

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

ADDRESS (number and street) 1700 ROCKVILLE PIKE SUITE 220

Check if different than previously reported. (ACC) ROCKVILLE MD 20852

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00409391

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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |                                                                |
|--------------------------------------|--------------------------------------|---------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |                                           |                                        |                                       |
|-------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day **Post -Election** Report for the:
- |                                        |                                       |                                        |
|----------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|----------------------------------------|---------------------------------------|----------------------------------------|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2009 through 06 30 2009

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 Rona Eisenberger

Signature of Treasurer Electronically Filed by Rona Eisenberger Date 01 27 2010

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							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		93206.73
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	93206.73									
(c) Total Receipts (from Line 19) .....	69226.79	69226.79								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	162433.52	162433.52								
7. Total Disbursements (from Line 31) .....	31127.00	31127.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	131306.52	131306.52								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	64800.00	64800.00
(ii) Unitemized .....	480.00	480.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	65280.00	65280.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	3946.79	3946.79
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	69226.79	69226.79
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.) .....	0.00	0.00
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 Transfer (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)) .....	69226.79	69226.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	69226.79	69226.79

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	1562.61	1562.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1562.61	1562.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	16500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	13064.39	13064.39
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	31127.00	31127.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31127.00	31127.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	69226.79	69226.79
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	69226.79	69226.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1562.61	1562.61
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1562.61	1562.61

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 48  
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Michael Adcox

Mailing Address 5610 W Gage Street  
Suite A

City State Zip Code  
Boise ID 83706

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

Name of Employer Idaho Nephrology Associates  
Occupation Nephrologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2009

Transaction ID: SA11AI.4224

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Jay Agarwal

Mailing Address 399 East Highland Ave.  
#301

City State Zip Code  
San Bernadino CA 92406

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

Name of Employer Nephrology Associates  
Occupation Nephrologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: SA11AI.4362

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Chester Amedia

Mailing Address 4822 Market Street

City State Zip Code  
Boardman OH 44512

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

Name of Employer CelVida LLC  
Occupation Nephrologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: SA11AI.4338

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2100.00**

**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 7 / 48  
(check only one)

<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)  
**RENAL PHYSICIANS ASSOCIATION PAC RPA PAC**

**A.**

Full Name (Last, First, Middle Initial) Dr. Yogesh Amin		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address 14437 N 55th Place		<b>Transaction ID:</b> SA11AI.4248
City Scottsdale	State AZ	Zip Code 85254
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer Arizona Kidney Disease and Hyp	Occupation Nephrologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Farida Baig		Date of Receipt MM / DD / YYYY 03 / 26 / 2009
Mailing Address 39328 Magnolia Trace		<b>Transaction ID:</b> SA11AI.4346
City Ponchatoula	State LA	Zip Code 70454
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
Name of Employer Self	Occupation Nephrologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Radha Bala		Date of Receipt MM / DD / YYYY 04 / 20 / 2009
Mailing Address 5750 W Thunderbird Rd Suite G790		<b>Transaction ID:</b> SA11AI.4468
City Glendale	State AZ	Zip Code 85306
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Arizona Kidney Disease and Hyp	Occupation Nephrologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2400.00</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: PAGE 8 / 48  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**RENAL PHYSICIANS ASSOCIATION PAC RPA PAC**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Jeffrey Blomstedt</p> <p>Mailing Address 78 French King Way</p> <p>City State Zip Code Gill MA 01354</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Western New England Renal      Occupation: Nephrologist</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">04 / 14 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.4250</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. Venugopal Botla</p> <p>Mailing Address 2600 S Town Center Drive Suite 2166</p> <p>City State Zip Code Las Vegas NV 89135</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Kidney Specialists of S Nevada      Occupation: Nephrologist</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 11 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.4218</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Gregory Braden</p> <p>Mailing Address 300 Birnie Ave. Suite 300</p> <p>City State Zip Code Springfield MA 01107</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Western New England Renal      Occupation: Nephrologist</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">600.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 14 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.4260</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">600.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1400.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**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 / 48
	<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)  
**RENAL PHYSICIANS ASSOCIATION PAC RPA PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Eileen Brewer	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 7511 Morningside	<b>Transaction ID:</b> SA11AI.4392
	City State Zip Code Houston TX 77030	Amount of Each Receipt this Period 900.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Texas Childrens Hospital Nephrologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Wesley Calhoun	Date of Receipt MM / DD / YYYY 01 / 05 / 2009
	Mailing Address 7142 San Pedro Ave. Suite 120	<b>Transaction ID:</b> SA11AI.4318
	City State Zip Code San Antonio TX 78216	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation San Antonio Kidney Disease Cen Nephrologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Laurence Carroll	Date of Receipt MM / DD / YYYY 05 / 16 / 2009
	Mailing Address 33 Wythe Circle	<b>Transaction ID:</b> SA11AI.4244
	City State Zip Code Lancaster PA 17601	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Hypertension and Kidney Speci Nephrologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1550.00</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: PAGE 10 / 48

(check only one)

<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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Gerardo Chica

Mailing Address 7142 San Pedro Ave.  
Suite120

City State Zip Code  
San Antonio TX 78216

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

Name of Employer Occupation  
San Antonio Kidney Disease Nephrologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.4230

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Susan Ciampaglia

Mailing Address 500 Speedwell Forge Rd

City State Zip Code  
Lititz PA 17543

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

Name of Employer Occupation  
Hypertension and Kidney Specia Nephrologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.4246

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Kerry Cooper

Mailing Address 9117 E Via Del Sol Dr.

