

# **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)

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☒ 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. Kumar, Bharat, , ,**

Mailing Address 200 Hawkins Drive

City  
Iowa City

State  
IA

Zip Code  
52242

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Iowa Hospitals and Clini

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 22 / 2019

**Transaction ID : 15755523**

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 3018 Dixwell Ave.

City  
Hamden

State  
CT

Zip Code  
06518

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arthritis and Osteoporosis PC

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2019

**Transaction ID : 15757650**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Koumpouras, Fotios, , ,**

Mailing Address 300 Cedar Street  
TAC S541, PO Box 208031

City  
New Haven

State  
CT

Zip Code  
06520

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yale University School of Medicine

Occupation (for Individual)  
Asst. Professor of Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2019

**Transaction ID : 15757656**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00