

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 279

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DaVita Inc. Political Action Committee (DaPAC)**

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

**A. Beidelschies, Sarah, , ,**

Mailing Address 17408 Township Highway 103

City

Upper Sandusky

State

OH

Zip Code

43351-9518

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

DaVita, Inc.

Occupation (for Individual)

Division Vice President (DVP)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.56

Date of Receipt

08 / 16 / 2019

**Transaction ID : 2019081610337-325**

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

**B. Beidelschies, Sarah, , ,**

Mailing Address 17408 Township Highway 103

City

Upper Sandusky

State

OH

Zip Code

43351-9518

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

DaVita, Inc.

Occupation (for Individual)

Division Vice President (DVP)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.56

Date of Receipt

08 / 30 / 2019

**Transaction ID : 2019083010297-323**

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

**C. Benner, Deborah, , ,**

Mailing Address 24240 Via Lenardo

City

Yorba Linda

State

CA

Zip Code

92887-4920

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

DaVita, Inc.

Occupation (for Individual)

VP-Clinical Support Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 02 / 2019

**Transaction ID : 2019080210377-3**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

178.84