04/04/2007 10:00

Image# 27930459605

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X	For Other Than	An Authorized Comn	nittee	Office	Use Only
NAME OF COMMITTEE (in full)	USE FEC MAILING OR TYPE OR PRIN				
Kidney Care Council Politica	Action Committee				
ADDRESS (number and street)	The Atlantic Build	ling		1 1 1 1 1	
Charle if different	950 F Street, NW	, 			<b>.</b>
X Check if different than previously reported. (ACC)	Washington			DC L	20004 - 1404
2. FEC IDENTIFICATION NUM	MBER ₩	CITY 🛕	ST	ATE <b>A</b>	ZIPCODE 🛕
C00326736		3. IS THIS REPORT	NEW (N) <b>OR</b>	X AMENDE (A)	D
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)  Mar 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8	Year Only)  Dec 20 (M12)
(a) Quarterly Reports:		H `	1	H · ·	Year Only)
April 15 Quarterly Report(C	Q1) (c) 12-Day	Apr 20 (M4) Primary (	Jul 20 (M7)	Oct 20 (M1) General (12G)	0) Jan 31 (YE)  Runoff (12R)
July 15 Quarterly Report(C	Q2) PRE-E		H	Special (12G)	
X October 15 Quarterly Report(C	23)				in the
Quarterly Report(Y	′E)	Election on			State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	Post -	Election General for the:	(30G)	Runoff (30R)	Special (30S)
Termination Repor (TER)	t Report	Election on			in the State of
5. Covering Period 0	7 01 2	006 through	gh 0 9	30 200	6
I certify that I have examined this	•	t of my knowledge and belief	it is true, correct and	d complete.	
Type or Print Name of Treasurer	Marilyn Yager				
Signature of Treasurer Electro	onically Filed by Mar	rilyn Yager	Date	e 04	04 2007
NOTE : Submission of false, erro	oneous, or incomplete	information may subject the p	person signing this F	Report to the penalti	es of 2 U.S.C 437g.
Office Use				FE	C FORM 3X

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS Page 2

Write or Type Committee Name Kidney Care Council Political Action Committee <sup>®</sup> D <sup>U</sup>D 0.7 0 1 2006 0.9 3 0 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand <sup>°</sup>2006 3517.31 January 1 (b) Cash on Hand at 15367.31 Begining of Reporting Period ..... 9250.00 52100.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 24617.31 55617.31 6(a) and 6(c) for Column B) ..... 4500.00 35500.00 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 20117.31 20117.31 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

Kidney Care Council Political Action Committee

Report Covering the Period:

From:

м м 0 7 01

2006

·0·

м м 0 9 <sup>D</sup> 3 0

2006

	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)	9250.00	41900.00		
	(ii) Unitemized	0.00	200.00		
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	9250.00	42100.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees (such as PACs)	0.00	10000.00		
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9250.00	52100.00		
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00		
3.	All Loans Received	0.00	0.00		
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00		
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00		
Ο.	to Federal candidates and Other Political Committees	0.00	0.00		
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00		
18.					
	(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))	9250.00	52100.00		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	9250.00	52100.00		

### **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) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(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	0.00	0.00
(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	4500.00	35500.00
24. Independent Expenditure	0.00	0.00
(use Schedule E)25. Coordinated Expenditures Made by Party	0.00	0.00
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	0.00	0.00
Than Political Committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(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	0.00	0.00
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))	4500.00	35500.00
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	4500.00	35500.00
HOIH LINE 31)	4500.00	33300.00

### **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)	9250.00	52100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9250.00	52100.00
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

