

# 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) The Atlantic Building  
950 F Street, NW  
 Check if different than previously reported. (ACC)  
Washington DC 20004-1404

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 (12G)  
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 01 01 2009 through 06 30 2009

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 Regina Sherick

Signature of Treasurer Electronically Filed by Regina Sherick Date 07 30 2009

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name  
Kidney Care Council Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		16330.10
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	16330.10									
(c) Total Receipts (from Line 19) .....	27806.22	27806.22								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	44136.32	44136.32								
7. Total Disbursements (from Line 31) .....	16500.00	16500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	27636.32	27636.32								
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	27600.00	27600.00
(ii) Unitemized .....	200.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	27800.00	27800.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	27800.00	27800.00
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.) .....	6.22	6.22
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)) .....	27806.22	27806.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27806.22	27806.22

**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.....	16500.00	16500.00
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	0.00
(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	0.00
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))..	16500.00	16500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16500.00	16500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	27800.00	27800.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27800.00	27800.00
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 / 17
	<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

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) Clay Bittner	Date of Receipt MM / DD / YYYY 04 / 22 / 2009
	Mailing Address 19207 Wyndchase Circle	<b>Transaction ID:</b> SA11AI.4890
	City State Zip Code Franklin TN 37067	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 VP, Managed Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Stephen Brown	Date of Receipt MM / DD / YYYY 06 / 11 / 2009
	Mailing Address 711 Greenbriar Dr.	<b>Transaction ID:</b> SA11AI.4894
	City State Zip Code Murfreesboro TN 37130	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. Dir. Business Office	
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) Sharon Burbage	Date of Receipt MM / DD / YYYY 04 / 14 / 2009
	Mailing Address 115 East Park Drive Suite 300	<b>Transaction ID:</b> SA11AI.4889
	City State Zip Code Brentwood TN 37027	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, Clinical Services	
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) .....	▶	1600.00
<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 / 17

(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)  
Mark Burke

Mailing Address 401 Castro Street

City State Zip Code  
Mountain View CA 94041

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Satellite Healthcare, Inc. CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 29 / 2009

**Transaction ID:** SA11AI.4891

Amount of Each Receipt this Period 5000.00

individual contribution

**B.**

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

Mailing Address 115 East Park Drive, Suite 300

City State Zip Code  
Brentwood TN 37027

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 M M / D D / Y Y Y Y  
04 / 09 / 2009

**Transaction ID:** SA11AI.4888

Amount of Each Receipt this Period 650.00

individual contribution

**C.**

Full Name (Last, First, Middle Initial)  
Lisa M. Chambers

Mailing Address 115 East Park Drive, Suite 300

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Renal Advantage Inc. Director of Clinical Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 11 / 2009

**Transaction ID:** SA11AI.4886

Amount of Each Receipt this Period 300.00

individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 5950.00

**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 / 17

(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)  
John Crawford

Mailing Address 115 East Park Drive  
Suite 300

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Renal Advantage Inc. Chief Financial Officer

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** SA11AI.4885

Amount of Each Receipt this Period 1200.00

individual contribution

**B.**

Full Name (Last, First, Middle Initial)  
Alan Douglas

Mailing Address 115 East Park Drive

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Renal Advantage VP Revenue Cycle

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
05 / 04 / 2009

**Transaction ID:** SA11AI.4883

Amount of Each Receipt this Period 500.00

individual contribution

**C.**

Full Name (Last, First, Middle Initial)  
Lynn Forte

Mailing Address 115 East Park Dr.

