

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

DaVita HealthCare Partners, Inc. Political Action Committee (DaPAC)

ADDRESS (number and street)

32275 32nd Avenue, S.

☐ (Check if address is changed)

Federal Way

CITY ▲

WA

STATE ▲

98001

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

dapac@davita.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

http://www.davitaadvocacy.com/

2. DATE

MM / DD / YYYY  
04 / 02 / 2014

3. FEC IDENTIFICATION NUMBER ►

C C00340943

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lin David Whatcott

Signature of Treasurer Lin David Whatcott

[Electronically Filed]

Date

MM / DD / YYYY  
04 / 02 / 2014

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate  
Party AffiliationOffice  
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate**Party Committee:**

- (d) ☐ This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☒ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |                      |               |                      |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

Write or Type Committee Name

**DaVita HealthCare Partners, Inc. Political Action Committee (DaPAC)****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

DaVita HealthCare Partners, Inc.

Mailing Address

32275 32nd Avenue, S.

Federal Way

CITY

WA

STATE

98001

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Gary S. Whidby

Mailing Address

500 North Capitol Street, NW

Ste. 300

Washington

CITY

DC

STATE

20001

ZIP CODE

Title or Position

PAC Manager

Telephone number

202

639

0754

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name  
of Treasurer

Lin David Whatcott

Mailing Address

32275 32nd Avenue, S.

Federal Way

CITY

WA

STATE

98001

ZIP CODE

Title or Position  
Treasurer

Telephone number

253

733

4523

Full Name of  
Designated  
Agent

Ronald Alan Loewenherz

Mailing Address

32275 32nd Avenue, S.

Federal Way

CITY

WA

STATE

98001

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

253

733

4650

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo Bank, NA

Mailing Address

P.O. Box 63020

San Francisco

CITY

CA

STATE

63020

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: F1A  
Transaction ID :

This amended Statement of Organization updates the Assistant Treasurer information for Committee ID# C00340943.

Form/Schedule:  
Transaction ID: