Image# 12972494628				PAGE 1 / 9
FEC A	EPORT OF F ND DISBURS Other Than An Author	SEMENTS		Office Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT V	Example: If typing, typ over the lines.	-	
Kidney Care Council Pol	itical Action Commit	ee		
ADDRESS (number and street)	1760 Old Meadow Road			
Check if different than previously reported. (ACC)	Suite 500 McLean			22102
2. FEC IDENTIFICATION NUM		A	STATE 🔺	ZIP CODE
C C00326736	3. IS RE	THIS NEW PORT (N)	OR × AMEN	NDED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) 	Report Due On:	0 (M2) May 20 0 (M3) Jun 20 0 (M4) Jul 20 Primary (12P) Convention (12C)	(M6) Sep 20	(M9) Dec 20 (M12) (Non-Election Year Only) (M10) Jan 31 (YE) 2G) Runoff (12R)
January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30F	
(TER)	Election	on		in the State of
5. Covering Period 06	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	06 / D D / 30 /	2012
	Cherilyn Cepriano		M - M	/ D D / Y Y Y Y
Signature of Treasurer	Cepriano	[Electronically Filed]	Date 10	10 2012
NOTE: Submission of false, erroneou Office Use	s, or incomplete information	may subject the person sig	ning this Report to the	penalties of 2 U.S.C. §437g. FEC FORM 3X Rev. 12/2004
Only				

10/10/2012 18 : 17

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

M M / D D / Y Y Y Y

FEC Form 3X (Rev. 02/2003)	
Write or Type Committee Name	
Kidney Care Council Political Action Committee	
M = M / D = D / Y = Y = Y	

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		25522.53
	(b) Cash on Hand at Beginning of Reporting Period	4718.79	
	(c) Total Receipts (from Line 19)	5300.80	5686.89
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	10019.59	31209.42
7.	Total Disbursements (from Line 31)	1000.00	22189.83
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9019.59	9019.59
	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

X

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Kidney Care Council Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)		5679.82
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	5300.00	5679.82
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.0
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		5070 00
Totals to Line 33, page 5)	. 5300.00	5679.82
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		7
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.80	7.07
3. Transfers from Non-Federal and Levin Fu	inds	
(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
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	5300.80	5686.89
D. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	5300.80	5686.8

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
. 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	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))►	0.00	0.0
Transfers to Affiliated/Other Party Committees	0.00	0.0
Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	22189.83
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures	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 Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	7 7 0.00	
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))►		
Other Disbursements	0.00	0.00
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	0.0
(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))	1000.00	22189.8
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1000.00	22189.83

I

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date						
 Total Contributions (other than loans) (from Line 11(d), page 3) 	5300.00	5679.82						
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00						
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5300.00	5679.82						
 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						
3. 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

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

9

			Detailed Summary Page		11a 13	\vdash	11b 14	11c	-	12 16	17					
	y information copied from such Reports and St for commercial purposes, other than using the				or the		pose o	f soliciting		ntribut	ions					
or	NAME OF COMMITTEE (In Full) Kidney Care Council Political Ac					ntric	DUTIONS	from suc		mmitte	<u>e.</u>					
A .	Full Name (Last, First, Middle Initial) John Egan Mailing Address 4757 Brayton Terrace S.				Date of Receipt											
	City Palm Harbor	State FL	Zip Code 34685					: SA11AI Receipt th	.521							
	FEC ID number of contributing federal political committee.	С					7		_	1000.	.00					
	Name of Employer U.S. Renal Care, Inc. Receipt For: Primary General Other (specify) ▼		ating Officer Year-to-Date ▼ 1000.00	Ir	ndividua	al co	ontributi	ion								
В.	Full Name (Last, First, Middle Initial) David Eldridge Mailing Address 9673 Sean Dr	First, Middle Initial) e						Date of Receipt								
	City Frisco	State TX	Zip Code 75035		012 <u>6</u> Period											
	FEC ID number of contributing federal political committee.	Occupation		In	dividua	al co	ntributi	500.00								
	Name of Employer U.S. Renal Care, Inc. Receipt For: Primary General Other (specify) ▼	Controller	Year-to-Date ▼ 500.00]												
c.	Full Name (Last, First, Middle Initial) Stan Lindenfeld Mailing Address 7620 Bishop Road				Date of		eceipt)12	Y					
	Apt. 6413 City Plano	State TX	Zip Code 75024		Trans		ion ID	; SA11AI Receipt th	.521	9						
	FEC ID number of contributing federal political committee.	С					7			1000	.00					
	Name of Employer US Renal Care	Occupation Senior VP a	and Chief Medical Officer	Ir	ndividu	al co	ontribut	ion								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]												
s	UBTOTAL of Receipts This Page (optional)			•			7			2500.	00					
т	OTAL This Period (last page this line number o	only)														

