

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 12

(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. Jessee, Ryan, Christopher, ,

Mailing Address 1228 Great Egret Way

City
DurhamState
NCZip Code
27713FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Duke University HospitalOccupation (for Individual)
Clinical Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 06 / 2020

Transaction ID : 17274549

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Desir, Deborah, D., , MD

Mailing Address 11 Zak Hill Dr.

City
WoodbridgeState
CTZip Code
06525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yale-New Haven Medical CenterOccupation (for Individual)
Physician, Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 17 / 2020

Transaction ID : 17298138

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Worthing, Angus, , Dr., MD

Mailing Address 5025 Sherier Place NW

City
WashingtonState
DCZip Code
20016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arthritis & Rheumatism Associates, PCOccupation (for Individual)
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
01 / 18 / 2020

Transaction ID : 17298502

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

2750.00

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