Image# 12950423914 PAGE 1 / 10

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		All Additionized				Office Use Only
NAME OF TOO COMMITTEE (in full)	YPE OR PRINT T	=/(0.	mple: If typir the lines.	ig, type	12FE4M5	
Kidney Care Council Po	litical Action	Committee				
<u> </u>						
ADDRESS (number and street)	1200 G Street, N\	N				
Check if different	Regus HQ Suite 8	341 				
than previously reported. (ACC)	Washington				DC	20005
2. FEC IDENTIFICATION NUM	IBER ▼	CITY 🛦			STATE A	ZIP CODE ▲
C C00326736		3. IS THIS REPORT		IEW N) OR	AN (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due Oil.	Mar 20 (M3)		lun 20 (M6)	H	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		Apr 20 (M4)		lul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-EI		Primary (12P Convention (-	General Special (
October 15 Quarterly Report (Q3)	·		Convention	120)	opeoidi (120)
X January 31 Year-End Report (YE)		Election on	M = M /	D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)		Election for the:	General (30G	i)	Runoff (3	Special (30S)
Termination Report (TER)	Порол	Election on	M = M /	D D /	Y	in the State of
5. Covering Period 07	01	2011	through	M M	31	2011
I certify that I have examined this	Report and to the	e best of my know	wledge and b	pelief it is tru	e, correct and	d complete.
Type or Print Name of Treasurer	Cherilyn Ceprian	0				
Signature of Treasurer Cherily	n Cepriano		[Electronically	Filed]	ate 01	/ 31 / Y Y Y Y Y Y 2012
NOTE: Submission of false, erroneo	us, or incomplete	information may su	bject the pers	son signing th	is Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Kidney Care Council Political Action Committee

Report Covering the Period: From: 07 01 2011 To: 12 31 2011

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2011		30008.43
	(b) Cash on Hand at Beginning of Reporting Period	53515.48	
	(c) Total Receipts (from Line 19)	2507.05	45514.10
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	56022.53	75522.53
7.	Total Disbursements (from Line 31)	30500.00	50000.00
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25522.53	25522.53
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

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
ntributions (other than loans) From:	1	
	0.00	33000.00
(i) Itemized (use Schedule A)	0.00	33000.00
(ii) Unitemized	0.00	0.00
Lines 11(a)(i) and (ii)▶	0.00	33000.00
Political Party Committees	0.00	0.00
	7	
	2500.00	7500.00
Totals to Line 33, page 5)▶	2500.00	40500.00
nsfers From Affiliated/Other		
ty Committees	0.00	0.00
Loans Received	0.00	0.00
	0.00	0.00
· ·	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	7	5.00
	0.00	5000.00
· ·	7.05	14.10
nsfers from Non-Federal and Levin Funds		
Non-Federal Account		
(from Schedule H3)	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
Leviii i unus (iroin scriedule 115)		
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Than Political Committees (i) Itemized (use Schedule A)	Than Political Committees (i) Itemized (use Schedule A)

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
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		outstant four to puto
	(i) Federal Share	0.00	0.00
	V		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures	7	
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
	Transfers to Affiliated/Other Party		
	Contributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	30500.00	50000.00
	Independent Expenditures	0.00	0.00
	(use Schedule E) Coordinated Party Expenditures	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	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
	Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	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
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30500.00	50000.00
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	30500.00	50000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2500.00	40500.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2500.00	40500.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

S 17

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 6 OF 10				
ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)				
			for each category of the Detailed Summary Page	11a11b X 11c12				
_				13 14 15 16 17				
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the	atements mand a	ay not be sold or used by any penderess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) Kidney Care Council Political Ac	tion Con	nmittee					
Α.	Full Name (Last, First, Middle Initial) FRESENIUS MEDICAL CARE NORTH	Date of Receipt						
	Mailing Address 801 Pennsylvania Avenue, NW Suite 255	1		12 05 2011				
	City	State	Zip Code	Transaction ID : SA11C.5129				
	Washington	DC	20004	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C co	0401299	2500.00				
	Name of Employer	Occupation	1	Political committee contribution				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	riggrogato	Tour to Bate V	1				
	Other (specify) ▼		2500.00					
	Full Name (Last, First, Middle Initial)							
В.				Date of Receipt				
	Mailing Address			M = M / D = D / Y = Y = Y				
	City	State	Zip Code					
				Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С						
	·			7 7 7				
	Name of Employer	Occupation	1					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General			1				
	Other (specify) ▼		<u> </u>					
C.	Full Name (Last, First, Middle Initial)			Date of Receipt				
	Mailing Address			M = M / D = D / Y = Y = Y				
	City	State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С						
	Name of Employer	Occupation	1					
	Receipt For:	Angregate	Year-to-Date ▼					
	Primary General	, iggi ogale	10al to Dato 4	1				
	Other (specify) ▼		7					
5	SUBTOTAL of Receipts This Page (optional)			2500.00				

