

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) 1200 G Street, NW
Regus HQ Suite 841
 Check if different than previously reported. (ACC)
Washington DC 20005

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 03 31 2010

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 Cherilyn Cepriano

Signature of Treasurer Electronically Filed by Cherilyn Cepriano Date 04 15 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

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	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		18442.15
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	18442.15									
(c) Total Receipts (from Line 19)	13502.83	13502.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	31944.98	31944.98								
7. Total Disbursements (from Line 31)	8000.00	8000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23944.98	23944.98								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Kidney Care Council Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	13500.00	13500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13500.00	13500.00
(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)	13500.00	13500.00
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.)	2.83	2.83
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))	13502.83	13502.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13502.83	13502.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	5000.00	5000.00
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	3000.00	3000.00
(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))	3000.00	3000.00
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))..	8000.00	8000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8000.00	8000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	13500.00	13500.00
34. Total Contribution Refunds (from Line 28(d))	3000.00	3000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10500.00	10500.00
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Dr. J. Ganesh Bhat

Mailing Address 385 Seneca Avenue

City State Zip Code
Ridgewood NY 11385

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

Name of Employer AtlanticDialysisMngmtServices
Occupation Co-President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Transaction ID: SA11AI.4973

Amount of Each Receipt this Period
2500.00

Individual contribution

B. Full Name (Last, First, Middle Initial)
Mark Caputo

Mailing Address 3820 E Mercer Way

City State Zip Code
Mercer Island WA 98040

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

Name of Employer Liberty Dialysis, Inc.
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Transaction ID: SA11AI.4971

Amount of Each Receipt this Period
2500.00

Individual contribution

C. Full Name (Last, First, Middle Initial)
Joan Clements

Mailing Address 3711 SE 160th Avenue #104

City State Zip Code
Miramar FL 33027

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

Name of Employer Renal Care Partners, Inc.
Occupation VP of Reimbursement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Transaction ID: SA11AI.4955

Amount of Each Receipt this Period
750.00

Individual contribution

SUBTOTAL of Receipts This Page (optional) ► **5750.00**

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Kidney Care Council Political Action Committee

A. Full Name (Last, First, Middle Initial)
Jeff Fernandez
Mailing Address 15251 SW 26 Terrace
City Miami State FL Zip Code 33185
FEC ID number of contributing federal political committee. **C**
Name of Employer Renal Care Partners, Inc. Occupation CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.4961
Amount of Each Receipt this Period 750.00
Individual contribution

B. Full Name (Last, First, Middle Initial)
Joyce Jackson
Mailing Address 6585 NE Windermere Road
City Seattle State WA Zip Code 98105
FEC ID number of contributing federal political committee. **C**
Name of Employer Northwest Kidney Centers Occupation President and CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.4968
Amount of Each Receipt this Period 1000.00
Individual contribution

C. Full Name (Last, First, Middle Initial)
Orestes Lugo
Mailing Address 3802 NE 207 Street #1104
City Aventura State FL Zip Code 33180
FEC ID number of contributing federal political committee. **C**
Name of Employer Renal Care Partners, Inc. Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.4963
Amount of Each Receipt this Period 1000.00
Individual contribution

SUBTOTAL of Receipts This Page (optional) ► 2750.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Kidney Care Council Political Action Committee

A. Full Name (Last, First, Middle Initial)
Christopher Pyrek
 Mailing Address 3370 NE 190th Street #2206
 City State Zip Code
 Aventura FL 33180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Renal Care Partners, Inc. VP of Business Development
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2010
Transaction ID: SA11AI.4957
 Amount of Each Receipt this Period
 750.00
 Individual contribution

B. Full Name (Last, First, Middle Initial)
Eric Shuey
 Mailing Address 216 259th Avenue NE
 City State Zip Code
 Sammamish WA 98074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Liberty Dialysis Inc. CFO
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2010
Transaction ID: SA11AI.4969
 Amount of Each Receipt this Period
 2500.00
 Individual contribution

C. Full Name (Last, First, Middle Initial)
James Spafford
 Mailing Address 15087 87th Road North
 City State Zip Code
 Loxahatchee FL 33470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Renal Care Partners, Inc. VP of Operations and Compliance
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2010
Transaction ID: SA11AI.4959
 Amount of Each Receipt this Period
 750.00
 Individual contribution

SUBTOTAL of Receipts This Page (optional) ► **4000.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 11	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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.	Full Name (Last, First, Middle Initial) Milton Wallace		Date of Receipt																					
	Mailing Address 1111 Brickell Avenue #2150		<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>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		3	1		2	0	1	0														
	City State Zip Code Miami FL 33131		Transaction ID: SA11AI.4965																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00																					
Name of Employer Occupation Renal Care Partners, Inc. Chairman		Individual contribution																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00																						

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	13500.00

**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)

PAGE 10 / 11

<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

A.

Full Name (Last, First, Middle Initial)
DAKPAC

Transaction ID: SB23.4954
Date of Disbursement

Mailing Address 607 14th Street NW Suite 800

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	1	0

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Political contribution

011
Category/ Type

Candidate Name
GAYLORD KENT CONRAD

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

5000.00

**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)

PAGE 11 / 11

<input 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 checked="" 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

A.

Full Name (Last, First, Middle Initial)

Ben Lipps

Transaction ID: SB28A.4975

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	0

Mailing Address Reservoir Woods, 920 Winter Street

City State Zip Code
Waltham MA 02451

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
Refund of individual contribution (itemized in July 2009 report)

010
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

3000.00
