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 ▼ **700.00**

Date of Receipt **10 / 26 / 2013**

**Transaction ID : 11981468**

Amount of Each Receipt this Period **200.00**

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

Mailing Address 4004 Lost Hollow Ct.

City Parker State TX Zip Code 75002

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

Name of Employer Texoma Arthritis Clinic P.A. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **10 / 28 / 2013**

**Transaction ID : 11981686**

Amount of Each Receipt this Period **250.00**

**C. 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 **10 / 29 / 2013**

**Transaction ID : 11982038**

Amount of Each Receipt this Period **500.00**

Donation

**SUBTOTAL** of Receipts This Page (optional)..... **950.00**

**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 69
	<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. 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 ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : 11982039**

Amount of Each Receipt this Period  
 1000.00

**B. 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 ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : 11982046**

Amount of Each Receipt this Period  
 1000.00

**C. 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : 11982052**

Amount of Each Receipt this Period  
 250.00

**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:	PAGE 29 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. John Baldwin</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2013 <b>Transaction ID : 11982057</b>
Mailing Address 1310 116 Ave NE Ste C		Amount of Each Receipt this Period 500.00
City Bellevue	State WA	Zip Code 98004
FEC ID number of contributing federal political committee. C		
Name of Employer Overlake Arthritis and Osteoperosis Ce	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Sharon L Kolasinski</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2013 <b>Transaction ID : 11982058</b>
Mailing Address 545 Hansell Road		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>C. Alex Limanni</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2013 <b>Transaction ID : 11982062</b>
Mailing Address 9201 Westeind Ct		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	775.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 69
	<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 ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2013  
**Transaction ID : 11984674**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 382 Blossom LN.

City Chagrin Falls State OH Zip Code 44022-5111

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

Name of Employer Arthritis Associates, INC Occupation Rheumatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2013  
**Transaction ID : 11984732**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 200 Barton N. Dr

City Ann Arbor State MI Zip Code 48105

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

Name of Employer University of Michigan Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2013  
**Transaction ID : 11984743**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00

**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 31 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**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 **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2013  
**Transaction ID : 11984744**  
 Amount of Each Receipt this Period  
**300.00**

**B. 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 **775.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2013  
**Transaction ID : 11984745**  
 Amount of Each Receipt this Period  
**500.00**

**C. Kristin M Gowin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Vanderbilt Park Drive  
 City Asheville State NC Zip Code 28803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Asheville Arthritis Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2013  
**Transaction ID : 11984748**  
 Amount of Each Receipt this Period  
**1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 69
	<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. Karla B. Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 700 Childrens Dr

City Columbus State OH Zip Code 43205-2692

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2013  
**Transaction ID : 11984750**

Amount of Each Receipt this Period 250.00

**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 10 / 30 / 2013  
**Transaction ID : 11986425**

Amount of Each Receipt this Period 3000.00

**C. Dr. Erica L Lawson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1258 Clayton St.

City San Francisco State CA Zip Code 94114

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

Name of Employer UCSF Occupation Pediatric Rheumatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2013  
**Transaction ID : 11993227**

Amount of Each Receipt this Period 250.00

Donation

**SUBTOTAL** of Receipts This Page (optional).....▶ 3500.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 69
	<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. Paul E Schulman**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Tavern Way

City State Zip Code  
Setauket NY 11733

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

Name of Employer Occupation  
RALI 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 / 01 / 2013  
**Transaction ID : 11993231**

Amount of Each Receipt this Period  
1000.00

Donation

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

Mailing Address 22007 Crossbrook Dr.

City State Zip Code  
Katy TX 77450

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

Name of Employer Occupation  
Medical Clinic of Houston LLP 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  
11 / 01 / 2013  
**Transaction ID : 11993291**

Amount of Each Receipt this Period  
1000.00

Donation

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

Mailing Address 33 Worcester Square #4

City State Zip Code  
Boston MA 02118

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

Name of Employer Occupation  
Tufts Medical Center Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2013  
**Transaction ID : 12020718**

Amount of Each Receipt this Period  
250.00

**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 34 OF 69
	<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. Arnaldo Torres MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6711 38th Ave N.  
City St. Petersburg State FL Zip Code 33710-1536  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St. Petersburg Arthritis Center Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 11 / 08 / 2013  
**Transaction ID : 12031004**  
Amount of Each Receipt this Period 250.00  
Donation