City State Zip Code  
Scottsdale AZ 85255

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

Name of Employer Occupation  
Arizona Kidney Disease and Hyp Nephrologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4274

Amount of Each Receipt this Period

300.00

**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: PAGE 11 / 48  
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Cindy Corpier

Mailing Address 13154 Coit Road  
Suite 100

City State Zip Code  
Dallas TX 75240

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

Name of Employer Dallas Nephrology Associates  
Occupation Nephrologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** SA11AI.4378

Amount of Each Receipt this Period  
600.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Wayne Cumbria

Mailing Address 3935 Flying Cloud Lane

City State Zip Code  
Lake Havasu City AZ 86406

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

Name of Employer Arizona Kidney Disease and Hyp  
Occupation Nephrologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2009

**Transaction ID:** SA11AI.4298

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Larry Davis

Mailing Address 7142 San Pedro Ave  
Suite 120

City State Zip Code  
San Antonio TX 78216

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

Name of Employer San Antonio Kidney Disease Cen  
Occupation Nephrologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** SA11AI.4310

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1950.00**

**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 12 / 48  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Thomas DelGiorno

Mailing Address 8815 Germantown Ave.  
Suite 33

City Philadelphia State PA Zip Code 19118

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

Name of Employer Delaware Valley Nephrology Occupation Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 20 / 2009  
Transaction ID: SA11AI.4448  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Sachin Desai

Mailing Address 15225 N 40th Street  
Bldg 5-135

City Phoenix State AZ Zip Code 85032

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

Name of Employer Arizona Kidney Disease and Hyp Occupation Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 20 / 2009  
Transaction ID: SA11AI.4472  
Amount of Each Receipt this Period 300.00

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

Mailing Address 7142 San Pedro Ave.  
Suite 120

City San Antonio State TX Zip Code 78216

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

Name of Employer San Antonio Kidney Disease Cen Occupation Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 05 / 2009  
Transaction ID: SA11AI.4328  
Amount of Each Receipt this Period 350.00

**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: PAGE 13 / 48  
(check only one)

<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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Arley Diaz

Mailing Address 300 Birnie Ave.  
Suite 300

City Springfield State MA Zip Code 01107

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

Name of Employer Western New England Renal Occupation Nephrologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: MM / DD / YYYY  
05 / 14 / 2009

Transaction ID: SA11AI.4270

Amount of Each Receipt this Period: 600.00

**B.**

Full Name (Last, First, Middle Initial)  
David Doane

Mailing Address 1420 Viceroy

City Dallas State TX Zip Code 75235

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

Name of Employer Dallas Nephrology Associates Occupation Practice Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY  
01 / 26 / 2009

Transaction ID: SA11AI.4300

Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Jeremiah Eagen

Mailing Address 802 Jefferson Ave  
McAuley Building, 4th Floor

City Scranton State PA Zip Code 18510

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

Name of Employer Northeast Pennsylvania Nephrol Occupation Nephrologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: MM / DD / YYYY  
06 / 25 / 2009

Transaction ID: SA11AI.4474

Amount of Each Receipt this Period: 600.00

**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: PAGE 14 / 48  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Stephen Fadem

Mailing Address 6624 Fannin  
Suite 1400

City State Zip Code  
Houston TX 77030

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

Name of Employer Occupation  
Kidney Associates PLLC Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** SA11AI.4342

Amount of Each Receipt this Period  
1200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Alfredo Fiallo

Mailing Address 7142 San Pedro Ave.  
Suite 120

City State Zip Code  
San Antonio TX 78216

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

Name of Employer Occupation  
San Antonio Kidney Disease Cen Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** SA11AI.4306

Amount of Each Receipt this Period  
350.00

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

Mailing Address 7 Running Brook Court

City State Zip Code  
Owings Mills MD 21117

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

Name of Employer Occupation  
Johns Hopkins University Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** SA11AI.4366

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1850.00**

**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 15 / 48  
(check only one)

<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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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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Mitchell Fogel

Mailing Address 900 Madison Ave

City State Zip Code  
Bridgeport CT 06606

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

Name of Employer Occupation  
Nephrology Associates, PC Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2009

Transaction ID: SA11AI.4214

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Terrance Fried

Mailing Address 7142 San Pedro Ave.  
Suite 120

City State Zip Code  
San Antonio TX 78216

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

Name of Employer Occupation  
San Antonio Kidney Disease Cen Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2009