S	CHEDULE A (FEC Form 3X)		l le e e e e e e e e e e e e e e e e e	FOR LINE NUMBER: PAGE 6 / 12					
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)					
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12					
				13 14 15 16 17					
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person not be sold or used by any person research to the sold of the sold o	on for the purpose of soliciting contributions					
\	NAME OF COMMITTEE (In Full)	name and add	arcas or arry pointed committee to	Solicit contributions from such committee.					
	Kidney Care Council Political Action Co	mmittoo							
	Ridney Gare Council Folitical Action Co	Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii							
<u>/</u>	Full Name (Last, First, Middle Initial)								
A.				Date of Receipt					
	Mailing Address 19207 Wyndchase Circ	ele		07 14 2006					
	City	State	Zip Code	Transaction ID: SA11A1.4362					
	Franklin	TN	37067						
		111	37007	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Fourtheau	10							
	Name of Employer Renal Advantage	Occupation VP Man	n aged Care						
	Receipt For:		e Year-to-Date V	_					
	Primary General	7.99.094.0	Tour to Bate V	1					
	Other (specify) ▼		500.00						
				4					
В.	Full Name (Last, First, Middle Initial) Sharon Burbage			Date of Receipt					
ъ.	Mailing Address 1139 Carnton Lane			M M / D D / Y Y Y Y					
	Maining Address 1159 Carriton Lane			07 14 2006					
	City	State	Zip Code	Transaction ID: SA11A1.4370					
	Frankling	TN	37064	Amount of Each Receipt this Period					
	FEC ID number of contributing	<u> </u>		500.00					
	federal political committee.	C		300.00					
	Name of Employer	Occupation	n						
	Renal Advantage		cal Services						
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General		E00.00	1					
	Other (specify)		500.00						
_	Full Name (Last, First, Middle Initial)								
C.	John Crawford			Date of Receipt					
	Mailing Address 606 Post Oak Circle			M M / D D / Y Y Y Y					
	Cit.	Ctata	7:- Oada	07 14 2006					
	City	State TN	Zip Code 37027	Transaction ID: SA11A1.4352					
	Brentwood	1111	31021	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		1000.00					
	·								
	Name of Employer Renal Advantage Inc.	Occupation							
			ancial Officer	_					
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,					
	Other (specify)		1000.00						
				1					
s	UBTOTAL of Receipts This Page (optional)			2000.00					
$\vdash$				-					

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

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/12			
ITEMIZED RECEIPTS			or each category of the	(check only one)  X 11a  11b  11c  12			
			Detailed Summary Page	X   11a   11b   11c   12   15   16   16			
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{}$	NAME OF COMMITTEE (In Full)						
$\rangle$	Kidney Care Council Political Action Con	nmittee					
۹.	Full Name (Last, First, Middle Initial) Eric Enderle			Date of Receipt			
	Mailing Address 7011 Monte Bella Place			07 14 2006			
	City	State	Zip Code	Transaction ID: SA11A1.4358			
	Franklin	TN	37064	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Renal Advantage	Occupation VP, Deve					
	Receipt For:		Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	500.00				
3.	Full Name (Last, First, Middle Initial) Monte Frankenfield			Date of Receipt			
Mailing Address 1168 Travelers Ridge Drive				07 14 2006			
	City	State	Zip Code	Transaction ID: SA11A1.4364			
	Nashville	TN	37220	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Renal Advantage	Occupation VP, Finar					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		500.00				
	Other (specify) ▼	0 0					
Э.	Full Name (Last, First, Middle Initial) Geneva Gayle Franks			Date of Receipt			
	Mailing Address 570 Church St. E. Apt. 1501			0 7			
	City	State	Zip Code	Transaction ID: SA11A1.4366			
	Brentwood	TN	37027	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Renal Advantage	Occupation VP, Risk	n Management				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		500.00				
s	UBTOTAL of Receipts This Page (optional)			1500.00			
			·				
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>				

COUEDING A /EEO Form OV)				FOR LINE NUMBER: PAGE 8 / 12					
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)					
ΙT	EMIZED RECEIPTS		or each category of the	X 11a  11b  11c  12					
			Detailed Summary Page	13 14 15 16 17					
۸r	ny information copied from such Reports and Sta	atomonte may	, not be cold or used by any perc						
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)								
$  \rangle$	Kidney Care Council Political Action Co	mmittaa							
	Mulley Gare Gourieir Folitical Action Go	Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii							
<u>/</u>	Full Name (Last, First, Middle Initial)								
A.				Date of Receipt					
	Mailing Address 10386 Meadow Lake Ci	ircle		M M / D D / Y Y Y Y					
				07 14 2006					
	City	State	Zip Code	Transaction ID: SA11A1.4372					
	New Market	MD	21774	Amount of Each Receipt this Period					
	FEC ID number of contributing			500.00					
	federal political committee.	C		500.00					
	Name of Employer Renal Advantage	Occupation							
			Medical Services						
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General		500.00	1					
	U Other (specify) ▼		300.00						
_	Full Name (Last, First, Middle Initial)			Date of Baselat					
В.				Date of Receipt					
	Mailing Address 1425 Willowbrooke Circ	cle		07 14 2006					
	City	State	Zip Code						
	•	TN	•	Transaction ID: SA11A1.4353					
	Franklin	IIN	37069	Amount of Each Receipt this Period					
	FEC ID number of contributing	C		1250.00					
	federal political committee.								
	Name of Employer	Occupation	n	$\neg$					
	Renal Advantage	Chief Exe	ecutive Officer						
	Receipt For:	Aggregate	e Year-to-Date ▼	7					
	Primary General			7					
	Other (specify) ▼		1500.00						
				*					
_	Full Name (Last, First, Middle Initial)								
C.	Karl Kokko			Date of Receipt					
	Mailing Address 2307 Cecil Ct.			M M / D D / Y Y Y Y					
	<u></u>			07 14 2006					
	City	State	Zip Code	Transaction ID: SA11A1.4368					
	Brentwood	TN	37027	Amount of Each Receipt this Period					
	FEC ID number of contributing	С		1000.00					
	federal political committee.			1000.00					
	Name of Employer	Occupation	n	$\dashv$					
	Renal Advantage		ormation Officer						
	Receipt For:		e Year-to-Date ▼	$\dashv$					
	Primary General	, iggi cgale	Jul 10 Dullo 🔻	7					
	Other (specify)		1000.00						
			1 1 1 1 1 1 1	4					
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_	LIPTOTAL of Possints This Dags (antique)			2750.00					
$\vdash$	UBTOTAL of Receipts This Page (optional)			-					
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TOTAL This Period (last page this line number only) .....

