

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Kidney Care Council Political Action Committee

ADDRESS (number and street)

The Atlantic Building

950 F Street, NW

(Check if address is changed)

Washington

DC

20004

1404

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2027563333

2. DATE

MM / DD / YYYY  
04 / 27 / 2004

3. FEC IDENTIFICATION NUMBER

C C00326736

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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

MM / DD / YYYY  
12 / 07 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

**Kidney Care Council Political Action Committee**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Kathryn Marks**

Mailing Address **The Atlantic Building**  
**950 F Street, NW**  
**Washington DC 20004**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**  
**Custodian of Records 202 756 3300**

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Robert Foreman**

Mailing Address **The Atlantic Building**  
**950 F Street, NW**  
**Washington DC 20004**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**  
**Treasurer 202 756 3300**

Telephone number

Full Name of Designated Agent **Kathryn Marks**

Mailing Address **The Atlantic Building**  
**950 F Street, NW**  
**Washington DC 20004**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**  
**Assistant Treasurer 202 756 3300**

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Century National Bank

Mailing Address

1875 I Street, NW

Washington

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