

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** 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:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 04 2008 in the State of MD

5. Covering Period 10 01 2008 through 11 24 2008

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 Holly Owens
Signature of Treasurer Electronically Filed by Holly Owens Date 12 02 2008

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	8									
0.00												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">5125.00</td></tr></table>	5125.00	<table border="1" style="width: 100%;"><tr><td align="right">5125.00</td></tr></table>	5125.00								
5125.00												
5125.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">5125.00</td></tr></table>	5125.00	<table border="1" style="width: 100%;"><tr><td align="right">5125.00</td></tr></table>	5125.00								
5125.00												
5125.00												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">10000.00</td></tr></table>	10000.00	<table border="1" style="width: 100%;"><tr><td align="right">10000.00</td></tr></table>	10000.00								
10000.00												
10000.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">-4875.00</td></tr></table>	-4875.00	<table border="1" style="width: 100%;"><tr><td align="right">-4875.00</td></tr></table>	-4875.00								
-4875.00												
-4875.00												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	4300.00	4300.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	825.00	825.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	5125.00	5125.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	5125.00	5125.00
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))	5125.00	5125.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5125.00	5125.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
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.....	0.00	0.00
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))..	10000.00	10000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	10000.00

DETAILED SUMMARY PAGE
of Disbursements

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	5125.00	5125.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5125.00	5125.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 14
(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

<p>A. Full Name (Last, First, Middle Initial) Dr. Michael Adcox</p> <p>Mailing Address 5610 W Gage Street Suite A</p> <p>City State Zip Code Boise ID 83706</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Idaho Nephrology Associates Nephrologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 05 / 2008</p> <p>Transaction ID: SA11AI.4134</p> <p>Amount of Each Receipt this Period 300.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. John Capelli</p> <p>Mailing Address 312 S Hinchman Ave.</p> <p>City State Zip Code Haddonfield NJ 08033</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Our Lady of Lourdes Medical Nephrologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 01 / 2008</p> <p>Transaction ID: SA11AI.4172</p> <p>Amount of Each Receipt this Period 300.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Michael Coleman</p> <p>Mailing Address 6801 Rogers Ave</p> <p>City State Zip Code Ft. Smith AR 72903</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Nephrologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 08 / 2008</p> <p>Transaction ID: SA11AI.4176</p> <p>Amount of Each Receipt this Period 300.00</p>
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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 7 / 14

(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. Maxwell Fisher

Mailing Address 511 Paladin Drive

City State Zip Code
Greenville NC 27834

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

Name of Employer Eastern Nephrology Associates
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
1	0		1	4		2	0	0	8

Transaction ID: SA11AI.4158

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Joseph Flynn

Mailing Address 926 Federal Ave. East

City State Zip Code
Seattle WA 98102

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

Name of Employer Childrens University Medical
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
1	0		0	9		2	0	0	8

Transaction ID: SA11AI.4162

Amount of Each Receipt this Period

300.00

C.

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

Mailing Address 88 Norwich New London Tpk

City State Zip Code
Uncasville CT 06382

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

Name of Employer Southeastern Connecticut Neph
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
1	0		0	6		2	0	0	8

Transaction ID: SA11AI.4168

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) ▶

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**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 8 / 14
	<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. Frederick Harris	Date of Receipt MM / DD / YYYY 10 / 12 / 2008
	Mailing Address 4409 Utica Street Suite 100	Transaction ID: SA11AI.4174
	City State Zip Code Metairie LA 70006	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Dr. James Edward Hartle	Date of Receipt MM / DD / YYYY 11 / 17 / 2008
	Mailing Address 708 Circle Drive	Transaction ID: SA11AI.4138
	City State Zip Code Danville PA 17821	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Geisinger Medical Center 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. Robert McCrary	Date of Receipt MM / DD / YYYY 10 / 10 / 2008
	Mailing Address 105 Jeff Street	Transaction ID: SA11AI.4156
	City State Zip Code Hot Springs AR 71901	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	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	

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 9 / 14
(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)
Larry Melton

Mailing Address 3601 Swiss Ave.

City State Zip Code
Dallas TX 75204

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4146

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Anisa Nayeem

Mailing Address 151 N. Sunrise Ave.
Suite 611

City State Zip Code
Roseville CA 95661

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

Name of Employer Summit Nephrology Occupation Nephrologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.4148

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Dr. Aron Swerdlin

Mailing Address 7022 Etna Ct

City State Zip Code
Ventura CA 93003

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

Name of Employer Vista Del Mar Medical Group 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
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.4152

Amount of Each Receipt this Period
300.00

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 10 / 14	
	(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"/> 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) Kimberly Yates		Date of Receipt																					
	Mailing Address 19258 Dutch Iris Lane		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	8		2	0	0	8														
	City	State	Zip Code	Transaction ID: SA11AI.4166																				
	Cornelius	NC	28031	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	300.00																					
Name of Employer Metrolina Nephrology Associate		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)	▶	300.00
TOTAL This Period (last page this line number only)	▶	4300.00

**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

A.	Full Name (Last, First, Middle Initial) ENZI FOR US SENATE	Transaction ID: SB23.4106 Date of Disbursement 10 / 27 / 2008
	Mailing Address PO BOX 2775	Amount of Each Disbursement this Period 1000.00
	City CODY State WY Zip Code 82414	
	Purpose of Disbursement	Category/Type
	Candidate Name ENZI FOR US SENATE	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPAIGN	Transaction ID: SB23.4100 Date of Disbursement 10 / 27 / 2008
	Mailing Address PO BOX 16128	Amount of Each Disbursement this Period 1000.00
	City HOUSTON State TX Zip Code 77222	
	Purpose of Disbursement	Category/Type
	Candidate Name GENE GREEN CONGRESSIONAL CAMPAIGN	011
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOHN SHADEGGS FRIENDS	Transaction ID: SB23.4114 Date of Disbursement 10 / 27 / 2008
	Mailing Address PO BOX 45444	Amount of Each Disbursement this Period 1000.00
	City Phoenix State AZ Zip Code 85064	
	Purpose of Disbursement	Category/Type
	Candidate Name JOHN SHADEGGS FRIENDS	011
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
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

A. Full Name (Last, First, Middle Initial)
KILPATRICK FOR UNITED STATES CONGRESS

Mailing Address PO BOX 32175

City State Zip Code
DETROIT MI 48232

Purpose of Disbursement

Category/
Type

Candidate Name
KILPATRICK FOR UNITED STATES CONGRESS

Office Sought: House Senate President
State: MI District: 13
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4125
Date of Disbursement

/

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
KIRK FOR CONGRESS

Mailing Address P.O. Box 8

City State Zip Code
Winnetka IL 60093

Purpose of Disbursement

Category/
Type

Candidate Name
KIRK FOR CONGRESS

Office Sought: House Senate President
State: IL District: 10
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4103
Date of Disbursement

/

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
LEVIN FOR CONGRESS

Mailing Address PO Box 37

City State Zip Code
Roseville MI 48066

Purpose of Disbursement

Category/
Type

Candidate Name
LEVIN FOR CONGRESS

Office Sought: House Senate President
State: MI District: 12
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4122
Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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 14 / 14

<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)
MIKE THOMPSON FOR CONGRESS

Transaction ID: SB23.4118

Date of Disbursement

Mailing Address 5429 Madison Avenue

^M 1	^M 0	/	^D 2	^D 7	/	^Y 2	^Y 0	^Y 0	^Y 8
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City Sacramento State CA Zip Code 95841

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name
MIKE THOMPSON FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 01

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

10000.00