**B. 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 300.00

Date of Receipt 11 / 13 / 2013  
**Transaction ID : 12033875**  
Amount of Each Receipt this Period 300.00  
Contribution

**C. Carmen P Masuelli MD, FACP**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1140 Cypress Station Dr.  
City Houston State TX Zip Code 77090  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Northwest Diagnostic Occupation Rheumatologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 11 / 13 / 2013  
**Transaction ID : 12039147**  
Amount of Each Receipt this Period 1000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 1550.00  
**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 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Christopher Ronkar</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2013 <b>Transaction ID : 12045756</b>
Mailing Address 7084 Lynwood Ct		Amount of Each Receipt this Period 250.00
City Johnston	State IA	Zip Code 50131
FEC ID number of contributing federal political committee. C		
Name of Employer Mercy Arthritis and Osteoporosis Center	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Alan Epstein</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2013 <b>Transaction ID : 12053526</b>
Mailing Address 1749 Country Club Dr.		Amount of Each Receipt this Period 250.00
City Cherry Hill	State NJ	Zip Code 08003
FEC ID number of contributing federal political committee. C		
Name of Employer Pennsylvania Hospital	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Contribution

Full Name (Last, First, Middle Initial) <b>C. Joseph Laukaitis M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2013 <b>Transaction ID : 12053941</b>
Mailing Address 6909 Rannoch Road		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Kimberly J Hamilton</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2013 <b>Transaction ID : 12057734</b>
Mailing Address 1824 Clover Ln		Amount of Each Receipt this Period 500.00
City York, State PA Zip Code 17403	Contribution	
FEC ID number of contributing federal political committee. C	Name of Employer WellSpan Occupation Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Shelly Kafka</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 08 / 2013 <b>Transaction ID : 12084441</b>
Mailing Address Mountain State Rheumatology 399 Emily Drive		Amount of Each Receipt this Period 250.00
City Clarksburg State WV Zip Code 26031-5505	Contribution	
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Imran Iqbal</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2013 <b>Transaction ID : 12086604</b>
Mailing Address 875 Cotswolds CT		Amount of Each Receipt this Period 1000.00
City Richardson State TX Zip Code 75081	Contribution	
FEC ID number of contributing federal political committee. C	Name of Employer Rheumatology Associates Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 69
	<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. Peter M Rumore**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26 Campus Drive  
City Setauket State NY Zip Code 11787  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rheumatology Associates of Long Island Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 11 / 2013  
**Transaction ID : 12086748**  
Amount of Each Receipt this Period 1000.00  
Contribution

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

Date of Receipt 12 / 11 / 2013  
**Transaction ID : 12086750**  
Amount of Each Receipt this Period 2000.00  
Contribution

**C. Dawn E Gray**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4133 Fieldstone Street  
City Carroll State OH Zip Code 43112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fairfield Medical Center Occupation Rheumatologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 12 / 2013  
**Transaction ID : 12092520**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3250.00  
**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 38 OF 69  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 200 First Street SW

City State Zip Code  
Rochester MN 55905

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

Name of Employer Occupation  
Mayo Clinic 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 / 12 / 2013  
**Transaction ID : 12092521**

Amount of Each Receipt this Period  
250.00

Contribution

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

Mailing Address 528 Bartram Road

City State Zip Code  
Moorestown NJ 08057

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

Name of Employer Occupation  
Arthritis, Rheumatic and Back Disease 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 / 12 / 2013  
**Transaction ID : 12092523**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Stanley Cohen**

Mailing Address 5447 Castlewood Dr

City State Zip Code  
Dallas TX 75229

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

Name of Employer Occupation  
Rheumatology Associates 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 / 12 / 2013  
**Transaction ID : 12105956**

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 39 OF 69  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 19272 Stone Oak Pkwy, #101

City San Antonio State TX Zip Code 78258

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

Name of Employer Rheumatology Assoc. of So. TX Occupation rheumatologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2013  
**Transaction ID : 12105986**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. Dr. Alfonse T. Masi**

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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2013  
**Transaction ID : 12106030**

Amount of Each Receipt this Period  
**250.00**

Contribution

Full Name (Last, First, Middle Initial)  
**C. Irene Kazmers**

Mailing Address 1721 East Mitchell Road

City Petoskey State MI Zip Code 49770-2772

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

Name of Employer Harbor Arthritis Center Occupation rheumatologists

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 / 16 / 2013  
**Transaction ID : 12112372**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **600.00**

**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 69
	<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. Richard Olson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3324 Westminster Dr.

