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PAGE 1 / 9

FEC FORM 3X	AN	1D	DISBL	F REC JRSEN Authorized	/ENT	S		Office Use Only	I
1. NAME OF COMMITTEE (in f		E OR P	PRINT V		mple: If typin the lines.	ng, type	12FE4M5		
Kidney Care Co	uncil Polit	ical A	ction Cor	nmittee					
ADDRESS (number and		760 Old	Meadow Roa	d					
	S	uite 500							
Check if diffe than previous reported. (AC	ly N	lcLean					VA	22102	-
2. FEC IDENTIFICA	TION NUMB	ER 🔻		CITY 🔺		S		ZIP CO	
C C00326736			:	3. IS THIS REPORT		NEW N) OR	AM (A)	ENDED	
 TYPE OF REP (Choose One) (a) Quarterly Rep 	(b) Mon Repo Due	ort	Feb 20 (M2) Mar 20 (M3)		May 20 (M5) Jun 20 (M6)	-	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15				Apr 20 (M4)		Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
July 15	Report (Q1)	(c)	12-Day PRE -Electior		Primary (12F	P)	General (12G)	Runoff (12R)
Quarterly October	Report (Q2) 5		Report for th		Convention ((12C)	Special (1	12S)	
January 3	Report (Q3) 1 Report (YE)		E	lection on	M M /		Y Y Y Y Y	in the State	of
July 31 M	lid-Year on-election	(d)	30-Day POST-Election		General (300	G)	Runoff (3	0R)	Special (30S)
Terminatio (TER)	on Report		Report for th	lection on	M M /	D D /	Y Y Y Y Y	in the State	of
5. Covering Period	07	01)15	through	M M 12	/ D D / 31	y y y y 2015	
I certify that I have exactly a certify that I have of Type or Print Name of			nd to the be Cepriano	st of my know	wledge and I	belief it is true	e, correct and	l complete.	
Signature of Treasurer	Cherilyn C	epriano			[Electronicall	y Filed] D	ate 01	/ D D / 29	2016
NOTE: Submission of fa	lse, erroneous,	or inco	omplete inform	nation may su	bject the per	son signing th	is Report to th	e penalties of 2	U.S.C. §437g.
Office Use Only								FEC FOF Rev. 12/2	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

•	O FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
V	Vrite or Type Committee Name		
ł	Kidney Care Council Political Actior	n Committee	
R	eport Covering the Period: From: 07	M / D D / Y Y Y Y 01 2015 To:	12 / D D / Y Y Y Y 12 31 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		8600.12
	(b) Cash on Hand at Beginning of Reporting Period	8353.32	
	(c) Total Receipts (from Line 19)	5003.99	9757.19
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	13357.31	18357.31
7.	Total Disbursements (from Line 31)	7978.24	12978.24
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5379.07	5379.07
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

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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
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	0.00	4750.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	0.00	4750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	5000.00	5000 0
(such as PACs)	5000.00	5000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	5000.00	9750.00
Totals to Line 33, page 5)►	3000.00	3730.00
2. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
5. All Loans Received		7 7 7
	0.00	
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
 Other Federal Receipts (Dividends, Interest, etc.) 	2.00	7.19
8. Transfers from Non-Federal and Levin Funds	3.99	7.19
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(7 7 7	7 7 7 0.00
(b) Lovin Europa (from Schodula 45)	0.00	0.00
(b) Levin Funds (from Schedule H5)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(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))▶	5003.99	9757.19
0. Total Federal Receipts	5000.00	
(subtract Line 18(c) from Line 19) ►	5003.99	9757.1

I

DETAILED SUMMARY PAGE

	II. Disbursements	COLUMN A	COLUMN B
-		Total This Period	Calendar Year-to-Date
1.	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		
2	(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	0.00	0.00
	Committees Contributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	7978.24	12978.24
	Independent Expenditures	0.00	0.00
5.	(use Schedule E) Coordinated Party Expenditures (2 U.S.C. 8441a(d))		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made Refunds 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		0.00
	(such as PACs)	0.00	
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))►		7 7
).	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	0.00
	(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))	7978.24	12978.24
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	7978.24	12978.24

FE6AN026

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DETAILED SUMMARY PAGE

of Disbursements

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)	5000.00	9750.00					
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00					
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	9750.00					
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	0.00					
 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					