Transaction ID: SA11AI.4316

Amount of Each Receipt this Period  
350.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Robert Fuld

Mailing Address 40 River Oaks Circle

City State Zip Code  
Baltimore MD 21208

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

Name of Employer Occupation  
Mid Atlantic Nephrology Assoc Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: SA11AI.4368

Amount of Each Receipt this Period  
300.00

**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: PAGE 16 / 48  
(check only one)

<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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Peter F Fumo

Mailing Address 2 Penn Blvd Suite 112

City Philadelphia State PA Zip Code 19144

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

Name of Employer Delaware Valley Nephrology Occupation Nephrologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 22 / 2009  
**Transaction ID:** SA11AI.4638  
 Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Leland Garrett

Mailing Address 3604 Bush Street

City Raleigh State NC Zip Code 27609

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

Name of Employer Wake Nephrology Associates Occupation Nephrologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 03 / 16 / 2009  
**Transaction ID:** SA11AI.4462  
 Amount of Each Receipt this Period: 600.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Renee Garrick

Mailing Address 92 Brundage Ridge Rd

City Bedford State NY Zip Code 10506

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

Name of Employer Nephrology Associates of Westc Occupation Nephrologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 26 / 2009  
**Transaction ID:** SA11AI.4388  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1850.00**

**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 17 / 48  
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Michael Germain

Mailing Address 192 Wilbrahan Rd

City State Zip Code  
Hampden MA 01036

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

Name of Employer  
Western New England Renal and  
Occupation  
Nephrologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2009

**Transaction ID:** SA11AI.4356

Amount of Each Receipt this Period  
600.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Christopher Glanton

Mailing Address 7142 San Pedro Ave.  
Suite 120

City State Zip Code  
San Antonio TX 78216

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

Name of Employer  
San Antonio Kidney Disease Cen  
Occupation  
Nephrologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 12 / 2009

**Transaction ID:** SA11AI.4332

Amount of Each Receipt this Period  
350.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Steven Gouge

Mailing Address 7142 San Pedro Ave.  
Suite 120

City State Zip Code  
San Antonio TX 78216

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

Name of Employer  
San Antonio Kidney Disease Cen  
Occupation  
Nephrologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 05 / 2009

**Transaction ID:** SA11AI.4324

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**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 / 48
	<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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

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

Mailing Address PO Box 7101

City Lancaster State PA Zip Code 17604

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

Name of Employer Hypertension and Kidney Specia  
Occupation Nephrologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 16 / 2009  
Transaction ID: SA11AI.4242  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Patricia Harms

Mailing Address 9375 E Harrison Park Dr.

City Tucson State AZ Zip Code 85749

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

Name of Employer Arizona Kidney Disease and Hyp  
Occupation Practice Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 26 / 2009  
Transaction ID: SA11AI.4390  
Amount of Each Receipt this Period 300.00

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

Mailing Address 144 Chateau St. Michel

City Kenner State LA Zip Code 70065

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

Name of Employer Nephrology Associates  
Occupation Nephrologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2009  
Transaction ID: SA11AI.4380  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 1100.00

**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 19 / 48

(check only one)

<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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Claudia Hura

Mailing Address 7142 San Pedro Ave.  
Suite 120

City State Zip Code  
San Antonio TX 78216

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

Name of Employer San Antonio Kidney Disease Cen  
Occupation Nephrologist

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.4308

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Melissa Isbell

Mailing Address 7434 Louis Pasteur  
Suite 109

City State Zip Code  
San Antonio TX 78229

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

Name of Employer Renal Associates PA  
Occupation Nephrologist

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4376

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Lin Johnson

Mailing Address 7142 San Pedro Ave.  
Suite 120

City State Zip Code  
San Antonio TX 78216

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

Name of Employer San Antonio Kidney Disease Cen  
Occupation Nephrologist

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.4314

Amount of Each Receipt this Period

350.00

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

1000.00

**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 20 / 48

(check only one)

<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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Edward R Jones

Mailing Address Two Penn Blvd  
Suite 112

City State Zip Code  
Philadelphia PA 19144

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

Name of Employer Delaware Valley Nephrology  
Occupation Nephrologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4374

Amount of Each Receipt this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Mohamed Kamel

Mailing Address 120 Woods Rd

City State Zip Code  
Northampton MA 01062

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

Name of Employer Western New England Renal  
Occupation Nephrologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.4254

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Matthias Kapturczak

Mailing Address 7142 San Pedro Ave.  
Suite 120

City State Zip Code  
San Antonio TX 78216

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

Name of Employer San Antonio Kidney Disease Cen  
Occupation Nephrologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.4330

Amount of Each Receipt this Period

350.00

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

1850.00

**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 21 / 48  
(check only one)

<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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Robert Kenney

Mailing Address 5950 Highland Road

City State Zip Code  
Baton Rouge LA 70808

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

Name of Employer Occupation  
Renal Associates of Baton Rouge Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: SA11AI.4396

