

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

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

FOR LINE NUMBER: PAGE 45 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Allen, Everett, , ,

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 (for Individual)
Rheumatology Assoc. South Texas

Occupation (for Individual)
Rheumatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2019

Transaction ID : 17215911

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Phillips, Christopher, R., MD

Mailing Address 100 Kiana Ct. Suite B

City
Paducah

State
KY

Zip Code
42001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Paducah Rheumatology

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2019

Transaction ID : 17216622

Amount of Each Receipt this Period

610.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Desir, Deborah, D., MD

Mailing Address 11 Zak Hill Dr.

City
Woodbridge

State
CT

Zip Code
06525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yale-New Haven Medical Center

Occupation (for Individual)
Physician, Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2019

Transaction ID : 17233313

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1235.00