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 6 OF

9

		Detailed Summary Page		11a		1	1b	X 110	; [12			
		, ,		13		1		15		16		17	
Any information copied from such Reports an or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full) Kidney Care Council Political	Action Con	nmittee											
A. Full Name (Last, First, Middle Initial)	Initial) _ ACTION COMMITTEE ('DAVITA') Date of Receipt												
Mailing Address 21250 Hawthorne Blvd. Suite 800				м м 07	/	Y							
City	State	Zip Code	_	Trans	acti	ior	n ID :	SA11	C.53	65			
Torrance	CA	90503	_ /	Amount	t of	Ea	ach R	leceipt	this	Perio	b	_	
FEC ID number of contributing federal political committee.	C co	0340943				7			_	500	0.00		
Name of Employer	Occupation	1		AC cor	ntrib	uti	ion						
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		5000.00											
Full Name (Last, First, Middle Initial) B.				Date of	Re		eipt						
Mailing Address				M	/		DD	/	Y	Y Y	Y		
City	State	Zip Code	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C												
Name of Employer	Occupation												
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼]										
Full Name (Last, First, Middle Initial)				Date of	Re		eint						
Mailing Address				M M	/		D = D	1	Y	Y Y	Y		
City	State	Zip Code		Amount	- of		ach D		thic	Porio	4		
FEC ID number of contributing federal political committee.	C			Amount		1		ieceipi	unis	Perio			
Name of Employer	Occupation	1											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼											
SUBTOTAL of Receipts This Page (optional))		•			7				500	0.00		
TOTAL This Period (last page this line num	per only)		•							500	0.00		

SC	HEDULE B (FEC Form 3X)		FC	OR	LINE	E NUMBER: PAGE 7 OF 9										
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the														
		Detailed Summary Page			27		22 28a	-	23 28b	,	24 28c		29	30b		
	y information copied from such Reports and Stater															
<u> </u>	for commercial purposes, other than using the nan	ne and address of any politica	al com	nmit	tee t	0 5	olicit co	ontrik	outior	าร	from su	ich c	ommi	tee.		
$\left \right\rangle$	NAME OF COMMITTEE (In Full)															
	Kidney Care Council Political Actio	In Commutee														
-	Full Name (Last, First, Middle Initial)															
Α.	Alston and Bird LLP						Date c									
	Mailing Address 950 F Street NW		12 07 2015													
	City	State Zip Code	Transaction ID - SP31B 5373													
	Washington	DC 20004	Transaction ID : SB21B.5373													
	Purpose of Disbursement In-kind contribution - room and catering for Decemb	per 7, 2015, fundraiser	0	11			Amour	nt of	Each	h E	Disburse	emen	it this	Period		
	(Rockam for Congress) Candidate Name		Cate		nv/											
				ype	y/		L.,		7				35	0.00		
	Office Sought: House Disburser						[MEM	о іті	EM]							
	Senate President	Primary General Other (specify)														
	State: District:															
	Full Name (Last, First, Middle Initial)															
В.	Who's Cookin' Catering						Date o	of Di	sburs	sen	nent					
			-	M N	/		07			/ Y	Y					
	Mailing Address 2001 Fairview Avenue NE			12			07		2	2015						
	City	State Zip Code					Transaction ID : SB21B.5381									
	Washington Purpose of Disbursement	DC 20002				-										
	In-kind contribution - catering for December 7, 2015	5, fundraiser (Roskam for	0)11			Amour	nt of	Each	h E	Disburse	emen	it this	Period		
	Candidate Name		Cate	egor	rv/									0.04		
	a <i>"</i> , a b b b b b b b b b b			ype	, 	128.24										
	Office Sought: House Disburser	nent For: Primary General				[MEMO ITEM]										
	President	Other (specify)														
	State: District:															
	Full Name (Last, First, Middle Initial)															
C.							Date c	of Di	sburs	sen	nent					
	Mailing Address					-	M N	/	D	1	D /	Υ	Y	Y		
	City	State Zip Code														
	Purpose of Disbursement				_	-										
							Amour	nt of	Each	h E	Disburse	emen	it this	Period		
	Candidate Name		Cate	egor	ry/					1		-		_		
	Office Coucht		Ту	ype			L.		7				_			
	Office Sought: House Disburser	nent For: Primary General														
	President	Other (specify)														
	State: District:	· · · · ·														
														0.00		
s	UBTOTAL of Disbursements This Page (optional)								7					0.00		
т	OTAL This Period (last page this line number only))												0.00		
1									1							

