



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Kidney Care Council Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="25522.53"/>	<input type="text" value="25522.53"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18676.38"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="382.24"/>	<input type="text" value="386.09"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="19058.62"/>	<input type="text" value="25908.62"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13879.82"/>	<input type="text" value="20729.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5178.80"/>	<input type="text" value="5178.80"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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:  /  /  To:  /  /

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).....	379.82	379.82
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	379.82	379.82
(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) .....	379.82	379.82
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.).....	2.42	6.27
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 Transfers (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))..... ▶	382.24	386.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	382.24	386.09

**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) 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 (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.....	13879.82	20729.82
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13879.82	20729.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13879.82	20729.82

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	379.82	379.82
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	379.82	379.82
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: (check only one)	PAGE 6 OF 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**

**A. W. Millar & Co.**

Full Name (Last, First, Middle Initial)  
Mailing Address 1335 14th Street NW

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **379.82**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 06 / 2012**

**Transaction ID : SA11AI.5200**

Amount of Each Receipt this Period  
**379.82**

Catering for Reed/Black event

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>379.82</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>379.82</b>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5200

In-kind contribution (expenses have not been invoice or paid as of this filing)

Form/Schedule:

Transaction ID:

**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. ALAMO PAC**

Mailing Address 919 CONGRESS AVE SUITE 1400  
FROST BANK PLAZA

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
Political contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2012

Transaction ID : SB23.5191

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. DEFENDING AND INVESTING IN AMERICA'S NEW ENDEAVORS PAC (DIANE PAC)**

Mailing Address 819 PLANTATION BLVD

City GALLATIN State TN Zip Code 37066

Purpose of Disbursement  
Political contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2012

Transaction ID : SB23.5196

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

**C. DEFENDING AND INVESTING IN AMERICA'S NEW ENDEAVORS PAC (DIANE PAC)**

Mailing Address 819 PLANTATION BLVD

City GALLATIN State TN Zip Code 37066

Purpose of Disbursement  
Political contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2012

Transaction ID : SB23.5205

Amount of Each Disbursement this Period

94.95

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

2844.95

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



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.5205

In kind contribution to joint fundraising committee (Reed-Black Victory Fund)

Form/Schedule:

Transaction ID:

**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. DIANE BLACK FOR CONGRESS**

Mailing Address PO BOX 1437

City GALLATIN State TN Zip Code 37066

Purpose of Disbursement  
Political contribution

011

Candidate Name

**DIANE L MRS. BLACK**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2012

**Transaction ID : SB23.5192**

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. DIANE BLACK FOR CONGRESS**

Mailing Address PO BOX 1437

City GALLATIN State TN Zip Code 37066

Purpose of Disbursement  
Political contribution (in-kind contribution for catering expenses)

011

Candidate Name

**DIANE L MRS. BLACK**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2012

**Transaction ID : SB23.5204**

Amount of Each Disbursement this Period

94.96

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MAX BAUCUS**

Mailing Address BOX 586

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
Political contribution

011

Candidate Name

**MAX BAUCUS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2012

**Transaction ID : SB23.5190**

Amount of Each Disbursement this Period

1500.00

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

2844.96

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.5192

Contribution to joint fundraising committee.

Form/Schedule: SB23

Transaction ID: SB23.5204

In kind contribution to joint fundraising committee (Reed-Black Victory Fund)

**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. JESSE JACKSON JR FOR CONGRESS**

Mailing Address P.O. BOX 490286

City State Zip Code  
CHICAGO IL 60649

Purpose of Disbursement  
Political contribution

011

Candidate Name

**JESSE JR JACKSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	26	/	2012

**Transaction ID : SB23.5184**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. JOHN LEWIS FOR CONGRESS**

Mailing Address P.O. BOX 2323

City State Zip Code  
ATLANTA GA 30301

Purpose of Disbursement  
Political contribution

011

Candidate Name

**JOHN R. LEWIS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	18	/	2012

**Transaction ID : SB23.5180**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. TEXANS FOR SENATOR JOHN CORNYN INC**

Mailing Address PO BOX 13026

City State Zip Code  
AUSTIN TX 78711

Purpose of Disbursement  
Political contribution

011

Candidate Name

**JOHN CORNYN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	25	/	2012

**Transaction ID : SB23.5187**

Amount of Each Disbursement this Period

1500.00
---------

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

5500.00
---------

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

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**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. TOM REED FOR CONGRESS**

Mailing Address PO BOX 450

City VICTOR State NY Zip Code 14564

Purpose of Disbursement  
Political contribution

011

Category/  
Type

Candidate Name

**THOMAS W II REED**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : SB23.5193**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. TOM REED FOR CONGRESS**

Mailing Address PO BOX 450

City VICTOR State NY Zip Code 14564

Purpose of Disbursement  
Political contribution (in-kind contribution for catering expenses)

011

Category/  
Type

Candidate Name

**THOMAS W II REED**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : SB23.5203**

Amount of Each Disbursement this Period

189.91
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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Amount of Each Disbursement this Period

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

2689.91

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

13879.82

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.5193

Contribution to joint fundraising committee.

Form/Schedule: SB23

Transaction ID: SB23.5203

In kind contribution to joint fundraising committee (Reed-Black Victory Fund)