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Renal Advantage, Inc. Director of Accounting

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
04 / 15 / 2009

**Transaction ID:** SA11AI.4881

Amount of Each Receipt this Period 300.00

individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 2000.00

**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 9 / 17
	<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) Monte Frankenfield	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 115 East Park Drive Suite 300	<b>Transaction ID:</b> SA11AI.4880
	City State Zip Code Brentwood TN 37027	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>B.</b>	Full Name (Last, First, Middle Initial) Geneva Gayle Franks	Date of Receipt MM / DD / YYYY 04 / 13 / 2009
	Mailing Address 115 East Park Drive Suite 300	<b>Transaction ID:</b> SA11AI.4879
	City State Zip Code Brentwood TN 37027	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, Risk Management	
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 Gray	Date of Receipt MM / DD / YYYY 04 / 12 / 2009
	Mailing Address 115 East Park Drive Suite 300	<b>Transaction ID:</b> SA11AI.4878
	City State Zip Code Brentwood TN 37027	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, Bio-Medical Services	
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) .....	▶	1950.00
<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 / 17  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Helen Hutteri</p> <p>Mailing Address 115 East Park Drive, Suite 300</p> <p>City State Zip Code Brentwood TN 37027</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Renal Advantage Inc. Occupation: Regional Quality Administrator</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.4877</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">300.00</span> </p> <p>individual contribution</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	8		2	0	0	9												

<p><b>B.</b> Full Name (Last, First, Middle Initial) Sarra Johnson</p> <p>Mailing Address 115 East Park Drive, Suite 300</p> <p>City State Zip Code Brentwood TN 37027</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Renal Advantage Inc. Occupation: Regional Director</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.4893</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">300.00</span> </p> <p>individual contribution</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	9												

<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael Klein</p> <p>Mailing Address 115 East Park Drive Suite 300</p> <p>City State Zip Code Brentwood TN 37027</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Renal Advantage Inc. Occupation: Chief Executive Officer</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1700.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.4876</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">1700.00</span> </p> <p>individual contribution</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	9		2	0	0	9												

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2300.00</span>
<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: (check only one)	PAGE 11 / 17
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Karl Kokko	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 115 East Park Drive Suite 300	<b>Transaction ID:</b> SA11AI.4875
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 1200.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation Renal Advantage Inc. Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ben Lipps	Date of Receipt MM / DD / YYYY 03 / 03 / 2009
	Mailing Address Reservoir Woods, 920 Winter Street	<b>Transaction ID:</b> SA11AI.4844
	City State Zip Code Waltham MA 02451	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation Fresenius Medical Care NA Global CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) D. Scott Mackesy	Date of Receipt MM / DD / YYYY 04 / 13 / 2009
	Mailing Address 3320 Park Avenue, Suite 2500	<b>Transaction ID:</b> SA11AI.4874
	City State Zip Code New York NY 10022	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation Renal Advantage Inc. Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7200.00
<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 12 / 17

(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)  
Maura T. McCann

Mailing Address 115 East Park Drive, Suite 300

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing federal political committee. C

Name of Employer: Renal Advantage, Inc. Occupation: Regional Quality Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2009

**Transaction ID:** SA11AI.4873

Amount of Each Receipt this Period 300.00

individual contribution

**B.**

Full Name (Last, First, Middle Initial)  
Celine McGill

Mailing Address 115 East Park Drive, Suite 300

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing federal political committee. C

Name of Employer: Renal Advantage Occupation: Regional Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 12 / 2009

**Transaction ID:** SA11AI.4892

Amount of Each Receipt this Period 300.00

individual contribution

**C.**

Full Name (Last, First, Middle Initial)  
Linda Meador

Mailing Address 115 East Park Drive Suite 300

City State Zip Code  
Nashville TN 37027

FEC ID number of contributing federal political committee. C

Name of Employer: Renal Advantage Inc. Occupation: VP, Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 04 / 30 / 2009

**Transaction ID:** SA11AI.4872

Amount of Each Receipt this Period 650.00

individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 1250.00

**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 13 / 17

(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)  
Kenneth Melkus

Mailing Address 102 Woodmont Boulevard

City State Zip Code  
Nashville TN 37205

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 ▼ 1000.00

Date of Receipt 04 / 21 / 2009

**Transaction ID:** SA11AI.4871

Amount of Each Receipt this Period 1000.00

individual contribution

**B.**

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

Mailing Address 115 East Park Dr.

