

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

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

FOR LINE NUMBER: PAGE 13 OF 51

(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

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

A. Crasto, Antone, , ,

Mailing Address 600 Kingsmill Cv
Apt 202

City
Lake Mary

State
FL

Zip Code
32746-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Nephrology Associates N. IL

Occupation (for Individual)

Vice President, Strategy & Developmen

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.7525

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Daviratanasilpa, Svastijaya, , Dr.,

Mailing Address 30 N Bay Drive

City
Dover

State
DE

Zip Code
19901

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 / 25 / 2019

Transaction ID : SA11AI.7420

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Degenhard, Anthony, J, Dr.,

Mailing Address 4689 Fulton Dr NW

City
Canton

State
OH

Zip Code
44718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kidney & Hypertension Consulta

Occupation (for Individual)

Nephrologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID : SA11AI.7453

Amount of Each Receipt this Period

600.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1200.00

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