

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

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

FOR LINE NUMBER: PAGE 7 OF 51  
(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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Amedia, Chester, , Dr.,**

Mailing Address 4822 Market Street

City

Boardman

State

OH

Zip Code

44512

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CelVida LLC

Occupation (for Individual)

Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2019

Transaction ID : SA11AI.7434

Amount of Each Receipt this Period

900.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Anzalone, Deborah, , , MD**

Mailing Address 4 Carla Terrace

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Astra Zeneca Pharmaceuticals

Occupation (for Individual)  
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 Y  
04 / 02 / 2019

Transaction ID : SA11AI.7426

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Apivatanagul, Piyaporn, , Dr.,**

Mailing Address 748 S New St

City

Dover

State

DE

Zip Code

19904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nephrology Associates, PA

Occupation (for Individual)  
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 Y  
03 / 21 / 2019

Transaction ID : SA11AI.7419

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1500.00