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

2500.00

_	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAGE	7 OF	10
Τ	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)			_	
			Summary Page	21b	22		24	25	26
				27	28a	28b	28c	29	30b
	ny information copied from such Reports and Statem for commercial purposes, other than using the nam								
<u>\</u>	NAME OF COMMITTEE (In Full)	io and add	areas or arry pointing		o conort corna			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·
	Kidney Care Council Political Action	n Comr	mittee						
/	Mariey Sare Sourier Follows Action	11 001111	milloc						
_	Full Name (Last, First, Middle Initial)								
Α.	BECERRA FOR CONGRESS					isburseme			
	Mailing Address P.O. Box 261060				10	24) 11	
	7 .C. Box 201000				.,,				
	•	State	Zip Code		Transac	tion ID : SI	B23 5161		
	Los Angeles	CA	90026		Transac		525.5101		
	Purpose of Disbursement Political contribution			011	Amount o	f Each Dis	hursemen	this Pe	riod
	Candidate Name				7 iiii Guint G				
	XAVIER BECERRA			Category/ Type		-		1500.0	0
	Office Sought: House Disbursen	nent For:	2012						
		Primary	General						
	State: CA District: 31	Other (spe	ecify) 🔻						
	Full Name (Last, First, Middle Initial)								
В.	BERKLEY FOR CONGRESS				Date of D	isbursemei	nt		
					M = M	/ D D	/ Y Y	YY	1
	Mailing Address 3077 E WARM SPRINGS RD SUIT	TE 300			08	02	2	011	
	City	State	Zip Code						
	LAS VEGAS	NV	89120		Transac	tion ID : S	B23.5142		
	LAG VLOAG								
	Purpose of Disbursement								
	Purpose of Disbursement Political contribution			011	Amount o	f Each Dis	bursemen	this Pe	riod
	Purpose of Disbursement Political contribution Candidate Name			Category/	Amount o	f Each Dis	bursemen	this Pe	
	Purpose of Disbursement Political contribution Candidate Name SHELLEY BERKLEY	nent For	2012		Amount o	f Each Dis	bursemen		
	Purpose of Disbursement Political contribution Candidate Name SHELLEY BERKLEY Office Sought: House Disbursem	nent For: Primary	2012 General	Category/	Amount o	f Each Dis	bursemen		
	Purpose of Disbursement Political contribution Candidate Name SHELLEY BERKLEY Office Sought: House Disbursem Senate	nent For: Primary Other (spe	General	Category/	Amount o	f Each Dis	bursemen		
	Purpose of Disbursement Political contribution Candidate Name SHELLEY BERKLEY Office Sought: House Disbursem Senate	Primary	General	Category/	Amount o	f Each Dis	bursemen		
_	Purpose of Disbursement Political contribution Candidate Name SHELLEY BERKLEY Office Sought: House Senate President State: NV District: 00 Full Name (Last, First, Middle Initial)	Primary	General	Category/		7	7		
— С.	Purpose of Disbursement Political contribution Candidate Name SHELLEY BERKLEY Office Sought: House Senate President State: NV District: 00	Primary	General	Category/	Date of D	visbursemel	nt	3500.0	
 C.	Purpose of Disbursement Political contribution Candidate Name SHELLEY BERKLEY Office Sought: House Senate President State: NV District: 00 Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS	Primary	General	Category/		7	nt / Y Y	3500.0	
c .	Purpose of Disbursement Political contribution Candidate Name SHELLEY BERKLEY Office Sought: House Senate President State: NV District: 00 Full Name (Last, First, Middle Initial)	Primary	General	Category/	Date of D	Disbursemel	nt / Y Y	3500.0	
C .	Purpose of Disbursement Political contribution Candidate Name SHELLEY BERKLEY Office Sought: House Senate President State: NV District: 00 Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS Mailing Address 8550 UNITED PLAZA BLVD. SUITE 1001 City	Primary Other (spe	General ecify) ▼ Zip Code	Category/	Date of D	Disbursemel	nt / Y Y Z	3500.0	
С.	Purpose of Disbursement Political contribution Candidate Name SHELLEY BERKLEY Office Sought: House Senate President State: NV District: 00 Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS Mailing Address 8550 UNITED PLAZA BLVD. SUITE 1001 City BATON ROUGE	Primary Other (spe	General ecify) ▼	Category/	Date of D	bisbursement / 07	nt / Y Y Z	3500.0	
C .	Purpose of Disbursement Political contribution Candidate Name SHELLEY BERKLEY Office Sought: House Senate President State: NV District: 00 Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS Mailing Address 8550 UNITED PLAZA BLVD. SUITE 1001 City	Primary Other (spe	General ecify) ▼ Zip Code	Category/	Date of D	Disbursement / 07 07 Oction ID : Si	nt / Y Y 2	3500.0	0
C .	Purpose of Disbursement Political contribution Candidate Name SHELLEY BERKLEY Office Sought: House Senate President State: NV District: 00 Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS Mailing Address 8550 UNITED PLAZA BLVD. SUITE 1001 City S BATON ROUGE Purpose of Disbursement Political contribution Candidate Name	Primary Other (spe	General ecify) ▼ Zip Code	Category/ Type	Date of D	disbursement of 07	nt / Y Y 2	3500.0 211 211 this Pe	riod