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Robert Kossmann

Mailing Address 2003 Calle Lejano

City State Zip Code  
Santa Fe NM 87501

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

Name of Employer Occupation  
Nephrophiles LLC Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: SA11AI.4350

Amount of Each Receipt this Period  
1200.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Rahul Koushik

Mailing Address 7142 San Pedro Ave.  
Suite 120

City State Zip Code  
San Antonio TX 78216

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

Name of Employer Occupation  
San Antonio Kidney Disease Cen Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: SA11AI.4302

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2550.00

**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 22 / 48  
(check only one)

<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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.**

Full Name (Last, First, Middle Initial) Dr. Larry Lehrner		Date of Receipt MM / DD / YYYY 03 / 25 / 2009
Mailing Address 500 S Rancho Dr. Suite 12		<b>Transaction ID:</b> SA11AI.4336
City Las Vegas	State NV	Zip Code 89106
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer Kidney Specialists of S Nevada	Occupation Nephrologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Marc Leiserowitz		Date of Receipt MM / DD / YYYY 06 / 11 / 2009
Mailing Address 500 S Rancho Dr. Suite 12		<b>Transaction ID:</b> SA11AI.4216
City Las Vegas	State NV	Zip Code 89106
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Kidney Specialists of S Nevada	Occupation Nephrologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Jeffrey Levine		Date of Receipt MM / DD / YYYY 05 / 16 / 2009
Mailing Address 89 Warwick Road		<b>Transaction ID:</b> SA11AI.4238
City Lititz	State PA	Zip Code 17543
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Hypertension and Kidney Specia	Occupation Nephrologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3800.00</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 23 / 48
	<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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas Lim	Date of Receipt MM / DD / YYYY 06 / 11 / 2009
	Mailing Address 7127 Los Banderos Ave	<b>Transaction ID:</b> SA11AI.4220
	City State Zip Code Las Vegas NV 89179	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Kidney Specialists of S Nevada Occupation: Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. George Lipkowitz	Date of Receipt MM / DD / YYYY 05 / 14 / 2009
	Mailing Address 300 Birnie Ave Suite 300	<b>Transaction ID:</b> SA11AI.4252
	City State Zip Code Springfield MA 01107	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Western New England Renal Occupation: Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joy Logan	Date of Receipt MM / DD / YYYY 04 / 29 / 2009
	Mailing Address 13837 N Silvercreek Place	<b>Transaction ID:</b> SA11AI.4292
	City State Zip Code Oro Vallay AZ 85755	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Arizona Kidney Disease and Hyp Occupation: Practice Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1900.00
<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 / 48  
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Wolfgang Lohrmann

Mailing Address 338 Fruin Road

City State Zip Code  
Mooreville NC 28117

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

Name of Employer Occupation  
Kidney Care PC Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** SA11AI.4364

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Robert Madden

Mailing Address 208 Ashley Avenue

City State Zip Code  
West Springfield MA 01069

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

Name of Employer Occupation  
Western New England Renal and Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2009

**Transaction ID:** SA11AI.4268

Amount of Each Receipt this Period  
600.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Franklin Maddux

Mailing Address 2080 Berry Hill Rd

City State Zip Code  
Danville VA 24541

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

Name of Employer Occupation  
Gamewood Inc Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** SA11AI.4409

Amount of Each Receipt this Period  
600.00

**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: PAGE 25 / 48  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey Martin

Mailing Address 112 Ridgefield Way

City State Zip Code  
Lititz PA 17543

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

Name of Employer: Hypertension and Kidney Specialia  
Occupation: Nephrologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt: MM / DD / YYYY  
05 / 16 / 2009

**Transaction ID:** SA11AI.4240

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Elzbieta McMurtrie

Mailing Address 7142 San Pedro Ave.  
Suite 120

City State Zip Code  
San Antonio TX 78216

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

Name of Employer: San Antonio Kidney Disease Cen  
Occupation: Nephrologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt: MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** SA11AI.4312

Amount of Each Receipt this Period  
350.00

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

Mailing Address 2865 Siena Heights Dr  
Suite 140

City State Zip Code  
Henderson NV 89052

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

Name of Employer: Kidney Specialists of Southern  
Occupation: Nephrologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt: MM / DD / YYYY  
02 / 12 / 2009

**Transaction ID:** SA11AI.4454

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2150.00**

**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 26 / 48  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Arthur Morris

Mailing Address 855 Madison Street

City State Zip Code  
Oak Park IL 60302

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

Name of Employer: Nephrology Associates of North  
Occupation: Nephrologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 01 / 20 / 2009  
**Transaction ID: SA11AI.4450**  
 Amount of Each Receipt this Period: 2500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Thomas Neumann

Mailing Address 294 W State Route 89A suite 215

City State Zip Code  
Cottonwood AZ 86326

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

Name of Employer: Arizona Kidney Disease and Hyp  
Occupation: Nephrologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 05 / 02 / 2009  
**Transaction ID: SA11AI.4290**  
 Amount of Each Receipt this Period: 600.00

