



**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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="2674.90"/>	<input type="text" value="2674.90"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2675.62"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7289.79"/>	<input type="text" value="7290.51"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="9965.41"/>	<input type="text" value="9965.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7078.46"/>	<input type="text" value="7078.46"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2886.95"/>	<input type="text" value="2886.95"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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:  /  /  To:  /  /

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).....	7289.23	7289.23
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7289.23	7289.23
(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) .....	7289.23	7289.23
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.).....	0.56	1.28
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 Transfers (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))..... ▶	7289.79	7290.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7289.79	7290.51

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	789.23	789.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	789.23	789.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6289.23	6289.23
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	7078.46	7078.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7078.46	7078.46

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	7289.23	7289.23
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7289.23	7289.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	789.23	789.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	789.23	789.23

**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 OF 15
	<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**

Full Name (Last, First, Middle Initial)  
**A. Alston and Bird LLP**

Mailing Address 950 F Street NW

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : SA11AI.5289**

Amount of Each Receipt this Period  
350.00

In-kind - room rental fee and coffee/beverage service for fundraiser for Senator Cornyn

Full Name (Last, First, Middle Initial)  
**B. J. Christopher Brengard**

Mailing Address 102 Cypress Pointe Drive

City Paragould State AR Zip Code 72450

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : SA11AI.5302**

Amount of Each Receipt this Period  
1000.00

Individual contribution

Full Name (Last, First, Middle Initial)  
**C. Ellen R. Davis**

Mailing Address 1340 Prouty Drive

City Evergreen State CO Zip Code 80439

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

Name of Employer Occupation  
Renal Ventures Management, LLC Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : SA11AI.5305**

Amount of Each Receipt this Period  
1000.00

Individual contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5289

This receipt corresponds to the in-kind contribution by KCC PAC to Senator Cornyn in connection with room rental and catering expenses for a June 11 fundraiser. Payment by KCC PAC to Alston and Bird for these expenses was made after June 30 and will be disclosed on the next report.

Form/Schedule:

Transaction ID:

**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 8 OF 15
<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. Stan Lindenfeld**  
Full Name (Last, First, Middle Initial)

Mailing Address 504 Highland Avenue

City Manhattan Beach State CA Zip Code 90266

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

Name of Employer US Renal Care Occupation Senior VP and Chief Medical Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : SA11AI.5306**

Amount of Each Receipt this Period  
 1000.00

Individual contribution

**B. Sue Rottura**  
Full Name (Last, First, Middle Initial)

Mailing Address 3525 S. Federal Highway Unit A

City Boynton Beach State FL Zip Code 33435

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

Name of Employer American Renal Associates Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : SA11AI.5308**

Amount of Each Receipt this Period  
 1000.00

Individual contribution

**C. W. Millar & Co.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1335 14th Street NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 439.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : SA11AI.5295**

Amount of Each Receipt this Period  
 439.23

In-kind - catering expenses for June 11 fundraiser for Senator Cornyn

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2439.23
<b>TOTAL</b> This Period (last page this line number only).....	



: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5295

This receipt corresponds to the in-kind contribution by KCC PAC to Senator Cornyn in connection with catering expenses for a June 11 fundraiser. Payment by KCC PAC to W. Millar & Co. for these expenses was made after June 30 and will be disclosed on the next report.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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) <b>A. Thomas L Weinberg</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2014 <b>Transaction ID : SA11AI.5303</b>
Mailing Address 7015 Lakewood Blvd		Amount of Each Receipt this Period 1500.00
City Dallas	State TX	Zip Code 75214
FEC ID number of contributing federal political committee. C		Individual contribution
Name of Employer U.S. Renal Care, Inc.	Occupation VP & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Charla Williams</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2014 <b>Transaction ID : SA11AI.5304</b>
Mailing Address 2800 Mira Vista Ln		Amount of Each Receipt this Period 1000.00
City Rockwall	State TX	Zip Code 75032
FEC ID number of contributing federal political committee. C		Individual contribution
Name of Employer U.S. Renal Care, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7289.23

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Alston and Bird LLP**

Mailing Address 950 F Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
In-kind - room rental fee and coffee/beverage service for fundraiser for  
Candidate Name Senator Cornyn

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : SB21B.5290**

Amount of Each Disbursement this Period

350.00
--------

Full Name (Last, First, Middle Initial)

**B. W. Millar & Co.**

Mailing Address 1335 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
In-kind - catering expenses for June 11 fundraiser for Senator Cornyn  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : SB21B.5296**

Amount of Each Disbursement this Period

439.23
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

789.23
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789.23
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**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. FRIENDS OF SCHUMER**

Mailing Address 509 MADISON AVE SUITE 1902

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
Political contribution

011

Candidate Name

**CHARLES E SCHUMER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

**Transaction ID : SB23.5287**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. MARINO FOR CONGRESS**

Mailing Address PO BOX 653

City WILLIAMSPORT State PA Zip Code 17703

Purpose of Disbursement  
Political contribution

011

Candidate Name

**THOMAS ANTHONY MARINO**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

**Transaction ID : SB23.5288**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. TEXANS FOR SENATOR JOHN CORNYN INC**

Mailing Address PO BOX 13026

City AUSTIN State TX Zip Code 78711

Purpose of Disbursement  
In-kind contribution - room and catering for fundraiser

011

Candidate Name

**JOHN CORNYN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	4

**Transaction ID : SB23.5294**

Amount of Each Disbursement this Period

3	5	0	0	0	0	0	0	0	0

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

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

2	3	5	0	0	0	0	0	0	0


: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.5294

This in-kind contribution by KCC PAC to Senator Cornyn covers room rental and catering expenses for a June 11 fundraiser. Payment by KCC PAC to Alston and Bird for these expenses was made after June 30 and will be disclosed on the next report.

Form/Schedule:

Transaction ID:

**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. TEXANS FOR SENATOR JOHN CORNYN INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2014

Mailing Address PO BOX 13026

**Transaction ID : SB23.5298**

City State Zip Code  
AUSTIN TX 78711

Amount of Each Disbursement this Period

439.23
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Purpose of Disbursement  
In-kind contribution - catering expenses for June 11 fundraiser

011
Category/ Type

Candidate Name

**JOHN CORNYN**

Office Sought:  House  
 Senate  
 President  
State: TX District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. TEXANS FOR SENATOR JOHN CORNYN INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Mailing Address PO BOX 13026

**Transaction ID : SB23.5285**

City State Zip Code  
AUSTIN TX 78711

Amount of Each Disbursement this Period

3500.00
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Purpose of Disbursement  
Political contribution

011
Category/ Type

Candidate Name

**JOHN CORNYN**

Office Sought:  House  
 Senate  
 President  
State: TX District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

3939.23
---------

6289.23
---------

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.5298

This in-kind contribution by KCC PAC to Senator Cornyn covers catering expenses for a June 11 fundraiser. Payment by KCC PAC to W. Millar & Co. for these expenses was made after June 30 and will be disclosed on the next report.

Form/Schedule:

Transaction ID: