

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 7	
	(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)
Kidney Care Partners Political Action Committee

A.

Full Name (Last, First, Middle Initial) Lisa McGonigal		Date of Receipt	
Mailing Address 18 Sunset Circle		M M / D D / Y Y Y Y 07 / 10 / 2009	
City	State	Zip Code	Transaction ID: SA11AI.4274
Woodbridge	CT	06525	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00	
Name of Employer Self-Employed		Occupation	
		Physician Consultant	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		250.00	
<input type="checkbox"/> Other (specify) ▼			

political contribution

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	250.00