**C.** Full Name (Last, First, Middle Initial)  
Brian O'Dea

Mailing Address 855 Madison Street

City State Zip Code  
Oak Park IL 60302

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

Name of Employer: Nephrology Associates of North  
Occupation: Practice Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 01 / 20 / 2009  
**Transaction ID: SA11AI.4452**  
 Amount of Each Receipt this Period: 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5600.00

**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 27 / 48
	<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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Michael O'Shea	Date of Receipt MM / DD / YYYY 05 / 14 / 2009
	Mailing Address 300 Birnie Ave. Suite 300	<b>Transaction ID:</b> SA11AI.4262
	City Springfield State MA Zip Code 01107	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Western New England Renal Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Demitry Opolinsky	Date of Receipt MM / DD / YYYY 05 / 20 / 2009
	Mailing Address 149 North Street	<b>Transaction ID:</b> SA11AI.4470
	City Waterville State ME Zip Code 04109	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer MaineGeneral Medical Center Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Paul Palevsky	Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 109 Bell Farm Estates	<b>Transaction ID:</b> SA11AI.4460
	City Sewickley State PA Zip Code 15143	Amount of Each Receipt this Period 900.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer VA Pittsburgh Healthcare Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2100.00
<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 28 / 48  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Manish Pandya

Mailing Address 622 West Maple Street  
Sutie H

City Farmington State NM Zip Code 87401

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

Name of Employer Four Corners Nephrology Occupation Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 26 / 2009  
Transaction ID: SA11AI.4360  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Bhavesh Patel

Mailing Address 8630-D Svanna Oaks Bay

City Woodbury State MN Zip Code 55125

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

Name of Employer Health Partners Occupation Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 26 / 2009  
Transaction ID: SA11AI.4370  
Amount of Each Receipt this Period 300.00

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

Mailing Address 6240 Montrose Rd

City Rockville State MD Zip Code 20852

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

Name of Employer Renal Associates of Montgomery Occupation Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 10 / 2009  
Transaction ID: SA11AI.4464  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 900.00

**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 / 48  
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**RENAL PHYSICIANS ASSOCIATION PAC RPA PAC**

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Michael Plager

Mailing Address 438 Adams Road

City State Zip Code  
Greenfield MA 01301

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

Name of Employer Western New England Renal Occupation Nephrologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2009

**Transaction ID:** SA11AI.4264

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Anthony Poindexter

Mailing Address 57 Olney Road

City State Zip Code  
Palmer MA 01069

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

Name of Employer Western New England Renal Occupation Nephrologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2009

**Transaction ID:** SA11AI.4266

Amount of Each Receipt this Period  
600.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Neville Pokroy

Mailing Address 500 S Rancho Drive Suite 12

City State Zip Code  
Las Vegas NV 89106

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

Name of Employer Kidney Specialists of S Nevada Occupation Nephrologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2009

**Transaction ID:** SA11AI.4222

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1900.00**

**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 30 / 48  
(check only one)

<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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.**

Full Name (Last, First, Middle Initial) Dr. David Poppel		Date of Receipt MM / DD / YYYY 05 / 14 / 2009
Mailing Address 300 Birnie Ave. Suite 300		<b>Transaction ID:</b> SA11AI.4272
City Springfield	State MA	Zip Code 01107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer Western New England Renal	Occupation Nephrologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Jeffrey Posner		Date of Receipt MM / DD / YYYY 04 / 18 / 2009
Mailing Address 1838 Greene Tree Rd		<b>Transaction ID:</b> SA11AI.4228
City Baltimore	State MD	Zip Code 21208
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Mid-Atlantic Nephrology Assoc.	Occupation Nephrologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) Susan Price		Date of Receipt MM / DD / YYYY 04 / 21 / 2009
Mailing Address 3003 North Central Ave Suite 400		<b>Transaction ID:</b> SA11AI.4278
City Phoenix	State AZ	Zip Code 85012
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Arizona Kidney Disease and Hyp	Occupation Practice Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<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 31 / 48  
(check only one)

<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)  
**RENAL PHYSICIANS ASSOCIATION PAC RPA PAC**

**A.**

Full Name (Last, First, Middle Initial) Dr. Robert Provenzano		Date of Receipt MM / DD / YYYY 03 / 26 / 2009
Mailing Address 22201 Moross Rd Suite 150		<b>Transaction ID:</b> SA11AI.4340
City Detroit	State MI	Zip Code 48236
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
Name of Employer St. Clair Specialty Physi- cians	Occupation Nephrologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Ganesh Pulla		Date of Receipt MM / DD / YYYY 03 / 26 / 2009
Mailing Address 6125 Green Bay Rd #100		<b>Transaction ID:</b> SA11AI.4348
City Kenosha	State WI	Zip Code 53142
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer SMGSC	Occupation Nephrologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Laura Rankin		Date of Receipt MM / DD / YYYY 03 / 26 / 2009
Mailing Address 605 NW 144th Street		<b>Transaction ID:</b> SA11AI.4354
City Edmond	State OK	Zip Code 73013
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1200.00
Name of Employer Kidney Specialists of Cen- tral	Occupation Nephrologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</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: PAGE 32 / 48