S	CHEDULE B (FEC Form 3X)			FC	OR	LINE	NUN	/BER:				P	AGE	8	OF 9					
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(C	hec	k only	one	,			Г			7.05	00					
			Summary Page		<u> </u>	21b 27		22 28a	×	23 28b	\mid	24		25 29	26 30b					
	ny information copied from such Reports and Stater for commercial purposes, other than using the nan					/ pers		or the		oose		soliciti	ng co	ontribu	itions					
$\left \right\rangle$	NAME OF COMMITTEE (In Full)																			
	Kidney Care Council Political Actio	n Comn	nittee																	
Α.	Full Name (Last, First, Middle Initial) BEN CARDIN FOR SENATE									Date of Disbursement										
	Mailing Address P.O. BOX 21093							12	/	2	28 2015									
	CATONSVILLE	State MD	Zip Code 21228					Trans	acti	on ID):	SB23.	5369							
	Purpose of Disbursement Poliitcal contribution			0	11		A	mount	t of	Each	D	isburse	emen	t this	his Period					
	Candidate Name BENJAMIN L CARDIN			Cate Ty	egoi ype	, ,				,		,		250	0.00					
		nent For: Primary Other (spe	General																	
	State: MD District: 03 Full Name (Last, First, Middle Initial)																			
В.	KIRK FOR SENATE	g Address PO BOX 2594 State Zip Code AGO IL 60690 se of Disbursement 011						ate of	f Dis	sburse			Y Y	/ Y	Y					
	Mailing Address PO BOX 2594							09 28 2015												
	CHICAGO							Transaction ID : SB23.5368												
	Political contribution Candidate Name							Amount of Each Disbursement this Period												
	MARK STEVEN KIRK			Cate	egoi ype		1500.00													
	Office Sought: House Disburser	nent For: Primary Other (spe	General		ype															
_	Full Name (Last, First, Middle Initial)																			
C.	ROSKAM FOR CONGRESS COM	MITTEE	Ξ				_	ate of	f Dis	sburse		_	Y Y	(Y	Y					
	Mailing Address P. O. BOX 713							12		C)7		2	015						
	City S WHEATON Purpose of Disbursement	State IL	Zip Code 60187					Trans	acti	ion ID):	SB23.	5374							
	In-kind contribution - room and catering for fundrais 2015 Candidate Name	er held on [December 7,		11		A	mount	t of	Each	D	isburse	emen	t this	Period					
	PETER ROSKAM			Cate Ty	egoi ype		350.00													
	Senate President	nent For: Primary Other (spe	General		-															
	State: IL District: 06							_	-	_	_	_	_	_						
s	UBTOTAL of Disbursements This Page (optional)						ļ	_	_	7				4350).00					
т	OTAL This Period (last page this line number only)																			

SC	HEDULE B (FEC Form 3X)			FC)B I		IUMBER			PA	GE 9	OF 9				
	MIZED DISBURSEMENTS		arate schedule(s) category of the		neck	only	y one)									
			Summary Page			21b 27	22 28a	×	23 28b	24 28c	25 29	26 30b				
	r information copied from such Reports and Stater for commercial purposes, other than using the nam															
	NAME OF COMMITTEE (In Full)	_														
\vee	Kidney Care Council Political Actio	on Comn	nittee													
-	Full Name (Last, First, Middle Initial) ROSKAM FOR CONGRESS COM	IMITTEE	:				Date of Disbursement									
-	Mailing Address P. O. BOX 713	-				M M	/	D		Y Y	Y					
_							12 07 2015									
	City WHEATON	State IL	Zip Code 60187				Transaction ID : SB23.5378									
	Purpose of Disbursement In-kind contribution - catering expenses for Decemt	per 7, 2015,	fundraiser	0	11		Amoun	nt of	Fach	Disburser	nent this	Period				
				Cate	gory	//				210001001		8.24				
	PETER ROSKAM Office Sought: Y House Disburser	ment For:	2016	Ту	/pe			-	7	7		0.24				
	Senate X	Primary	General													
	State: IL District: 06	Other (spe	city) 🔻													
	Full Name (Last, First, Middle Initial) ROSKAM FOR CONGRESS COM		-				Date o	f Die	bureo	mont						
υ.	RUSKAW FOR CONGRESS COM		-													
Ī	Mailing Address P. O. BOX 713						12 28 2015									
,	WHEATON	State Zip Code IL 60187						Transaction ID : SB23.5382								
F	Purpose of Disbursement Political contribution			0	11		Amoun	it of	Each	Disburser	nent this	Period				
				Cate		//	3500.00									
	PETER ROSKAM Office Sought: Y House Disburser	ment For:	0040	Ту	/pe											
,		Primary Other (spe	General													
	State: IL District: 06		<i></i>													
C .	Full Name (Last, First, Middle Initial)						Date o	of Dis								
Ī	Mailing Address						M = M	/	D	D / Y	Y Y	Y				
Ō	City	State	Zip Code													
Ī	Purpose of Disbursement			-	-											
ī	Candidate Name			Cate Ty	egory /pe	//	Amount of Each Disbursement this Period									
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General cify) ▼							7						
<u> </u>	State: District:															
รเ	JBTOTAL of Disbursements This Page (optional)										362	8.24				
тс	OTAL This Period (last page this line number only))									797	8.24				
		,							1			-				