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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9

ITEMIZED RECEIPTS		category of the Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and Sta or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) Kidney Care Council Political Ac	ion Committee			
A. Full Name (Last, First, Middle Initial) Lauren McDowell Mailing Address 2513 Prestonwood Dr City	Lauren McDowell Mailing Address 2513 Prestonwood Dr			
Plano FEC ID number of contributing federal political committee.	TX 75093		Amount of Each Receipt this Period	
Name of Employer U.S. Renal Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date	▼ 1000.00	Individual contribution	
Full Name (Last, First, Middle Initial) B. Tim Thomasson Mailing Address 736 Falcon Lane City Coppell	State Zip Cod TX 75019	e	Date of Receipt 06 / 15 / 2012 Transaction ID : SA11AI.5213 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. Name of Employer U.S. Renal Care Receipt For:	Occupation Chief Information Officer Aggregate Year-to-Date	250.00	Individual contribution	
Full Name (Last, First, Middle Initial) Karen Walton-Brown Mailing Address 14651 Dallas Parkway Suite 900 City Dallas FEC ID number of contributing federal political committee. Name of Employer U.S. Renal Care, Inc. Receipt For: Primary General Other (specify)	State Zip Cod TX 75254 C Occupation VP Clinical Operations Aggregate Year-to-Date		Date of Receipt 06 15 2012 Transaction ID : SA11AI.5218 Amount of Each Receipt this Period 300.00 Individual contribution	
SUBTOTAL of Receipts This Page (optional)			1550.00	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

9

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kidney Care Council Political A	Action Committee	
Full Name (Last, First, Middle Initial) Charla Williams Mailing Address 2800 Mira Vista Ln City Rockwall	State Zip Code TX 75032	Date of Receipt
 FEC ID number of contributing federal political committee. Name of Employer U.S. Renal Care, Inc. Receipt For: Primary General Other (specify) ▼ 	C Occupation Vice President Aggregate Year-to-Date ▼ 750.00	Individual contribution
Full Name (Last, First, Middle Initial) Joanne Zimmerman Mailing Address 19 Chelsea Lane City Carlisle FEC ID number of contributing federal political committee. Name of Employer U.S. Renal Care Receipt For: Primary General Other (specify) ▼	State Zip Code PA 17015 C Occupation Vice President Aggregate Year-to-Date ▼ 500.00	Date of Receipt 06 15 2012 Transaction ID : SA11AI.5217 Amount of Each Receipt this Period 500.00 Individual contribution
Full Name (Last, First, Middle Initial) C. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe		5000.00

S	CHEDULE B (FEC Form 3X)			ר חם			MBER:			P	AGE	9	OF 9			
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		-	k only	-		_								
		Detailed Summary Page			21b 27		22 28a	×	23 28b	24		25 29	26 30b			
	ny information copied from such Reports and Stater for commercial purposes, other than using the nan				pers		or the		ose o	of soliciti	ng c	ontribu	utions			
\square	NAME OF COMMITTEE (In Full)															
/	Kidney Care Council Political Actio	n Committee														
<u> </u>	Full Name (Last, First, Middle Initial)															
Α.	FRIENDS OF JIM CLYBURN							Date of Disbursement								
	Mailing Address PO BOX 12567					06 29 2012 Transaction ID : SB23.5222										
	5	State Zip Code														
	COLUMBIA Purpose of Disbursement	SC 29211			_											
	Political contribution		0)11		A	mount	tof	Each	Disburs	emen	nt this	Period			
			Cate		·y/							100	0.00			
	JAMES E. CLYBURN Office Sought: X House Disburser	nent For: 2012	Ţ	ype					7	7	-					
		Primary X General														
	President	Other (specify) ▼														
	State: SC District: 06 Full Name (Last, First, Middle Initial)															
В.							Date of	f Dis	burse	ment						
							M M	/	D	D /	Y	Y Y	Y			
	Mailing Address						-		-		-					
	City	State Zip Code														
	Purpose of Disbursement			_	_											
						A	nt this	Period								
	Candidate Name		Cate		·y/											
	Office Sought: House Disburser	nent For:	1	ype					,	7						
	Senate	Primary General														
	State: District:	Other (specify)														
	Full Name (Last, First, Middle Initial)															
C.							Date of	f Dis	burse	ment						
	Mailing Address						M M	/	D	D /	Y	Y Y	Y			
							-									
	City	State Zip Code														
	Purpose of Disbursement		-	_												
Candidate Name					·y/	Amount of Each Disbursement this Period										
	Office Sought: House Disburser	nent For:		ype					7	7		_				
		Primary General														
	State: District:	Other (specify)														
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