

**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 <u>2</u> OF <u>2</u>	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
Kidney Care Partners Political Action Committee

A. Full Name (Last, First, Middle Initial) <i>McGonigal, Lisa</i>		Date of Receipt <i>12 ' 22 ' 2008</i>
Mailing Address <i>18 Sunset Circle</i>		Amount of Each Receipt this Period <i>250.00</i>
City <i>Woodbridge</i>	State <i>CT</i>	
Zip Code <i>06525-1135</i>		FEC ID number of contributing federal political committee. <i>C</i>
Name of Employer <i>Self-Employed</i>		
Occupation <i>Consultant</i>		Aggregate Year-to-Date <i>250.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		FEC ID number of contributing federal political committee. <i>C</i>
Name of Employer		
Occupation		Aggregate Year-to-Date
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		FEC ID number of contributing federal political committee. <i>C</i>
Name of Employer		
Occupation		Aggregate Year-to-Date
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<i>250.00</i>
TOTAL This Period (last page this line number only).....▶	<i>905.00</i>

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