

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

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

FOR LINE NUMBER: PAGE 21 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. Ketchersid, Terry, , Dr.,

Mailing Address 2751 North Main Street

City
South Boston

State
VA

Zip Code
24592

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HIT Services Group

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 / 02 / 2019

Transaction ID : SA11AI.7479

Amount of Each Receipt this Period

900.00

☐ Memo Item

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

B. Kobert, John, , Dr.,

Mailing Address 116 Abrego Lake Dr

City
Floresville

State
TX

Zip Code
78114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
San Antonio Kidney

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 / 12 / 2019

Transaction ID : SA11AI.7480

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Kopyt, Nelson, P, Dr.,

Mailing Address 1230 S Cedar Crest Blvd Ste 301

City
Allentown

State
PA

Zip Code
18103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Valley Kidney Specialists

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 / 29 / 2019

Transaction ID : SA11AI.7422

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

1500.00

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