(check only one)

<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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Vijaykumar Rao		Date of Receipt MM / DD / YYYY 03 / 26 / 2009		
	Mailing Address 305 Ashley Ct		<b>Transaction ID:</b> SA11AI.4398		
	City Oak Brook	State IL	Zip Code 60523	Amount of Each Receipt this Period 1500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Associates in Nephrology	Occupation Nephrologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
1500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. David Raskin		Date of Receipt MM / DD / YYYY 03 / 13 / 2009		
	Mailing Address 15225 N 40th Street Bldg 5-135		<b>Transaction ID:</b> SA11AI.4456		
	City Phoenix	State AZ	Zip Code 85032	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Arizona Kidney Disease and Hyp	Occupation Nephrologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. John Reineck		Date of Receipt MM / DD / YYYY 01 / 05 / 2009		
	Mailing Address 7142 San Pedro Ave. Suite 120		<b>Transaction ID:</b> SA11AI.4322		
	City San Antonio	State TX	Zip Code 78216	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer San Antonio Kidney Disease Cen	Occupation Nephrologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2350.00
<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 33 / 48  
(check only one)

<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

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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Catherine Richardson

Mailing Address 1802 S. Yakima #208

City Tacoma State WA Zip Code 98405

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

Name of Employer Pacific Nephrology Associates Occupation Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 26 / 2009

Transaction ID: SA11AI.4384

Amount of Each Receipt this Period 600.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. John Richmond

Mailing Address 1506 Broadrick Drive

City Dalton State GA Zip Code 30720

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

Name of Employer Nephrology & Hypertension Spec Occupation Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 20 / 2009

Transaction ID: SA11AI.4466

Amount of Each Receipt this Period 600.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Alejandro Rivero

Mailing Address PO Box 65826

City Tucson State AZ Zip Code 85728

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

Name of Employer Arizona Kidney Disease and Hyp Occupation Nephrologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 21 / 2009

Transaction ID: SA11AI.4286

Amount of Each Receipt this Period 300.00

**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: PAGE 34 / 48  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Charles Rodenberger

Mailing Address 504 Randolph Drive

City State Zip Code  
Lititz PA 17543

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

Name of Employer: Hypertension and Kidney Specialia  
Occupation: Nephrologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt: 05 / 16 / 2009  
**Transaction ID:** SA11AI.4232  
 Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Michael Roppolo

Mailing Address 4950 Essen Lane Suite 400

City State Zip Code  
Baton Rouge LA 70809

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

Name of Employer: Renal Associates of Baton Rouge  
Occupation: Nephrologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: 03 / 13 / 2009  
**Transaction ID:** SA11AI.4458  
 Amount of Each Receipt this Period: 1000.00

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

Mailing Address 7142 San Pedro Ave. Suite 120

City State Zip Code  
San Antonio TX 78216

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

Name of Employer: San Antonio Kidney Disease Center  
Occupation: Nephrologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt: 01 / 05 / 2009  
**Transaction ID:** SA11AI.4320  
 Amount of Each Receipt this Period: 350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1650.00**

**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 35 / 48

(check only one)

<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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Atul Roy		Date of Receipt	
	Mailing Address 1140 Olivewood Dr.		M M / D D / Y Y Y Y Y 03 / 26 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4358
	Merced	CA	95348	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		600.00	
Name of Employer Self		Occupation Nephrologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		600.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Paul Sacks		Date of Receipt	
	Mailing Address 776 E Circle Rd		M M / D D / Y Y Y Y Y 06 / 23 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4226
	Phoenix	AZ	85020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		300.00	
Name of Employer Arizona Kidney Disease and Hyp		Occupation Nephrologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Gary E Saito		Date of Receipt	
	Mailing Address 700 E Broadway Blvd Ste 100		M M / D D / Y Y Y Y Y 04 / 22 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4640
	Tuscon	AZ	85719	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		300.00	
Name of Employer AZ Kidney Disease & Hyper-tensi		Occupation Nephrologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

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

1200.00

**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 36 / 48  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Peter Santos

Mailing Address 3821 E Waller Lane

City State Zip Code  
Phoenix AZ 85050

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

Name of Employer Arizona Kidney Disease and Hyp      Occupation Nephrologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

**Transaction ID:** SA11AI.4276

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Rebecca Schmidt

Mailing Address 4011 Cedar Ct

City State Zip Code  
Morgantown WV 26505

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

Name of Employer West Virginia University      Occupation Nephrologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

**Transaction ID:** SA11AI.4386

Amount of Each Receipt this Period  
600.00

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

Mailing Address 4582 East White Drive

City State Zip Code  
Phoenix AZ 85253

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

Name of Employer Arizona Kidney Disease and Hyp      Occupation Nephrologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