City State Zip Code  
Rockford IL 61107

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

Name of Employer Occupation  
Rockford Orthopedic Associates physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 14 / 2013  
Transaction ID : 12112376

Amount of Each Receipt this Period  
500.00

Contribution

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

Mailing Address 1050 Roundstone Pl

City State Zip Code  
Palm Harbor FL 34698

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

Name of Employer Occupation  
Robert W. Levin MD PA Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 14 / 2013  
Transaction ID : 12112506

Amount of Each Receipt this Period  
500.00

Contribution

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

Mailing Address 45 Donore Square

City State Zip Code  
San Antonio TX 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  
12 / 14 / 2013  
Transaction ID : 12112507

Amount of Each Receipt this Period  
250.00

Contribution

**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 41 OF 69
	<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. 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 ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2013  
**Transaction ID : 12112510**

Amount of Each Receipt this Period  
 1500.00

Contribution

**B. 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 ▼ 3054.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2013  
**Transaction ID : 12113645**

Amount of Each Receipt this Period  
 1054.00

Contribution

**C. Ellison Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 445 Biltmore Center, Suite 306

City Asheville State NC Zip Code 28801

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

Name of Employer Asheville Arthritis Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1054.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2013  
**Transaction ID : 12113661**

Amount of Each Receipt this Period  
 54.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2608.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Angus Worthing MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 16 / 2013 <b>Transaction ID : 12113682</b>
Mailing Address 5530 Wisconsin Ave #1150		Amount of Each Receipt this Period 54.00
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	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 554.00	

Full Name (Last, First, Middle Initial) <b>B. Harry Gewanter</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 16 / 2013 <b>Transaction ID : 12113712</b>
Mailing Address 8116 Buford Oaks Dr		Amount of Each Receipt this Period 54.00
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	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 329.00	

Full Name (Last, First, Middle Initial) <b>C. Helen E Harmon</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 17 / 2013 <b>Transaction ID : 12115929</b>
Mailing Address 2355 Hemby Lane		Amount of Each Receipt this Period 250.00
City Greenville	State NC	Zip Code 27834
FEC ID number of contributing federal political committee.	C	
Name of Employer Carolina Arthritis Center	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	358.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 69
	<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. Calvin R Brown Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2244 West Dickens

City Chicago State IL Zip Code 60647

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2013  
**Transaction ID : 12116423**

Amount of Each Receipt this Period  
 500.00

Contribution

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

Mailing Address 5429 Vining Point Road

City Minnetonka State MN Zip Code 55345

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

Name of Employer University of Minnesota Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 554.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2013  
**Transaction ID : 12116424**

Amount of Each Receipt this Period  
 54.00

Contribution

**C. Pamela Kammen**  
Full Name (Last, First, Middle Initial)

Mailing Address 9447 N Woodmont Ave.

City Fresno State CA Zip Code 93720

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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2013  
**Transaction ID : 12116687**

Amount of Each Receipt this Period  
 300.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 854.00

**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 44 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. 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 ▼ **625.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 18 / 2013**

**Transaction ID : 12123001**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 140 SW 84th Ave #B

City Plantation State FL Zip Code 33324

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  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 24 / 2013**

**Transaction ID : 12135979**

Amount of Each Receipt this Period  
**250.00**

Contribution

**C. 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 ▼ **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 21 / 2013**

**Transaction ID : 12135981**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. James Engelbrecht</b>		Date of Receipt 12 / 20 / 2013 <b>Transaction ID : 12135982</b>
Mailing Address 4281 Rosemary Lane		Amount of Each Receipt this Period 75.00
City Rapid City	State SD	Zip Code 57702
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Black Hills Orth and Spine Cen	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1075.00	

