

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

American College of Rheumatology (RheumPAC)

ADDRESS (number and street) 2200 Lake Boulevard NE

(Check if address is changed)

Atlanta

CITY ▲

GA

STATE ▲

30319

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

rheumpac@rheumatology.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.rheumpac.org

2. DATE 01 / 21 / 2023

3. FEC IDENTIFICATION NUMBER ▶

C C00432823

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Blumstein, Howard, , Dr.,

Signature of Treasurer Blumstein, Howard, , Dr.,

Date 01 / 26 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- 1.
- 2.

C
C

Write or Type Committee Name

American College of Rheumatology (RheumPAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

American College of Rheumatology

Mailing Address 2200 Lake Boulevard NE

Atlanta GA 30319

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: [X] Connected Organization [] Affiliated Organization [] Joint Fundraising Representative [] Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Colston, Paige, , ,

Mailing Address 800 Maine Ave SW

6th Floor

Washington DC 20024

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Mrg.PAC & Grassroots

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Blumstein, Howard, , Dr.,

Mailing Address 2200 Lake Boulevard NE

Atlanta GA 30319

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Rheumatologist

Telephone number 404 633 3777

Full Name of Designated Agent

Colston, Paige, , ,

Mailing Address

800 Maine Ave Sw

6th Floor

Washington

DC

20024

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Mgr.PAC & Grassroots

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

3116 Peachtree Rd NE

Atlanta

GA

30305

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Truist Bank

Mailing Address

4030 Peachtree Rd NE

Brookhaven

GA

30319

CITY ▲

STATE ▲

ZIP CODE ▲