

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
Washington DC 20004-1404
Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (X), Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2005 through 06 30 2005

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 Marilyn Yager

Signature of Treasurer Electronically Filed by Marilyn Yager Date 07 31 2007

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

**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	0	5

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		8076.75
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	78.87									
(c) Total Receipts (from Line 19)	38013.46	38015.58								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	38092.33	46092.33								
7. Total Disbursements (from Line 31)	33000.00	41000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5092.33	5092.33								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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	0	5

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

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	23000.00	23000.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	23000.00	23000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	15000.00	15000.00
(c) Other Political Committees (such as PACs)	38000.00	38000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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.)	13.46	15.58
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))	38013.46	38015.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	38013.46	38015.58

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	33000.00	41000.00
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))..	33000.00	41000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	33000.00	41000.00

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)	38000.00	38000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38000.00	38000.00
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 14
	<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

A. Full Name (Last, First, Middle Initial)
Agneta Albinsson

Mailing Address 3301 Oak Street

City State Zip Code
Wheat Ridge CO 80033

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

Name of Employer Occupation
Fresnius N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2005

Transaction ID: SA11A1.4202

Amount of Each Receipt this Period
5000.00

Political contribution

B. Full Name (Last, First, Middle Initial)
Gary Brukart

Mailing Address 5618 Hillsboro Pike

City State Zip Code
Nashville TN 37215

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

Name of Employer Occupation
Renal Care Group, Inc. President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2005

Transaction ID: SA11A1.4193

Amount of Each Receipt this Period
2000.00

Political contribution

C. Full Name (Last, First, Middle Initial)
Gary Brukart

Mailing Address 5618 Hillsboro Pike

City State Zip Code
Nashville TN 37215

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

Name of Employer Occupation
Renal Care Group, Inc. President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2005

Transaction ID: SA11A1.4203

Amount of Each Receipt this Period
3000.00

Political contribution

SUBTOTAL of Receipts This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 14
	<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

A. Full Name (Last, First, Middle Initial)
Larry C Buckelew

Mailing Address 7261 S. Polo Ridge Dr.

City Littleton State CO Zip Code 80128

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

Name of Employer Gambro Healthcare Inc. Occupation Businessman

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 8 / 2 0 0 5

Transaction ID: SA11A1.4195

Amount of Each Receipt this Period
5000.00

Political contribution

B. Full Name (Last, First, Middle Initial)
Raymond Hakim

Mailing Address 2525 West End Avenue Suite 600

City Nashville State TN Zip Code 37203

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

Name of Employer Renal Care Group, Inc. Occupation Senior Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 5

Transaction ID: SA11A1.4194

Amount of Each Receipt this Period
3000.00

Political contribution

C. Full Name (Last, First, Middle Initial)
Mats Wahlstrom

Mailing Address Reservoir Woods 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Fresenius Medical Care NA Occupation President and CEO

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 8 / 2 0 0 5

Transaction ID: SA11A1.4196

Amount of Each Receipt this Period
5000.00

Political contribution

SUBTOTAL of Receipts This Page (optional)	▶	13000.00
TOTAL This Period (last page this line number only)	▶	23000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 14
	<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

Full Name (Last, First, Middle Initial) A. DAVITA INC POLITICAL ACTION COMMITTEE ('DAVITA')		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 5	
Mailing Address 21250 Hawthorne Blvd. Suite 800		Transaction ID: SA11C.4200	
City State Zip Code Torrance CA 90503	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00340943		Political contribution	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. GAMBRO HEALTHCARE INC PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 5	
Mailing Address 10810 WEST COLLINS AVENUE		Transaction ID: SA11C.4201	
City State Zip Code LAKEWOOD CO 80215	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00373704		Political contribution	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. RCG PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 5	
Mailing Address 2525 WEST END AVENUE SUITE 600		Transaction ID: SA11C.4199	
City State Zip Code NASHVILLE TN 37203	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00382101		Political contribution	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	15000.00

**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

Full Name (Last, First, Middle Initial)

A. COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC), THE

Mailing Address P.O. Box 65314

City Washington State DC Zip Code 20036

Purpose of Disbursement
Political contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.4219

Date of Disbursement

05 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT WILLIAM J JEFFERSON TO THE UNITED STATES CONGRESS

Mailing Address 650 POYDRAS STREET SUITE 2245

City NEW ORLEANS State LA Zip Code 70130

Purpose of Disbursement
Political contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: LA District: 02

Transaction ID: SB23.4209

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CONGRESSIONAL MAJORITY COMMITTEE

Mailing Address P. O. BOX 746

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement
Political contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.4213

Date of Disbursement

04 / 18 / 2005

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL 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 10 / 14