Full Name (Last, First, Middle Initial) <b>B. Fehmida Zahabi</b>		Date of Receipt 12 / 26 / 2013 <b>Transaction ID : 12137451</b>
Mailing Address 6300 Stonewood Dr. #412		Amount of Each Receipt this Period 500.00
City Plano	State TX	Zip Code 75024
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Texas Rheumatology Care	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Leroy Pacheco</b>		Date of Receipt 12 / 30 / 2013 <b>Transaction ID : 12140051</b>
Mailing Address 9013 S. Guadalupe Terr		Amount of Each Receipt this Period 500.00
City Albuquerque	State NM	Zip Code 87114
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Albuquerque Rehab and Rheum	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1075.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 69
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Robert Rosenberg</b>		Date of Receipt 12 / 30 / 2013 <b>Transaction ID : 12140055</b>
Mailing Address 6425 Goldleaf Dr.		Amount of Each Receipt this Period 1000.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Arthritis & Rheumatism Association	Occupation Rheumatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Samuel Pegram</b>		Date of Receipt 12 / 28 / 2013 <b>Transaction ID : 12140056</b>
Mailing Address 44825 Alameda Rd		Amount of Each Receipt this Period 1000.00
City Houston	State TX	Zip Code 77004-5655
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Max Hamburger</b>		Date of Receipt 12 / 30 / 2013 <b>Transaction ID : 12140948</b>
Mailing Address 315 Middle Co Rd		Amount of Each Receipt this Period 54.00
City Smithtown	State NY	Zip Code 11787
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Rheum Assoc of Long Island	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3054.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2054.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 69
	<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. Kevin Schlessel**  
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 ▼ 500.00

Date of Receipt 12 / 30 / 2013  
**Transaction ID : 12140994**

Amount of Each Receipt this Period 500.00

Contribution

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

Mailing Address 633 E 11th Avenue

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 Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 30 / 2013  
**Transaction ID : 12140995**

Amount of Each Receipt this Period 300.00

Contribution

**C. Eric Matteson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1752 Walden LN SW

City Rochester State MN Zip Code 55902

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

Name of Employer Mayo Clinic Occupation MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 12 / 31 / 2013  
**Transaction ID : 12141079**

Amount of Each Receipt this Period 60.00

Contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 860.00

**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 69
	<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 **600.00**

Date of Receipt **12 / 30 / 2013**  
**Transaction ID : 12141080**  
Amount of Each Receipt this Period **100.00**

**B. Alan Brodsky**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8440 Walnut Hill  
City Dallas State TX Zip Code 75231  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Arthritis Care & Diagnostic Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 30 / 2013**  
**Transaction ID : 12141100**  
Amount of Each Receipt this Period **250.00**

**C. Dr. Simon M Helfgott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11 Hamlin Road  
City Newton State MA Zip Code 02459  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Brigham & Womens Hospital Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : 12141311**  
Amount of Each Receipt this Period **100.00**  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **450.00**  
**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 49 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**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 ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2013  
**Transaction ID : 12141313**

Amount of Each Receipt this Period  
750.00

Contribution

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

Mailing Address 13036 MIMOSA FARM COURT

City Rockville State MD Zip Code 20850

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  
M M / D D / Y Y Y Y Y  
11 / 14 / 2013  
**Transaction ID : 12217585**

Amount of Each Receipt this Period  
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	73985.00

**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 50 OF 69
<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 ▼  
2943.12

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 07 / 24 / 2013  
**Transaction ID : 11806643**

Amount of Each Receipt this Period  
139.75

June credit card and bank fees

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

Mailing Address 2200 Lake Boulevard NE

City Atlanta State GA Zip Code 30319

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3112.85

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 08 / 22 / 2013  
**Transaction ID : 11860160**

Amount of Each Receipt this Period  
169.73

July CC Fee

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 ▼  
3347.56

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 30 / 2013  
**Transaction ID : 11926488**

Amount of Each Receipt this Period  
234.71

<b>SUBTOTAL</b> of Receipts This Page (optional).....	544.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 69
<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 ▼  
3558.77

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2013  
**Transaction ID : 11965177**

Amount of Each Receipt this Period  
211.21

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 ▼  
3742.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2013  
**Transaction ID : 12058788**

Amount of Each Receipt this Period  
183.32

October Credit Card Fees

Full Name (Last, First, Middle Initial)  
**C. SunTrust Bank Charges**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
971.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2013  
**Transaction ID : 12123901**

Amount of Each Receipt this Period  
971.26

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1365.79
<b>TOTAL</b> This Period (last page this line number only).....▶	1909.98

**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. 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  
State: NC District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2013

Transaction ID : 11785427

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Tim Murphy For Congress**

Mailing Address P.O. Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement

011

Candidate Name  
**Rep. Tim Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2013