**Transaction ID:** SA11AI.4352

Amount of Each Receipt this Period  
1200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

**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 37 / 48
	<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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Lance Sloan	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 10 Medical Center Blvd Suite A	<b>Transaction ID:</b> SA11AI.4372
	City Lufkin State TX Zip Code 75904	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James Lynn Stewart	Date of Receipt MM / DD / YYYY 01 / 05 / 2009
	Mailing Address 7142 San Pedro Ave. Suite 120	<b>Transaction ID:</b> SA11AI.4326
	City San Antonio State TX Zip Code 78216	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer San Antonio Kidney Disease Cen Occupation Practice Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. G. Delaney Sturgeon	Date of Receipt MM / DD / YYYY 05 / 01 / 2009
	Mailing Address 2263 E Riverdale Street	<b>Transaction ID:</b> SA11AI.4294
	City Mesa State AZ Zip Code 85213	Amount of Each Receipt this Period 900.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Arizona Kidney Disease and Hyp Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1850.00</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: PAGE 38 / 48  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Ariv Swaminathan

Mailing Address 57500 West Thunderbird  
Suite 6790

City State Zip Code  
Glendale AZ 85306

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

Name of Employer Arizona Kidney Disease and Hyp  
Occupation Nephrologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	0	9

**Transaction ID:** SA11AI.4280

Amount of Each Receipt this Period  
600.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stephen Sweet

Mailing Address 300 Birnie Ave.  
Suite 300

City State Zip Code  
Springfield MA 01107

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

Name of Employer Western New England Renal  
Occupation Nephrologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	9

**Transaction ID:** SA11AI.4256

Amount of Each Receipt this Period  
600.00

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

Mailing Address 7104 S Los Feliz Dr.

City State Zip Code  
Tempe AZ 85283

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

Name of Employer Arizona Kidney Disease and Hyp  
Occupation Nephrologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	1	/	2	0	0	9

**Transaction ID:** SA11AI.4296

Amount of Each Receipt this Period  
600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

**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 / 48  
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**RENAL PHYSICIANS ASSOCIATION PAC RPA PAC**

**A.**

Full Name (Last, First, Middle Initial) Dr. Dan Walton		Date of Receipt MM / DD / YYYY 04 / 21 / 2009
Mailing Address 3003 North Central Ave. Suite T-100		Transaction ID: SA11AI.4282
City Phoenix	State AZ	
Zip Code 85012		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Arizona Kidney Disease and Hyp	Occupation Nephrologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Candace Walworth		Date of Receipt MM / DD / YYYY 03 / 26 / 2009
Mailing Address 710 Main Street		Transaction ID: SA11AI.4344
City Lewiston	State ME	
Zip Code 04240		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Androscoggin Clinical Ass-ociat	Occupation Nephrologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Marc H Weiner		Date of Receipt MM / DD / YYYY 05 / 16 / 2009
Mailing Address 1267 Belle Meade Drive		Transaction ID: SA11AI.4236
City Lancaster	State PA	
Zip Code 17601		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hypertension and Kidney Specia	Occupation Nephrologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1600.00</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: PAGE 40 / 48

(check only one)

<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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

A.

Full Name (Last, First, Middle Initial)  
Dr. William Wortham

Mailing Address 7142 San Pedro Ave.  
Suite 120

City State Zip Code  
San Antonio TX 78216

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

Name of Employer San Antonio Kidney Disease Cen  
Occupation Nephrologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.4304

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)  
Dr. Jiuming Ye

Mailing Address 10 Bixby Ct

City State Zip Code  
Northampton MA 01060

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

Name of Employer Western New England Renal  
Occupation Nephrologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.4258

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)  
Dr. Abdolamir Zadeh

Mailing Address 53 Chateau Palmer

City State Zip Code  
Kenner LA 70065

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

Name of Employer Self  
Occupation Nephrologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4400

Amount of Each Receipt this Period

500.00

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

1450.00

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

64800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 48
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

**A.**

Full Name (Last, First, Middle Initial) American Nephrology Council, Inc. Political Action Committee		Date of Receipt MM / DD / YYYY 05 / 30 / 2009
Mailing Address 900 7th Street NW Suite 670		<b>Transaction ID:</b> SA11C.4406
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee.	<b>C</b> C00438689	Amount of Each Receipt this Period 1446.79
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1446.79	

**B.**

Full Name (Last, First, Middle Initial) MCGUIREWOODS LLP		Date of Receipt MM / DD / YYYY 04 / 16 / 2009
Mailing Address One James Center 901 E. Cary Street		<b>Transaction ID:</b> SA11C.4404
City Richmond	State VA	Zip Code 23219
FEC ID number of contributing federal political committee.	<b>C</b> C00225342	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3946.79
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3946.79

**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)

PAGE 42 / 48

<input checked="" 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 type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

A.

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address 121 Congressional Lane  
CMD 6011

City State Zip Code  
Rockville MD 20852

Purpose of Disbursement  
Bank Fees 1st half 2009

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4683

Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

1527.58

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

1527.58

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

1527.58

# 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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) AMERIPAC: THE FUND FOR A GREATER AMERICA</p> <p>Mailing Address 607 14th Street, NW, Suite 800 --</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution Candidate Name AMERIPAC: THE FUND FOR A GREATER AMERICA Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> SB23.4658 <b>Date of Disbursement:</b> 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CHARLIE MELANCON CAMPAIGN COMMITTEE INC</p> <p>Mailing Address PO Box 549 PO BOX 549</p> <p>City Napoleonville State LA Zip Code 70390</p> <p>Purpose of Disbursement Candidate Name CHARLES J MELANCON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 03</p>	<p><b>Transaction ID:</b> SB23.4422 <b>Date of Disbursement:</b> 05 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DAVID VITTER FOR US SENATE</p> <p>Mailing Address PO BOX 8175</p> <p>City METAIRIE State LA Zip Code 70011</p> <p>Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 00</p>	<p><b>Transaction ID:</b> SB23.4416 <b>Date of Disbursement:</b> 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p>

**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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO <hr/> Mailing Address 12 TRUMBULL STREET <hr/> City NEW HAVEN State CT Zip Code 06511 <hr/> Purpose of Disbursement <hr/> Candidate Name FRIENDS OF ROSA DELAURO <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4443 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC <hr/> Mailing Address PO BOX 1000 <hr/> City DES MOINES State IA Zip Code 50304 <hr/> Purpose of Disbursement <hr/> Candidate Name GRASSLEY COMMITTEE INC <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4413 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS <hr/> Mailing Address PO Box 2323 Suite 5300 <hr/> City Atlanta State GA Zip Code 30301 <hr/> Purpose of Disbursement <hr/> Candidate Name JOHN LEWIS FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4425 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

5000.00

**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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

<b>A.</b> Full Name (Last, First, Middle Initial) KIDNEY CARE PARTNERS POLITICAL ACTION COMMITTEE (KCP PA-C) Mailing Address 5746 UNION MILL ROAD BOX 160 City CLIFTON State VA Zip Code 20124 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4446 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) SARBANES, JOHN P MR. Mailing Address P.O. Box 6854 City Towson State MD Zip Code 21285 Purpose of Disbursement Candidate Name JOHN P MR. SARBANES Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4494 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) SCALISE FOR CONGRESS Mailing Address P.O. BOX 23219 Suite 301 City JEFFERSON State LA Zip Code 70183 Purpose of Disbursement Candidate Name SCALISE FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4432 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

7000.00

**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)

PAGE 46 / 48

<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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

A.

Full Name (Last, First, Middle Initial)  
STABENOW FOR US SENATE

Transaction ID: SB23.4419

Date of Disbursement

Mailing Address P.O. BOX 4945

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	9

City EAST LANSING State MI Zip Code 48826

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00
---------

Candidate Name  
STABENOW FOR US SENATE

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 00

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

1000.00
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TOTAL This Period (last page this line number only) ..... ▶

16500.00
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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 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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

A.	Full Name (Last, First, Middle Initial) Capitol Advantage Publishing	Transaction ID: SB29.4478 Date of Disbursement
	Mailing Address PO Box 309	<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Newington State VA Zip Code 22122	Amount of Each Disbursement this Period
	Purpose of Disbursement Congressional Directories	<input type="text" value="2001.60"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Capitol Advantage Publishing	Transaction ID: SB29.4480 Date of Disbursement
	Mailing Address PO Box 309	<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Newington State VA Zip Code 22122	Amount of Each Disbursement this Period
	Purpose of Disbursement Congressional Directories	<input type="text" value="1425.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Captus Communications	Transaction ID: SB29.4489 Date of Disbursement
	Mailing Address 6704 Old McLean Village Drive	<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City McLean State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Solicitation Video	<input type="text" value="3340.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6766.60"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)  
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

A.	Full Name (Last, First, Middle Initial) MJM Graphic Communications	Transaction ID: SB29.4481 Date of Disbursement
	Mailing Address 15914 Indianola Drive	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Rockville State MD Zip Code 20855	Amount of Each Disbursement this Period
	Purpose of Disbursement Reception Invitations	<input type="text" value="707.30"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MJM Graphic Communications	Transaction ID: SB29.4483 Date of Disbursement
	Mailing Address 15914 Indianola Drive	<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Rockville State MD Zip Code 20855	Amount of Each Disbursement this Period
	Purpose of Disbursement letterhead	<input type="text" value="1674.80"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Renaissance Harborplace Hotel	Transaction ID: SB29.4487 Date of Disbursement
	Mailing Address 202 East Pratt Street	<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Baltimore State MD Zip Code 21202	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Reception	<input type="text" value="3693.53"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6075.63"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="12842.23"/>