

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 Washington DC 20004-1404

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2006 through 06 30 2006

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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		2306.30
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	9810.78									
(c) Total Receipts (from Line 19)	25764.88	40769.36								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	35575.66	43075.66								
7. Total Disbursements (from Line 31)	34380.00	41880.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1195.66	1195.66								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Kidney Care Council Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	25550.00	30550.00
(i) Itemized (use Schedule A)	200.00	200.00
(ii) Unitemized	25750.00	30750.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	10000.00
(c) Other Political Committees (such as PACs)	25750.00	40750.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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.)	14.88	19.36
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))	25764.88	40769.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25764.88	40769.36

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)		
(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.....	34380.00	41880.00
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))..	34380.00	41880.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	34380.00	41880.00

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)	25750.00	40750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25750.00	40750.00
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 14
	<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

Full Name (Last, First, Middle Initial) A. Agneta Albinson		Date of Receipt MM / DD / YYYY 04 / 01 / 2006
Mailing Address 3301 Oak Street		Transaction ID: SA11A1.4324
City Wheat Ridge	State CO	Zip Code 80033
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer Fresnius	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Peter Donald		Date of Receipt MM / DD / YYYY 05 / 02 / 2006
Mailing Address 3505 Rockridge Road		Transaction ID: SA11A1.4339
City Carlsbad	State CA	Zip Code 92009
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer DaVita	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Gregory Hartmann		Date of Receipt MM / DD / YYYY 05 / 11 / 2006
Mailing Address 2909 Bayview		Transaction ID: SA11A1.4329
City Manhattan Beach	State CA	Zip Code 90266
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer DaVita	Occupation	
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)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

**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 7 / 14
	<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	

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

A. Full Name (Last, First, Middle Initial)
Michael Klein

Mailing Address 115 East Park Drive
Suite 300

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
Renal Advantage Inc. Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2006

Transaction ID: SA11A1.4344

Amount of Each Receipt this Period
250.00

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

Mailing Address 4615 North Park Ave, #1411

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Occupation
DaVita

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2006

Transaction ID: SA11A1.4318

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Linda Meador

Mailing Address 115 East Park Drive
Suite 300

City State Zip Code
Nashville TN 37027

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

Name of Employer Occupation
Renal Advantage Inc. VP, Human Resources

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2006

Transaction ID: SA11A1.4346

Amount of Each Receipt this Period
250.00

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

**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 8 / 14
	<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	

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

Full Name (Last, First, Middle Initial) A. Joseph Mello		Date of Receipt MM / DD / YYYY 05 / 02 / 2006
Mailing Address 601 Hawaii Street		Transaction ID: SA11A1.4337
City El Segundo	State CA	Zip Code 90245
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1900.00	
Name of Employer DaVita	Occupation Chief Operating Officer	political contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

Full Name (Last, First, Middle Initial) B. Richard Nee		Date of Receipt MM / DD / YYYY 05 / 02 / 2006
Mailing Address 1137 Kristin Drive		Transaction ID: SA11A1.4335
City Libertyville	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer DaVita	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Robert M. Powell, Jr.		Date of Receipt MM / DD / YYYY 05 / 22 / 2006
Mailing Address 32 Bancroft Road		Transaction ID: SA11A1.4326
City Andover	State MA	Zip Code 01810
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer Fresenius Medical Care NA	Occupation Co-Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	8900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Chris Riopelle		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 7470 S. Newport Way		Transaction ID: SA11A1.4320	
City State Zip Code Englewood CO 80112	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer DaVita	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Henry Seay		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address 611 Kingman Avenue		Transaction ID: SA11A1.4333	
City State Zip Code Santa Monica CA 90402	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer DaVita	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

political contribution

Full Name (Last, First, Middle Initial) C. Jon Sundock		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 6	
Mailing Address 3500 Grayswood Avenue.		Transaction ID: SA11A1.4342	
City State Zip Code Nashville TN 37215	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Renal Advantage	Occupation Chief Legal Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

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 10 / 14
	<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	

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

Full Name (Last, First, Middle Initial) A. Kent J Thiry		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 601 Hawaii Street		Transaction ID: SA11A1.4341
City State Zip Code El Segundo CA 90245	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer DaVita Inc.	Occupation Chairman and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Thomas Usilton, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 9 Ascot Manor, N.W.		Transaction ID: SA11A1.4327
City State Zip Code Atlanta GA 30327	Amount of Each Receipt this Period 1900.00	
FEC ID number of contributing federal political committee. C		
Name of Employer DaVita	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