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Renal Advantage Dir. of HR Systems

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 20 / 2009

**Transaction ID:** SA11AI.4869

Amount of Each Receipt this Period 300.00

individual contribution

**C.**

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

Mailing Address 115 East Park Drive, Suite 300

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Renal Advantage Inc. Regional Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 11 / 2009

**Transaction ID:** SA11AI.4867

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 14 / 17  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Vito Orlando

Mailing Address 115 East Park Drive, Suite 300

City State Zip Code  
Brentwood TN 37027

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 ▼ 600.00

Date of Receipt: 04 / 13 / 2009

Transaction ID: SA11AI.4868

Amount of Each Receipt this Period: 300.00

individual contribution

**B.**

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

Mailing Address 115 East Park Drive, Suite 300

City State Zip Code  
Brentwood TN 37027

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: 04 / 20 / 2009

Transaction ID: SA11AI.4866

Amount of Each Receipt this Period: 650.00

individual contribution

**C.**

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

Mailing Address 115 East Park, Suite 300

City State Zip Code  
Brentwood TN 37027

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 04 / 13 / 2009

Transaction ID: SA11AI.4864

Amount of Each Receipt this Period: 650.00

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 15 / 17  
(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)  
Jim Tarwater, Jr.

Mailing Address 115 East Park Drive  
Suite 300

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Renal Advantage Inc. VP, Information Systems

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2009

Transaction ID: SA11AI.4863

Amount of Each Receipt this Period  
650.00

individual contribution

**B.**

Full Name (Last, First, Middle Initial)  
Dean Weiland

Mailing Address 115 East Park Drive  
Suite 300

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  
04 / 09 / 2009

Transaction ID: SA11AI.4861

Amount of Each Receipt this Period  
1200.00

individual contribution

**C.**

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

Mailing Address 115 East Park Drive, Suite 300

City State Zip Code  
Brentwood TN 37027

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  
04 / 09 / 2009

Transaction ID: SA11AI.4860

Amount of Each Receipt this Period  
300.00

individual contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	27600.00

**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)

PAGE 16 / 17

<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

A.	Full Name (Last, First, Middle Initial) DAVIS FOR CONGRESS/FRIENDS OF DAVIS	Transaction ID: SB23.4897 Date of Disbursement 04 / 21 / 2009
	Mailing Address 5956 W. Race Avenue	Amount of Each Disbursement this Period 5000.00
	City Chicago State IL Zip Code 60644	
	Purpose of Disbursement political contribution	
	Candidate Name DANNY K DAVIS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 07	

B.	Full Name (Last, First, Middle Initial) ORRINPAC	Transaction ID: SB23.4856 Date of Disbursement 06 / 12 / 2009
	Mailing Address 175 S. WEST TEMPLE SUITE 650	Amount of Each Disbursement this Period 4000.00
	City SALT LAKE CITY State UT Zip Code 84101	
	Purpose of Disbursement political contribution	
	Candidate Name ORRINPAC	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE	Transaction ID: SB23.4845 Date of Disbursement 03 / 12 / 2009
	Mailing Address 123 NE 3RD SUITE 321	Amount of Each Disbursement this Period 1000.00
	City PORTLAND State OR Zip Code 97232	
	Purpose of Disbursement political contribuion	
	Candidate Name RONALD LEE WYDEN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OR District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**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)

PAGE 17 / 17

<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) WYDEN FOR SENATE Mailing Address 123 NE 3RD SUITE 321 City PORTLAND State OR Zip Code 97232 Purpose of Disbursement political contribution Candidate Name RONALD LEE WYDEN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4847 Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2009
	Amount of Each Disbursement this Period 1500.00
<b>B.</b> Full Name (Last, First, Middle Initial) YARMUTH FOR CONGRESS Mailing Address 1819 Brownsboro Road Suite 100 City Louisville State KY Zip Code 40202 Purpose of Disbursement political contribution Candidate Name JOHN A MR YARMUTH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4857 Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2009
	Amount of Each Disbursement this Period 5000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

6500.00

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

16500.00