Transaction ID : 11785428

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends Of John Barrow**

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement

011

Candidate Name  
**Rep. John Barrow**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2013

Transaction ID : 11808421

Amount of Each Disbursement this Period

1000.00
---------

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

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

3000.00
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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. Gene Green Congressional Campaign**

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Gene Green**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2013

**Transaction ID : 11808423**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Levin For Congress**

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Sander Levin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2013

**Transaction ID : 11808424**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Bera For Congress**

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Amerish Bera**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2013

**Transaction ID : 11808425**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5000.00
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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. Butterfield For Congress

Mailing Address PO Box 2571

City State Zip Code  
Wilson NC 27894

Purpose of Disbursement

011

Candidate Name

**Rep. George Butterfield**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2013

Transaction ID : 11808426

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### B. Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City State Zip Code  
Uwchland PA 19480

Purpose of Disbursement

011

Candidate Name

**Rep. James Gerlach**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2013

Transaction ID : 11808427

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### C. Pallone For Senate

Mailing Address PO Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement

011

Candidate Name

**Frank Pallone Jr**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2013

Transaction ID : 11808428

Amount of Each Disbursement this Period

2500.00
---------

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

4500.00
---------

**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. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement

011

Candidate Name

**Rep. Richard Neal**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2013

**Transaction ID : 11808467**

Amount of Each Disbursement this Period

1000.00

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

011

Candidate Name

**Rep. Jan Schakowsky**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2013

**Transaction ID : 11808468**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Texans For Henry Cuellar Congressional Campaign**

Mailing Address 1519 Washington Street  
Suite 200

City Laredo State TX Zip Code 78042

Purpose of Disbursement

011

Candidate Name

**Rep. Henry Cuellar**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 28

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2013

**Transaction ID : 11808469**

Amount of Each Disbursement this Period

1000.00

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

3000.00

**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. Welch For Congress**

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement

011

Candidate Name

**Rep. Peter Welch**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2013

**Transaction ID : 11808501**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr. Raul Ruiz For Congress**

Mailing Address PO Box 6116

City La Quinta State CA Zip Code 92248

Purpose of Disbursement

011

Candidate Name

**Rep. Raul Ruiz MD**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2013

**Transaction ID : 11808502**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. John D. Dingell For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

**Rep. John Dingell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2013

**Transaction ID : 11859754**

Amount of Each Disbursement this Period

1000.00

**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. Mckinley For Congress**

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. David McKinley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7		2	0	1	3		

**Transaction ID : 11926515**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Van Hollen For Congress**

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Chris Van Hollen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7		2	0	1	3		

**Transaction ID : 11926516**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Michael C. Burgess**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7		2	0	1	3		

**Transaction ID : 11926519**

Amount of Each Disbursement this Period

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

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

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

7	5	0	0	.	0	0
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2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Rheumatology (RheumPAC)**

Full Name (Last, First, Middle Initial)

**A. Jim Gerlach For Congress Committee**

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. James Gerlach**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2013

**Transaction ID : 11926520**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends Of Lois Capps**

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Lois Capps**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2013

**Transaction ID : 11926521**

Amount of Each Disbursement this Period

1000.00

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

Category/  
Type

Candidate Name

**Rep. Charles Boustany Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2013

**Transaction ID : 11926522**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Dave Camp For Congress**

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. David Camp**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	6			2	0	1	3		

**Transaction ID : 12033130**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Upton For All Of Us**

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Frederick Upton**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	6			2	0	1	3		

**Transaction ID : 12033131**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Marsha Blackburn For Congress Inc.**

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Marsha Blackburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

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

**Transaction ID : 12054154**

Amount of Each Disbursement this Period

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

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

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

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Enzi For Us Senate**

Mailing Address PO Box 2775

City State Zip Code  
Cody WY 82414

Purpose of Disbursement

011

Candidate Name

**Sen. Mike Enzi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WY District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2013

**Transaction ID : 12054156**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Lance For Congress**

Mailing Address PO Box 225

City State Zip Code  
Colonia NJ 07067

Purpose of Disbursement

011

Candidate Name

**Rep. Leonard Lance**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2013

**Transaction ID : 12058508**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City State Zip Code  
Spokane WA 99210

Purpose of Disbursement

011

Candidate Name

**Rep. Cathy McMorris Rodgers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2013

**Transaction ID : 12059194**

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Blumenauer For Congress**

Mailing Address 830 Ne Holladay, #105

City State Zip Code  
Portland OR 97232

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Earl Blumenauer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2013