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 12 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any or fo	information copied from such Reports and State r commercial purposes, other than using the na	ements may me and add	r not be sold or used by any perso Iress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\	AME OF COMMITTEE (In Full)  Kidney Care Council Political Action Con	nmittee		
_	ull Name (Last, First, Middle Initial) inda Meador			Date of Receipt
N	failing Address 5220 Ravens Glen			$\begin{bmatrix} & M & M & J & D & D & J & Y & Y & Y & Y \\ 0.7 & & 1.4 & & 2.006 \end{bmatrix}$
	ity	State	Zip Code	Transaction ID: SA11A1.4357
_	lashville	TN	37211	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
N F	lame of Employer Renal Advantage	Occupation VP, Huma	n an Resources	
F	leceipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	500.00	
	ull Name (Last, First, Middle Initial)			Date of Receipt
_	failing Address 1450 Highway 70			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C	ity	State	Zip Code	Transaction ID: SA11A1.4374
<u> </u>	Kingston Springs	TN	37082	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		500.00
N F	lame of Employer Renal Advantage	Occupation		
_	deceipt For:	VP, Supp	Year-to-Date <b>V</b>	_
	Primary General Other (specify) ▼	- iggi egate	500.00	
	ull Name (Last, First, Middle Initial) on Sundock			Date of Receipt
N	failing Address 3500 Grayswood Avenue	) <u>.</u>		07 14 2006
	ity	State	Zip Code	Transaction ID: SA11A1.4356
_	lashville	TN	37215	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		750.00
F	lame of Employer Renal Advantage		al Counsel	
F	leceipt For:	Aggregate	Year-to-Date ▼	
	Primary	0 0	1000.00	
SUI	BTOTAL of Receipts This Page (optional)			1500.00

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

# SCHEDULE A (FEC Form 3X)

Other (specify)

PAGE 10/12 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 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) Date of Receipt Jim Tarwater, Jr. Mailing Address 3226 Nolen Lane 07 2006 14 City State Zip Code Transaction ID: SA11A1.4360 Franklin TN 37064 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Renal Advantage Occupation VP, Information Systems Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dean Weiland Date of Receipt Mailing Address 9215 Old Smyrna Rd 14 2006 City Transaction ID: SA11A1.4354 State Zip Code **Brentwood** TN 37027 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Renal Advantage Occupation Chief Operating Officer Aggregate Year-to-Date V Receipt For: Primary General 1000.00

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1500.00
TOTAL This Period (last page this line number only)	<u> </u>	9250.00

# SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS		-	Use seperate schedule(s)			(check only		e NOMBER. PAGE I				11/	1 / 12			
I EMI	ZED DIS	SROKSEMEN.	15		category of the Summary Page		21b 27	$\bigcap_{i=1}^{n}$	22 28a	X	23 28b	24 280	, F	25 29		26 30b
		ed from such Reports													S	
	· · · · · · · · · · · · · · · · · · ·	poses, other than usir	ig the name	and addres	ss of any political	comr	nittee to s	SOIICI	t contri	DUI	ons ire	om sucr	COM	mittee		
\		MITTEE (In Full) ouncil Political Acti	ion Comm	nittee												
Full N	Name (Last,	First, Middle Initial)							Trans	acti	on ID:	SB23.	4380	)		
<b>4.</b> AME	RIPAC								Date o	f Di	sburse	ement			Υ	
Mailir	ng Address	140 COVANT #	2						0 7		<sup>D</sup> 2	7	2	0 0 6		
City MAN	ICHESTER	3		State NH	Zip Code 03102				Amoui	nt of	Each	Disburs	semer	nt this F	Perio	d
	ose of Disbu									_	-	_		1000.0	00	
	lidate Name						tegory/ ype									
Office	e Sought:	House Senate President District:	Disburse	ment For: Primary Other (spe	General cify) ▼											
		First, Middle Initial)							Trans	acti	on ID:	SB23.	4384			
3. AME	RIPAC: TI	HE FUND FOR A (	GREATER	AMERIC	Α				Date o		sburse	ement			Υ	
Mailir	ng Address	499 S. CAPITO	L ST. S.W	<i>l</i> . #414					0 7		2	6 /	2	δο δ ε		
City WAS	SHINGTON	N		State DC	Zip Code 20003				Amoui	nt of	Each	Disburs			-	d
	ose of Disbu								L.	_	-			1000.0	00	
Cand	idate Name						tegory/ ype									
	e Sought:	House Senate President	Disburse	ment For: Primary Other (spe	General ocify) ▼											
State		District: First, Middle Initial)							_							
•	FEE FOR								Date o	f Di	sburse					
Mailir	ng Address	PO BOX 7329							0 8 °	М	2	4 /	2	Óοόε		
City WAF	RWICK			State RI	Zip Code 02887				Amoui	nt of	Each	Disburs	semer	nt this F	Perio	d
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	e Sought:	House X Senate President	Disburse X	ment For: Primary Other (spe	2006 General											
State	: KI	District: 00														_
SUBTO	TAL of Disb	oursements This Page	(optional)				<b>&gt;</b>						2	500.0	0	
ΤΟΤΔΙ	This Period	l (last page this line nu	mber only)													

S	CHEDULE B (FEC Form 3	<b>Y</b> )		FORLINE	NUMBER	DAOE 40 / 40
		Use sepe	rate schedule(s)	(check only	NUMBER: v one)	PAGE 12/12
П	EMIZED DISBURSEMEN		ategory of the Summary Page	21b	7 22 X 23 T	24 25 26
		Detailed	diffillary r age	27	28a 28b	28c 29 30b
An	y Information copied from such Reports	and Statements may no	t be sold or used	by any person f	or the purpose of solica	ting contributions
or t	for commercial purposes, other than usin	g the name and addres	s of any political	committee to so	licit contributions from s	uch committee
Λ	NAME OF COMMITTEE (In Full)					
17	Kidney Care Council Political Acti	on Committee				
$\mathbb{L}$						
Α.	Full Name (Last, First, Middle Initial)				Transaction ID: SB	
Α.	REPUBLICAN FEDERAL COMMI	TTEE OF PENNSY	LVANIA		Date of Disbursemer	
	Mailing Address 301 MARKET S	TREET			$0^{M}7^{M}$ $2^{D}$	2006
	SUITE 900	INLLI				
	City	State	Zip Code		Amount of Each Disl	bursement this Period
	HARRISBURG	PA	17101			
	Purpose of Disbursement			· ·		1000.00
	political contribution					
	Candidate Name			Category/		
	Office Sought: House	Disbursement For:		Туре		
	Senate	Primary	General			
	President	Other (spec				
	State: District:	Other (open	S.i.y) <b>∀</b>			
_	Full Name (Last, First, Middle Initial)				Transaction ID: SB	00.4077
В.	RYAN FOR CONGRESS				Date of Disbursemer	
					M M / D D	
	Mailing Address P. O. Box 1919				07 13	Y ŽOÕ6
	P. O. Box 1919	01-1-	7'- 0-1-			
	City Janesville	State WI	Zip Code 53547		Amount of Each Dist	bursement this Period
	Purpose of Disbursement	***	1			1000.00
	political contribution					
	Candidate Name			Category/		
				Type		
	Office Sought: X House	Disbursement For:	2006			
	Senate	X Primary	General			
	President	Other (spec	cify) 🔻			
	State: WI District: 01					

1		
SUBTOTAL of Disbursements This Page (optional)	<u> </u>	2000.00
TOTAL This Period (last page this line number only)	•	4500.00