

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Renal Associates Holdings, Inc. Political Action Committee (a.k.a. American Renal PAC)

A. Betts, Ross, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 10982 Babcock Blvd. City Gibsonia State PA Zip Code 15044 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) American Renal Associates Occupation (for Individual) Govt Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 14 / 2019 Transaction ID : SA11AI.4303 Amount of Each Receipt this Period 800.00 <input type="checkbox"/> Memo Item Contribution
B. Kamal, Syed, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 500 Cummings Center City Beverly State MA Zip Code 01915 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) American Renal Associates Occupation (for Individual) President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 11 / 2019 Transaction ID : SA11AI.4304 Amount of Each Receipt this Period 1500.00 <input type="checkbox"/> Memo Item Contribution
C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼			Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			2300.00
TOTAL This Period (last page this line number only)..... ▶			2300.00