Full Name (Last, First, Middle Initial) C. Mats Wahlstrom		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 3301 Oak Street		Transaction ID: SA11A1.4322
City State Zip Code Wheat Ridge CO 80033	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Fresenius	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	9400.00
TOTAL This Period (last page this line number only) ▶	25550.00

**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 / 14

<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. FRIENDS OF BLANCHE LINCOLN		Transaction ID: SB23.4557 Date of Disbursement
Mailing Address PO BOX 3197		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City LITTLE ROCK	State AR	Zip Code 72203
Purpose of Disbursement political contribution	<input type="text" value="5000.00"/>	
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: AR District: 00		

Full Name (Last, First, Middle Initial) B. FRIENDS OF MAX BAUCUS		Transaction ID: SB23.4309 Date of Disbursement
Mailing Address BOX 586		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City HELENA	State MT	Zip Code 59624
Purpose of Disbursement Political Contribution	<input type="text" value="4000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MT District: 00		

Full Name (Last, First, Middle Initial) C. FRIENDS OF SHERROD BROWN		Transaction ID: SB23.4305 Date of Disbursement
Mailing Address 2280 KRESGE DRIVE Suite 800		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City AMHERST	State OH	Zip Code 44001
Purpose of Disbursement Political Contribution	<input type="text" value="2500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 00		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11500.00"/>
TOTAL 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 12 / 14

<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. HATCH ELECTION COMMITTEE INC		Transaction ID: SB23.4316 Date of Disbursement
Mailing Address 175 SOUTH WEST TEMPLE SUITE 650		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City SALT LAKE CITY	State UT	Zip Code 84101
Purpose of Disbursement Political Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="4000.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: UT	District:	

Full Name (Last, First, Middle Initial) B. JOHN LEWIS FOR CONGRESS		Transaction ID: SB23.4555 Date of Disbursement
Mailing Address 2015 Wallace Rd.		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City Atlanta	State GA	Zip Code 30331
Purpose of Disbursement political contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
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: GA	District: 5	

Full Name (Last, First, Middle Initial) C. MCCREERY FOR CONGRESS COMMITTEE		Transaction ID: SB23.4304 Date of Disbursement
Mailing Address Post Office Box 52956 333 Texas Street Suite 1900		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City Shreveport	State LA	Zip Code 71135
Purpose of Disbursement Political Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA	District: 04	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11000.00"/>
TOTAL 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)

<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. NATHAN DEAL FOR CONGRESS		Transaction ID: SB23.4302 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 6
Mailing Address PO BOX 902 PO BOX 902		Amount of Each Disbursement this Period 1000.00
City GAINESVILLE State GA Zip Code 30503		
Purpose of Disbursement Political Contribution Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 09		

Full Name (Last, First, Middle Initial) B. NATHAN DEAL FOR CONGRESS		Transaction ID: SB23.4562 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address PO BOX 902 PO BOX 902		Amount of Each Disbursement this Period 880.00
City GAINESVILLE State GA Zip Code 30503		
Purpose of Disbursement in-kind contribution - Mila's Catering 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: GA District: 09		

Full Name (Last, First, Middle Initial) C. NEAL FOR CONGRESS		Transaction ID: SB23.4307 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 508 WESTERN AVE		Amount of Each Disbursement this Period 1000.00
City JOLIET State IL Zip Code 60435		
Purpose of Disbursement Political Contribution Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11		

SUBTOTAL of Disbursements This Page (optional) ▶	2880.00
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)

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<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. REPUBLICAN FEDERAL COMMITTEE OF PENNSYLVANIA

Mailing Address 301 MARKET STREET
SUITE 900

City HARRISBURG State PA Zip Code 17101

Purpose of Disbursement
Political Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.4313

Date of Disbursement

06 / 20 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. REYNOLDS, THOMAS M

Mailing Address 8261 OLD POST ROAD EAST

City CLARENCE State NY Zip Code 14051

Purpose of Disbursement
Political Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006 Primary General
 Other (specify) ▼

State: NY District: 26

Transaction ID: SB23.4311

Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

34380.00