

**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) The Atlantic Building  
950 F Street, NW  
 Check if different than previously reported. (ACC)  
Washington DC 20004 - 1404

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 07 01 2005 through 12 31 2005

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 Marilyn Yager  
Signature of Treasurer Electronically Filed by Marilyn Yager Date 07 31 2007

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

**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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		8076.75
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	5092.33									
(c) Total Receipts (from Line 19) .....	11852.97	49868.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	16945.30	57945.30								
7. Total Disbursements (from Line 31) .....	14639.00	55639.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2306.30	2306.30								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name  
Kidney Care Council Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	11850.00	34850.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	11850.00	34850.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	11850.00	49850.00
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.) .....	2.97	18.55
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)) .....	11852.97	49868.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11852.97	49868.55

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	139.00	139.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	139.00	139.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	55500.00
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 .....	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) 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))..	14639.00	55639.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	14639.00	55639.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	11850.00	49850.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11850.00	49850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	139.00	139.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	139.00	139.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 10
	<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

**A.** Full Name (Last, First, Middle Initial)  
Robert M. Powell, Jr.

Mailing Address 32 Bancroft Road

City State Zip Code  
Andover MA 01810

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

Name of Employer Occupation  
Fresenius Medical Care NA Co-Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2005

Transaction ID: SA11A1.4521

Amount of Each Receipt this Period  
5000.00

political contribution

**B.** Full Name (Last, First, Middle Initial)  
Kent J Thiry

Mailing Address 601 Hawaii Street

City State Zip Code  
El Segundo CA 90245

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

Name of Employer Occupation  
DaVita Inc. Chairman and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2005

Transaction ID: SA11A1.4247

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Marilyn Yager

Mailing Address 601 Pennsylvania Ave., NW  
North Bldg., 10th Floor

City State Zip Code  
Washington DC 20004-2601

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

Name of Employer Occupation  
Alston & Bird LLP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1850.00

Date of Receipt  
MM / DD / YYYY  
12 / 20 / 2005

Transaction ID: SA11A1.4249

Amount of Each Receipt this Period  
1850.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>11850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>11850.00</b>

**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. A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN**

Mailing Address PO BOX 16210

City ALBUQUERQUE State NM Zip Code 87191

Purpose of Disbursement  
political contribution

Candidate Name

Category/  
Type

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

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4528

Date of Disbursement

09 / 14 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN**

Mailing Address PO BOX 16210

City ALBUQUERQUE State NM Zip Code 87191

Purpose of Disbursement  
returned check

Candidate Name

Category/  
Type

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

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4563

Date of Disbursement

09 / 20 / 2005

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

**C. A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN**

Mailing Address PO BOX 16210

City ALBUQUERQUE State NM Zip Code 87191

Purpose of Disbursement  
Political Contribution

Candidate Name

Category/  
Type

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

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4265

Date of Disbursement

09 / 30 / 2005

Amount of Each Disbursement this Period

2000.00

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

2000.00

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

**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. A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN**

Mailing Address PO BOX 16210

City ALBUQUERQUE State NM Zip Code 87191

Purpose of Disbursement  
Political Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: NM District: 00

Transaction ID: SB23.4268

Date of Disbursement

09 / 30 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. AMERICA'S FOUNDATION**

Mailing Address 1155 21st Street NW  
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement  
political contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.4526

Date of Disbursement

07 / 29 / 2005

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C. BILL THOMAS CAMPAIGN COMMITTEE**

Mailing Address PO BOX 395

City BAKERSFIELD State CA Zip Code 93302

Purpose of Disbursement  
political contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Transaction ID: SB23.4529

Date of Disbursement

10 / 06 / 2005

Amount of Each Disbursement this Period

2500.00

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

8500.00

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



**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) <b>A. BILL THOMAS CAMPAIGN COMMITTEE</b>		Transaction ID: SB23.4554 Date of Disbursement																					
Mailing Address PO BOX 395		<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	4		2	0	5															
City BAKERSFIELD	State CA	Zip Code 93302	Amount of Each Disbursement this Period																				
Purpose of Disbursement RETURNED CHECK		<input type="checkbox"/>	<input type="text" value="-2500.00"/>																				
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																						
State: CA	District: 22																						

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF SENATOR ROCKEFELLER</b>		Transaction ID: SB23.4270 Date of Disbursement																					
Mailing Address PO BOX 1909		<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>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	6		2	0	5															
City CHARLESTON	State WV	Zip Code 25327	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="checkbox"/>	<input type="text" value="500.00"/>																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WV	District: 00																						

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF SHERROD BROWN</b>		Transaction ID: SB23.4524 Date of Disbursement																					
Mailing Address 2280 KRESGE DRIVE Suite 800		<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>7</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	8		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	8		2	0	5															
City AMHERST	State OH	Zip Code 44001	Amount of Each Disbursement this Period																				
Purpose of Disbursement political contribution		<input type="checkbox"/>	<input type="text" value="1000.00"/>																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																						
State: OH	District: 00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="-1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 / 10

<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. JON KYL FOR U S SENATE**

Mailing Address PO BOX 10246

City PHOENIX State AZ Zip Code 85064

Purpose of Disbursement  
political contribution

Candidate Name

Category/  
Type

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

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4522

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

14500.00