<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

Full Name (Last, First, Middle Initial) A. CONGRESSIONAL MAJORITY COMMITTEE		Transaction ID: SB23.4217 Date of Disbursement																				
Mailing Address P. O. BOX 746		<table border="1"><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>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	8		2	0	0	5													
City Bakersfield	State CA	Zip Code 93302																				
Purpose of Disbursement Political contribution		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>3000.00</td></tr></table>	3000.00																			
3000.00																						
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:	Category/Type <table border="1"><tr><td>011</td></tr></table>		011																			
011																						

Full Name (Last, First, Middle Initial) B. DAVE CAMP FOR CONGRESS 2006		Transaction ID: SB23.4223 Date of Disbursement																				
Mailing Address 5915 EASTMAN AVE. SUITE 100 5915 EASTMAN AVE. SUITE 100		<table border="1"><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>6</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	4		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	4		2	0	0	5													
City MIDLAND	State MI	Zip Code 48640																				
Purpose of Disbursement Political contribution		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																			
2500.00																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: MI District: 04	Category/Type <table border="1"><tr><td>011</td></tr></table>		011																			
011																						

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOHN TANNER		Transaction ID: SB23.4215 Date of Disbursement																				
Mailing Address Post Office Box 1994 Post Office Box 1994		<table border="1"><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>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	8		2	0	0	5													
City Union City	State TN	Zip Code 38281																				
Purpose of Disbursement Political contribution		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																			
1500.00																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: TN District: 08	Category/Type <table border="1"><tr><td>011</td></tr></table>		011																			
011																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>7000.00</td></tr></table>	7000.00
7000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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 11 / 14

<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

Full Name (Last, First, Middle Initial) A. FRIENDS OF MAX BAUCUS 2002		Transaction ID: SB23.4205	
Mailing Address PO BOX 586		Date of Disbursement MM / DD / YYYY 04 / 01 / 2005	
City HELENA	State MT	Zip Code 59624	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Political contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MT	District: 00		

Full Name (Last, First, Middle Initial) B. HAWKEYE PAC, THE		Transaction ID: SB23.4227	
Mailing Address PO Box 7255		Date of Disbursement MM / DD / YYYY 06 / 14 / 2005	
City Des Moines	State IA	Zip Code 50309	Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement Political contribution		011 Category/ Type	
Candidate Name			
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:		

Full Name (Last, First, Middle Initial) C. PEOPLE FOR ENGLISH		Transaction ID: SB23.4221	
Mailing Address PO BOX 1940		Date of Disbursement MM / DD / YYYY 06 / 14 / 2005	
City ERIE	State PA	Zip Code 16507	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Political contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA	District: 03		

SUBTOTAL of Disbursements This Page (optional)	11500.00
TOTAL 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)

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<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

Full Name (Last, First, Middle Initial) A. SANTORUM 2006		Transaction ID: SB23.4225 Date of Disbursement 06 / 14 / 2005
Mailing Address ONE TOWER BRIDGE SUITE 1440		Amount of Each Disbursement this Period 4000.00
City WEST CONSHOHOCKEN State PA Zip Code 19428	Purpose of Disbursement Political contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011

Full Name (Last, First, Middle Initial) B. SANTORUM 2006		Transaction ID: SB23.4564 Date of Disbursement 06 / 15 / 2005
Mailing Address ONE TOWER BRIDGE SUITE 1440		Amount of Each Disbursement this Period -4000.00
City WEST CONSHOHOCKEN State PA Zip Code 19428	Purpose of Disbursement check returned Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. SANTORUM 2006		Transaction ID: SB23.4229 Date of Disbursement 06 / 23 / 2005
Mailing Address ONE TOWER BRIDGE SUITE 1440		Amount of Each Disbursement this Period 5000.00
City WEST CONSHOHOCKEN State PA Zip Code 19428	Purpose of Disbursement Political contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL 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)

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<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

Full Name (Last, First, Middle Initial) A. TEXAS FREEDOM FUND		Transaction ID: SB23.4211																					
Mailing Address 104 East Hume Avenue		Date of Disbursement																					
City Alexandria State VA Zip Code 22301		<table border="1"> <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>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	8		2	0	0	5														
Purpose of Disbursement Political contribution		Amount of Each Disbursement this Period																					
Candidate Name		1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type 011																					
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) B. WYDEN FOR SENATE		Transaction ID: SB23.4207																					
Mailing Address 123 NE 3RD SUITE 321		Date of Disbursement																					
City PORTLAND State OR Zip Code 97232		<table border="1"> <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>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	1		2	0	0	5														
Purpose of Disbursement Political contribution		Amount of Each Disbursement this Period																					
Candidate Name		4000.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type 011																					
State: OR District: 00		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)	▶	5500.00
TOTAL This Period (last page this line number only)	▶	33000.00

Image# 27931038487

Form/Schedule: **SB23** \$4,000 refund for excessive contribution received July 26, 2005 and will be reported on the year-end report.

Transaction ID: **SB23.4225**
