

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Kidney Care Council Political Action Committee

ADDRESS (number and street) 1200 G Street, NW  
Regus HQ Suite 841  
 Check if different than previously reported. (ACC)  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00326736  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day Post -Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Cherilyn Cepriano

Signature of Treasurer Electronically Filed by Cherilyn Cepriano Date 07 15 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Kidney Care Council Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		19942.15
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	25444.98									
(c) Total Receipts (from Line 19) .....	36104.57	49607.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	61549.55	69549.55								
7. Total Disbursements (from Line 31) .....	15000.00	23000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	46549.55	46549.55								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Kidney Care Council Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	33100.00	46600.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	33100.00	46600.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	3000.00	3000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	36100.00	49600.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	4.57	7.40
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	36104.57	49607.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	36104.57	49607.40

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	20000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	3000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	3000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15000.00	23000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15000.00	23000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	36100.00	49600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	3000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36100.00	46600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 6 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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)  
Kidney Care Council Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) J. Christopher Brengard	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 102 Cypress Pointe Drive	<b>Transaction ID:</b> SA11AI.4983
	City State Zip Code Paragould AZ 72450	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Individual contribution
	Name of Employer U.S. Renal Care, Inc. Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sharon Burbage	Date of Receipt MM / DD / YYYY 05 / 18 / 2010
	Mailing Address 320 Liberty Pike Unit 212	<b>Transaction ID:</b> SA11AI.5008
	City State Zip Code Franklin TN 37064	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	Individual contribution
	Name of Employer Renal Advantage Inc. Occupation VP, Clinical Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Burke	Date of Receipt MM / DD / YYYY 06 / 22 / 2010
	Mailing Address 14170 Woodview Lane	<b>Transaction ID:</b> SA11AI.5022
	City State Zip Code Saratoga CA 95070	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Individual contribution
	Name of Employer Satellite Healthcare, Inc. Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	6650.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 19  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Michael Burney

Mailing Address 5541 Deer Run Road

City State Zip Code  
Joelton TN 37080

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Renal Advantage Inc. VP, Lab Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

**Transaction ID:** SA11AI.5007

Amount of Each Receipt this Period  
650.00

Individual contribution

**B.**

Full Name (Last, First, Middle Initial)  
Mark Caputo

Mailing Address 3820 E Mercer Way

City State Zip Code  
Mercer Island WA 98040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Liberty Dialysis, Inc. CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2010

**Transaction ID:** SA11AI.4984

Amount of Each Receipt this Period  
2500.00

Individual contribution

**C.**

Full Name (Last, First, Middle Initial)  
Michelle Carver

Mailing Address Box 63

City State Zip Code  
Pickrell NE 68422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Renal Advantage, Inc. Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

**Transaction ID:** SA11AI.5020

Amount of Each Receipt this Period  
300.00

Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3450.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 19  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Lisa M. Chambers		Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2010
Mailing Address 1301 Avalon Blvd		<b>Transaction ID:</b> SA11AI.5019
City Casselberry	State FL	Zip Code 32707
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">300.00</span>
Name of Employer Renal Advantage Inc.	Occupation Director of Clinical Services	Individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span>	

**B.**

Full Name (Last, First, Middle Initial) Joan Clements		Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 04 / 01 / 2010
Mailing Address 3711 SW 160th Avenue #104		<b>Transaction ID:</b> SA11AI.4992
City Miramar	State FL	Zip Code 33027
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">750.00</span>
Name of Employer Renal Care Partners, Inc.	Occupation VP of Reimbursement	Individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1500.00</span>	

**C.**

Full Name (Last, First, Middle Initial) Virgil Edwards		Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2010
Mailing Address 1085 Jewelflower St		<b>Transaction ID:</b> SA11AI.5017
City Plumas Lake	State CA	Zip Code 95961
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">300.00</span>
Name of Employer Renal Advantage, Inc.	Occupation Regional Officer	Individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1350.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**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 9 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeff Fernandez	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 15251 SW 26 Terrace	<b>Transaction ID:</b> SA11AI.4989
	City State Zip Code Miami FL 33185	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	Individual contribution
	Name of Employer Occupation Renal Care Partners, Inc. CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lynn Forte	Date of Receipt MM / DD / YYYY 05 / 18 / 2010
	Mailing Address 1002 Percy Warner Blvd	<b>Transaction ID:</b> SA11AI.5009
	City State Zip Code Nashville TN 37205	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Individual contribution
	Name of Employer Occupation Renal Advantage, Inc. Director of Accounting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Monte Frankenfield	Date of Receipt MM / DD / YYYY 05 / 18 / 2010
	Mailing Address 1168 Travelers Ridge Dr	<b>Transaction ID:</b> SA11AI.5006
	City State Zip Code Nashville TN 37220	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	Individual contribution
	Name of Employer Occupation Renal Advantage Inc. VP, Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 19  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Geneva Gayle Franks

Mailing Address 216 Springhouse Circle

City State Zip Code  
Franklin TN 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Renal Advantage Inc. VP, Risk Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

**Transaction ID:** SA11AI.5005

Amount of Each Receipt this Period  
650.00

Individual contribution

**B.**

Full Name (Last, First, Middle Initial)  
Mark Gray

Mailing Address 10386 Meadow Lake Circle

City State Zip Code  
New Market MD 21774

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Renal Advantage Inc. VP, Bio-Medical Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

**Transaction ID:** SA11AI.5004

Amount of Each Receipt this Period  
650.00

Individual contribution

**C.**

Full Name (Last, First, Middle Initial)  
Keisha Greene

Mailing Address 121 Lane Crescent

City State Zip Code  
Smithfield VA 23430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Renal Advantage, Inc. Regional Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

**Transaction ID:** SA11AI.5015

Amount of Each Receipt this Period  
300.00

Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 19  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Joyce Jackson

Mailing Address 6585 NE Windermede Road

City State Zip Code  
Seattle WA 98105

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Kidney Centers Occupation President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
04 01 2010

**Transaction ID:** SA11AI.4986

Amount of Each Receipt this Period 1000.00

Individual contribution

**B.**

Full Name (Last, First, Middle Initial)  
Sarah Johnson

Mailing Address 13802 Chestnut Oak Lane

City State Zip Code  
Brandywine MD 20613

FEC ID number of contributing federal political committee. **C**

Name of Employer Renal Advantage Inc. Occupation Regional Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
05 18 2010

**Transaction ID:** SA11AI.5003

Amount of Each Receipt this Period 650.00

Individual contribution

**C.**

Full Name (Last, First, Middle Initial)  
Karl Kokko

Mailing Address 2307 Cecil Court

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Renal Advantage Inc. Occupation Chief Information Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
05 18 2010

**Transaction ID:** SA11AI.4995

Amount of Each Receipt this Period 1200.00

Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2850.00**

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

**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 12 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Orestes Lugo	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 3802 NE 207 Street #1104	<b>Transaction ID:</b> SA11AI.4988
	City State Zip Code Aventura FL 33180	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Individual contribution
Name of Employer Renal Care Partners, Inc.	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John McDonough	Date of Receipt MM / DD / YYYY 06 / 22 / 2010
	Mailing Address 7 Wabanaki Way	<b>Transaction ID:</b> SA11AI.5023
	City State Zip Code Andover MA 01810	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Individual contribution
Name of Employer American Renal Associates	Occupation Vice President and CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda Meador	Date of Receipt MM / DD / YYYY 05 / 18 / 2010
	Mailing Address 5220 Ravens Glen	<b>Transaction ID:</b> SA11AI.5002
	City State Zip Code Nashville TN 37211	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. <b>C</b>	Individual contribution
Name of Employer Renal Advantage Inc.	Occupation VP, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4150.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 19  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Angela Newman

Mailing Address 1450 Highway 70

City State Zip Code  
Kingston Springs TN 37082

FEC ID number of contributing federal political committee. **C**

Name of Employer Renal Advantage Occupation VP, Supply Chain

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

**Transaction ID:** SA11AI.5001

Amount of Each Receipt this Period  
650.00

Individual contribution

**B.**

Full Name (Last, First, Middle Initial)  
Vito Orlando

Mailing Address 780 N Girasol Ct

City State Zip Code  
Palm Springs CA 92262

FEC ID number of contributing federal political committee. **C**

Name of Employer Renal Advantage Inc. Occupation Regional Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

**Transaction ID:** SA11AI.5000

Amount of Each Receipt this Period  
650.00

Individual contribution

**C.**

Full Name (Last, First, Middle Initial)  
Randall Overton

Mailing Address 1006 St. Hubbins Dr

City State Zip Code  
Spring Hill TN 37174

FEC ID number of contributing federal political committee. **C**

Name of Employer Renal Advantage Inc. Occupation Director, Special Projects

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

**Transaction ID:** SA11AI.4999

Amount of Each Receipt this Period  
650.00

Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1950.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 19  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Karen Pickering

Mailing Address 2604 Burlington Dr

City State Zip Code  
Muncie IN 47302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Renal Advantage, Inc. Regional Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

**Transaction ID:** SA11AI.5013

Amount of Each Receipt this Period  
300.00

Individual contribution

**B.**

Full Name (Last, First, Middle Initial)  
Christopher Pyrek

Mailing Address 3370 NE 190th Street #2206

City State Zip Code  
Aventura FL 33180

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Renal Care Partners, Inc. VP of Business Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2010

**Transaction ID:** SA11AI.4991

Amount of Each Receipt this Period  
750.00

Individual contribution

**C.**

Full Name (Last, First, Middle Initial)  
James Shelton

Mailing Address 5712 Northbrook Dr

City State Zip Code  
Plano TX 75093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S. Renal Care, Inc. CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2010

**Transaction ID:** SA11AI.4982

Amount of Each Receipt this Period  
1000.00

Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 19  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Eric Shuey

Mailing Address 216 259th Avenue NE

City State Zip Code  
Sammamish WA 98074

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Liberty Dialysis Inc. CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 1 0

**Transaction ID:** SA11AI.4985

Amount of Each Receipt this Period  
2500.00

Individual contribution

**B.**

Full Name (Last, First, Middle Initial)  
James Spafford

Mailing Address 15087 87th Road North

City State Zip Code  
Loxahatchee FL 33470

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Renal Care Partners, Inc. VP of Operations and Compliance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 1 0

**Transaction ID:** SA11AI.4990

Amount of Each Receipt this Period  
750.00

Individual contribution

**C.**

Full Name (Last, First, Middle Initial)  
Samuel Swann

Mailing Address 113 Sinclair St SE

City State Zip Code  
Port Charlotte FL 33952

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Renal Advantage, Inc. Eastern Div. VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

**Transaction ID:** SA11AI.4998

Amount of Each Receipt this Period  
650.00

Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3900.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Jim Tarwater, Jr.  
 Mailing Address 3226 Nolen Lane  
Suite 300  
 City State Zip Code  
Franklin TN 37064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Renal Advantage Inc. VP, Information Systems  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0  
**Transaction ID:** SA11AI.4997  
 Amount of Each Receipt this Period  
650.00  
 Individual contribution

**B.** Full Name (Last, First, Middle Initial)  
Cheryl Veilleux  
 Mailing Address 1480 Noell Blvd  
 City State Zip Code  
Palm Harbor FL 34683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Renal Advantage, Inc. Regional Officer  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0  
**Transaction ID:** SA11AI.5011  
 Amount of Each Receipt this Period  
300.00  
 Individual contribution

**C.** Full Name (Last, First, Middle Initial)  
Milton Wallace  
 Mailing Address 1111 Brickell Avenue #2150  
 City State Zip Code  
Miami FL 33131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Renal Care Partners, Inc. Chairman  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 0  
**Transaction ID:** SA11AI.4987  
 Amount of Each Receipt this Period  
1000.00  
 Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1950.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 17 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dean Weiland

Mailing Address 9215 Old Smyrna Rd

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Renal Advantage Inc. Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

**Transaction ID:** SA11AI.4994

Amount of Each Receipt this Period  
1200.00

Individual contribution

**B.** Full Name (Last, First, Middle Initial)  
Karen Wiseman

Mailing Address 1280 Pinnacle Point Drive

City State Zip Code  
Collierville TN 38017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Renal Advantage Inc. Dir. of Policy and Reg. Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

**Transaction ID:** SA11AI.5010

Amount of Each Receipt this Period  
300.00

Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**TOTAL** This Period (last page this line number only) ..... ► 33100.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 19
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) FRESENIUS MEDICAL CARE NORTH AMERICA PAC		Date of Receipt
	Mailing Address 801 Pennsylvania Avenue, NW Suite 255		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.5024
	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text" value="3000.00"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution from other PAC	
Aggregate Year-to-Date ▼		<input type="text" value="3000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="3000.00"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) ALAMO PAC <hr/> Mailing Address 919 CONGRESS AVE SUITE 1400 FROST BANK PLAZA <hr/> City AUSTIN State TX Zip Code 78701 <hr/> Purpose of Disbursement Political contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5037 Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS <hr/> Mailing Address PO Box 746 <hr/> City Bismarck State ND Zip Code 58502 <hr/> Purpose of Disbursement Political contribution Candidate Name EARL R. POMEROY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5031 Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF MARK WARNER <hr/> Mailing Address 201 NORTH UNION STREET SUITE 300 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement Political contribution Candidate Name MARK ROBERT WARNER <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00 <hr/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5033 Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	15000.00