Image# 13941116614 PAGE 1 / 13

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		All Authorized				Office Use Only
NAME OF COMMITTEE (in full)	PE OR PRINT		mple: If typir the lines.	ig, type	12FE4M5	
Kidney Care Council Pol	itical Action	Committee				
<u> </u>						
ADDRESS (number and street)	1760 Old Meado	w Road				
Check if different	Suite 500					
than previously reported. (ACC)	McLean				VA	22102
2. FEC IDENTIFICATION NUM	BER ▼	CITY 🛦			STATE A	ZIP CODE ▲
C C00326736		3. IS THIS REPORT	~	IEW N) OR	AN (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)		lun 20 (M6)	H	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	(c) 12-Da	Apr 20 (M4)		lul 20 (M7)	-	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	PRE-E	Election t for the:	Primary (12P Convention (-	General Special (
October 15 Quarterly Report (Q3)	riopor		Convention (.20)	opeoidi (.20)
January 31 Year-End Report (YE)		Election on	M = M /	D D /	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)		y -Election t for the:	General (30G	i)	Runoff (3	Special (30S)
Termination Report (TER)	Порог	Election on	M = M /	D D /	Y	in the State of
5. Covering Period 01	/ D D / 01	2013	through	M M M	30	2013
I certify that I have examined this	Report and to t	he best of my know	wledge and b	pelief it is tru	e, correct and	d complete.
Type or Print Name of Treasurer	Cherilyn Cepriar	10				
Signature of Treasurer Cherilyn	Cepriano		[Electronically	Filed]	ate 07	12 / 2013
NOTE: Submission of false, erroneou	us, or incomplete	information may su	bject the pers	son signing th	is Report to the	ne 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) Page 2

Write or Type Committee Name

Kidney Care Council Political Action Committee

Report Covering the Period: From: 01 01 2013 To: 06 30 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
i.	(a) Cash on Hand January 1, 2013		5683.42
	(b) Cash on Hand at Beginning of Reporting Period	5683.42	
	(c) Total Receipts (from Line 19)	8916.57	8916.57
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	14599.99	14599.99
	Total Disbursements (from Line 31)	4913.75	4913.75
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9686.24	9686.24
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Kidney Care Council Political Action Committee

ibutions (other than loans) From: Individuals/Persons Other Inan Political Committees Individuals/Persons Other Individual		
han Political Committees		
1) Itamizad (usa Schadula A)	3500.00	3500.00
) Itemized (use otherwise A)	3300.00	3300.00
ii) Unitemized	0.00	0.00
Lines 11(a)(i) and (ii)▶	3500.00	3500.00
Political Party Committees	0.00	0.00
	5000.00	5000.00
1(a)(iii), (b), and (c)) (Carry		
	8500.00	8500.00
Committees	0.00	0.00
ans Received	0.00	0.00
December December	0.00	0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	7 /	7 7
	0.00	0.00
Federal Receipts	7	
· ·	416.57	416.57
fers from Non-Federal and Levin Funds		
rom Schedule H3)	0.00	0.00
ovin Funds (from Schodulo US)	0.00	0.00
Tunus (IIOIII Scriedule TIS)		0.00
tal Transfers (add 18(a) and 18(b))	0.00	0.00
	iii) Unitemized	iii) TOTAL (add Lines 11(a)(i) and (ii)

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
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Carolinai Tour to Buto
	(i) Federal Share	0.00	0.00
	··	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	4913.75	4913.75
	Independent Expenditures		
	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(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
	Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	3.00	
	(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
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4913.75	4913.75
	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	4913.75	4913.75

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	8500.00	8500.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8500.00	8500.00
6. 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
8. 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

_		NUMBER	:	PAGE	6	OF	13
(checl	k only	one)					
X	11a [11b		11c	12		
	13	14		15	16		17

Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
$\Big angle$ Kidney Care Council Political Ac	tion Committee	
Full Name (Last, First, Middle Initial) John Dickenson		Date of Receipt
Mailing Address 3045 Loch Meadow Court		03 22 2013
City	State Zip Code	Transaction ID : SA11AI.5257
Southlake	TX 76093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Individual contribution
U.S. Renal Care	SVP for Business Development	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. John Eagan		Date of Receipt
Mailing Address 4757 Brayton Ter S		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	03 18 2013 Transaction ID : SA11Al.5255
Palm Harbor	FL 34685	Amount of Each Receipt this Period
FEC ID number of contributing	C	1000.00
federal political committee.		
Name of Employer	Occupation	Individual contribution
U.S. Renal Care, Inc.	EVP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. David Eldridge		Date of Receipt
Mailing Address 9673 Sean Dr		03 22 _2013 _
City	State Zip Code	Transaction ID : SA11AI.5256
Frisco	TX 75035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Individual contribution
U.S. Renal Care, Inc.	Controller	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		2500.00
TOTAL This Period (last page this line number of	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

13

for each category of the 12 Detailed Summary Page 14 13 15 16 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) Thomas L Weinberg Date of Receipt Mailing Address 7015 Lakewood Blvd 2013 City State Zip Code Transaction ID: SA11AI.5253 TX Dallas 75214 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Individual contribution Name of Employer Occupation VP & General Counsel U.S. Renal Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... 3500.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 13 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Kidney Care Council Political Ac	tion Con	nmittee	
Full Name (Last, First, Middle Initial) DAVITA INC POLITICAL ACTION CO Mailing Address 21250 Hawthorne Blvd. Suite 800 City Torrance FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify)	State CA Coo	Zip Code 90503 0340943	Date of Receipt 03 12 2013 Transaction ID: SA11C.5252 Amount of Each Receipt this Period 5000.00 Contribution
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For:	State C Occupation Aggregate	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼		A A . A .	
Full Name (Last, First, Middle Initial) Mailing Address City	State	Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation		Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			5000.00

