

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

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

FOR LINE NUMBER: PAGE 23 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. LAUTMAN, JEFFREY, , ,

Mailing Address 25301 Euclid Ave Fl 2

City
EUCLIDState
OHZip Code
44117FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cleveland Kidney and HTN ConsuOccupation (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 / 02 / 2019

Transaction ID : SA11Al.7482

Amount of Each Receipt this Period

600.00

☐ Memo Item

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

B. LIANG, ALEXANDER, , ,

Mailing Address 1420 Viceroy Drive

City
DallasState
TXZip Code
75235FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dallas Nephrology Associates,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 / 03 / 2019

Transaction ID : SA11Al.7484

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Liccardi, Teresa, , ,

Mailing Address 450 Julia St
Apt 3GCity
New OrleansState
LAZip Code
70130-3956FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ochsner ClinicOccupation (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
06 / 22 / 2019

Transaction ID : SA11Al.7485

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

1200.00

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