**Transaction ID : 12063322**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Bill Cassidy For Us Senate**

Mailing Address PO Box 80505

City State Zip Code  
Baton Rouge LA 70898

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**William Cassidy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2013

**Transaction ID : 12063351**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Hagan For Us Senate Inc**

Mailing Address PO Box 29103

City State Zip Code  
Greensboro NC 27429

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Kay Hagan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2013

**Transaction ID : 12068929**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4500.00
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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. Texans For Senator John Cornyn Inc**

Mailing Address 6850 Austin Centre Blvd  
Suite 180

City Austin State TX Zip Code 78731

Purpose of Disbursement

011

Candidate Name

**Sen. John Cornyn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2013

**Transaction ID : 12069689**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Price For Congress**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

011

Candidate Name

**Rep. Thomas Price M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2013

**Transaction ID : 12069797**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Pascrell For Congress**

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement

011

Candidate Name

**Rep. William Pascrell Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2013

**Transaction ID : 12112520**

Amount of Each Disbursement this Period

1000.00

**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. Andy Harris For Congress**

Mailing Address PO Box 604

City State Zip Code  
Bel Air MD 21014

Purpose of Disbursement

011

Candidate Name

**Rep. Andy Harris**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2013

**Transaction ID : 12112521**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Bennet For Colorado**

Mailing Address PO Box 3078

City State Zip Code  
Denver CO 80201

Purpose of Disbursement

011

Candidate Name

**Sen. Michael Bennet**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2013

**Transaction ID : 12112523**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City State Zip Code  
Sacramento CA 95841

Purpose of Disbursement

011

Candidate Name

**Rep. Michael Thompson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2013

**Transaction ID : 12112524**

Amount of Each Disbursement this Period

1000.00

**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. Friends Of Jack Kingston**

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement

011

Candidate Name

**Rep. Jack Kingston**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2013

**Transaction ID : 12116426**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Hoyer For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

**Rep. Steny Hoyer**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MD District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2013

**Transaction ID : 12116428**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Ryan For Congress**

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement

011

Candidate Name

**Rep. Paul Ryan**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WI District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2013

**Transaction ID : 12116429**

Amount of Each Disbursement this Period

1000.00

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

3500.00

**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: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2013

**Transaction ID : 12116432**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mark Pryor For Us Senate**

Mailing Address PO Box 2720

City State Zip Code  
Little Rock AR 72203

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Mark Pryor**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2013

**Transaction ID : 12116434**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Roskam For Congress Committee**

Mailing Address P. O. Box 713

City State Zip Code  
Wheaton IL 60187

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Peter Roskam**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2013

**Transaction ID : 12116449**

Amount of Each Disbursement this Period

1000.00

**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)

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<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 Lois Capps**

Mailing Address PO Box 23940

City State Zip Code  
Santa Barbara CA 93121

Purpose of Disbursement

011

Candidate Name  
**Rep. Lois Capps**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2013

Transaction ID : 12116450

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. 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  
State: WA District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2013

Transaction ID : 12117219

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City State Zip Code  
Sacramento CA 95841

Purpose of Disbursement

011

Candidate Name  
**Rep. Michael Thompson**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2013

Transaction ID : 12141160

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00
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**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. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Devin Nunes**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : 12141161**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1000.00

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

69000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank Charges**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
July Bank and Credit Card Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 11860051**

Amount of Each Disbursement this Period

July Bank and Credit Card Fees

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank Charges**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
August Bank and Credit Card Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 11909658**

Amount of Each Disbursement this Period

August Bank and Credit Card Fees

Full Name (Last, First, Middle Initial)

**C. SunTrust Bank Charges**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
September Bank and CC fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 12058505**

Amount of Each Disbursement this Period

September Bank and CC fees

**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  
October Bank and CC fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 12058507**

Amount of Each Disbursement this Period

October Bank and CC 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  
November Bank and Credit Card fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 12141412**

Amount of Each Disbursement this Period

November Bank and Credit Card fees

Full Name (Last, First, Middle Initial)

**C. SunTrust Bank Charges**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
December Bank and Credit Card Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 12230590**

Amount of Each Disbursement this Period

December Bank and Credit Card Fees

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

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