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

5000.00

SOUEDINE A VEED From OV			
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 OF 13 (check only one)
TEMIZED RECEIPTS		for each category of the	11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 X 17
Any information copied from such Reports and Stator for commercial purposes, other than using the n			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Kidney Care Council Political Act	ion Com	nmittee	
Full Name (Last, First, Middle Initial) A. Alston and Bird LLP			Date of Receipt
Mailing Address 950 F Street NW			06 19 / Y = Y = Y = Y
City	State	Zip Code	Transaction ID : SA17.5248
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		413.75
Name of Employer	Occupation		Room rental and catering for fundraiser
Receipt For:	A	Versite Data =	
Primary General	Aggregate	Year-to-Date ▼	
Other (specify) ▼		413.75	
Full Name (Last, First, Middle Initial) 3.			Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Fook Possint this Poving
FEC ID number of contributing			Amount of Each Receipt this Period
federal political committee.	С		
Name of Employer	Occupation		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General			
Other (specify)		<u> </u>	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
·			
. ,	Occupation		
	Aggregate	Year-to-Date ▼	
Primary General			
Other (specify) \blacktriangledown		T	
SUBTOTAL of Receipts This Page (ontional)			413.75

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

7 7

413.75

1mage# 13941116623 PAGE 10 / 13

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC '5 F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H+CB

Form/Schedule: SA17 Transaction ID: SA17.5248

This receipt corresponds to the in-kind contribution by KCC PAC to Hawkeye PAC in connection with room rental and catering expenses for a June 19 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)		, FOR LINE	NUMBER: PAGE 11 OF 13
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon oring	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and State	ements may not be sold or u		
or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
Kidney Care Council Political Acti	on Committee		
Full Name (Last, First, Middle Initial)			
A. FRIENDS FOR JIM MCDERMOT	Т		Date of Disbursement
Mailing Address PO BOX 21786			06 28 2013
City	State Zip Code		
SEATTLE	WA 98111		Transaction ID: SB23.5242
Purpose of Disbursement Political contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
JAMES MCDERMOTT Office Sought: House Disburse	ement For: 2014	Туре	
Senate Stagini	Primary General		
President	Other (specify) ▼		
State: WA District: 07			
Full Name (Last, First, Middle Initial) B. GLACIER PAC			Date of Disbursement
S. GLACIEN PAC			M M / D D / Y Y Y Y
Mailing Address 3242 CUMMINS WAY			01 16 2013
City MISSOULA	State Zip Code MT 59802		Transaction ID : SB23.5250
Purpose of Disbursement Political contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	Allount of Each Biobardement the Ferica
		Type	1500.00
	ement For:		
Senate President	Primary General Other (specify) ▼		
State: District:	Curior (openity)		
Full Name (Last, First, Middle Initial)			
C. HAWKEYE PAC, THE			Date of Disbursement
Mailing Address PO Box 7255			06 19 2013
City	State Zip Code		Transaction ID : SB23.5247
Des Moines Purpose of Disbursement	IA 50309		
Political contribution (in-kind)		011	Amount of Each Disbursement this Period
Candidate Name		Category/	413.75
Office Sought: House Disburse	ement For:	Туре	410.70
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
			3413.75
SUBTOTAL of Disbursements This Page (optional)		·····•	3413.73
TOTAL This Period (last page this line number onl	y)		

1mage# 13941116625 PAGE 12 / 13

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: SB23 Transaction ID: SB23.5247

In-kind contribution for room rental fee and catering expenses related to June 19 fundraiser.

Form/Schedule: Transaction ID:

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 13	OF 13
TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 🗙 23 24 25	26
		27	28a 28b 28c 29	30
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	,,,			
Kidney Care Council Political Actio	n Committee			
,				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. HAWKEYE PAC, THE			M M / D D / Y Y Y	V
Mailing Address PO Box 7255			06 28 2013	
	7. 0.			
City Des Moines	State Zip Code IA 50309		Transaction ID: SB23.5246	
Purpose of Disbursement	30309			
Political contribution		011	Amount of Each Disbursement this	Period
Candidate Name		Category/	150	00.00
Office Sought: House Disburser	aont For	Туре	130	,5.50
Office Sought: House Disburser Senate	Primary General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)				
3.			Date of Disbursement	
Mailing Address			M = M / D = D / Y = Y = Y	Y
ivialility Address				
City	State Zip Code			
Purpose of Disbursement				
r dipose of Disbursement			Amount of Each Disbursement this	Period
Candidate Name		Category/		
		Type		
Office Sought: House Disburser				
Senate President	Primary General Other (specify) ▼			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
.			Date of Disbursement	
			M = M / D = D / Y = Y = Y	Y
Mailing Address				_
City	State Zip Code			
	· 			
Purpose of Disbursement				
Candidate Name		البسبا	Amount of Each Disbursement this	Period
		Category/ Type		
Office Sought: House Disburser	nent For:	76.5	7	
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
CURTOTAL of Diphyrophoto This Dans (anti-			150	0.00
SUBTOTAL of Disbursements This Page (optional)		·····		
TOTAL This Period (last page this line number only)			491	3.75