C.	Purpose of Disbursement Political contribution Candidate Name SHELLEY BERKLEY Office Sought: House Senate President State: NV District: 00 Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS Mailing Address 8550 UNITED PLAZA BLVD. SUITE 1001 City S BATON ROUGE Purpose of Disbursement Political contribution Candidate Name WILLIAM CASSIDY	Primary Other (spe	General ecify) ▼ Zip Code 70809	Category/ Type	Date of D	Disbursement / 07 07 Oction ID : Si	nt / Y Y 2	3500.0	riod
C.	Purpose of Disbursement Political contribution Candidate Name SHELLEY BERKLEY Office Sought: House Senate President State: NV District: 00 Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS Mailing Address 8550 UNITED PLAZA BLVD. SUITE 1001 City BATON ROUGE Purpose of Disbursement Political contribution Candidate Name WILLIAM CASSIDY Office Sought: House Disbursement	Primary Other (spe	General ecify) ▼ Zip Code 70809	Category/ Type 011 Category/	Date of D	Disbursement / 07 07 Oction ID : Si	nt / Y Y 2	3500.0 211 211 this Pe	riod
С.	Purpose of Disbursement Political contribution Candidate Name SHELLEY BERKLEY Office Sought: House Senate President State: NV District: 00 Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS Mailing Address 8550 UNITED PLAZA BLVD. SUITE 1001 City BATON ROUGE Purpose of Disbursement Political contribution Candidate Name WILLIAM CASSIDY Office Sought: House Senate	Other (specification) State LA ment For: Primary	General ecify) ▼ Zip Code 70809	Category/ Type 011 Category/	Date of D	Disbursement / 07 07 or other lb : Si	nt / Y Y 2	3500.0 211 211 this Pe	riod
C.	Purpose of Disbursement Political contribution Candidate Name SHELLEY BERKLEY Office Sought: House Senate President State: NV District: 00 Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS Mailing Address 8550 UNITED PLAZA BLVD. SUITE 1001 City BATON ROUGE Purpose of Disbursement Political contribution Candidate Name WILLIAM CASSIDY Office Sought: House Senate	Primary Other (spe	General ecify) ▼ Zip Code 70809	Category/ Type 011 Category/	Date of D	Disbursement / 07 07 or other lb : Si	nt / Y Y 2	3500.0 211 211 this Pe	riod
C.	Purpose of Disbursement Political contribution Candidate Name SHELLEY BERKLEY Office Sought: House Senate President State: NV District: 00 Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS Mailing Address 8550 UNITED PLAZA BLVD. SUITE 1001 City BATON ROUGE Purpose of Disbursement Political contribution Candidate Name WILLIAM CASSIDY Office Sought: House Senate President Disbursement Senate President	Other (specification) State LA ment For: Primary	General ecify) ▼ Zip Code 70809	Category/ Type 011 Category/	Date of D	Disbursement / 07 07 or other lb : Si	nt / Y Y 2	3500.0 211 211 this Pe	riod
C.	Purpose of Disbursement Political contribution Candidate Name SHELLEY BERKLEY Office Sought: House Senate President State: NV District: 00 Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS Mailing Address 8550 UNITED PLAZA BLVD. SUITE 1001 City BATON ROUGE Purpose of Disbursement Political contribution Candidate Name WILLIAM CASSIDY Office Sought: House Senate President Disbursement Senate President	Primary Other (spe	General ecify) ▼ Zip Code 70809 2012 General ecify) ▼	Category/ Type 011 Category/ Type	Date of D	Disbursement / 07 07 or other lb : Si	nt / Y Y 2	3500.0 211 211 this Pe	riod O
	Purpose of Disbursement Political contribution Candidate Name SHELLEY BERKLEY Office Sought: House Senate President State: NV District: 00 Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS Mailing Address 8550 UNITED PLAZA BLVD. SUITE 1001 City BATON ROUGE Purpose of Disbursement Political contribution Candidate Name WILLIAM CASSIDY Office Sought: House Senate President State: LA District: 06	Primary Other (spe	General ecify) ▼ Zip Code 70809 2012 General ecify) ▼	Category/ Type 011 Category/ Type	Date of D	Disbursement / 07 07 or other lb : Si	nt / Y Y 2	3500.0 011 this Pe	riod O

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 OF 1				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check only	NOMBELL.			
	for each category of the Detailed Summary Page	21b	22 🔀 23 🔲 24 📗 25 🔲 26			
	1 22 3390	27	28a 28b 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na						
	The and address of any point	icai committee to	Solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)	on Committee					
Kidney Care Council Political Action	on Committee					
Full Name (Last, First, Middle Initial)						
A. DIANE BLACK FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 1437			09 27 2011			
Mailing Address PO BOX 1437			09 27 2011			
City	State Zip Code		Transaction ID : SB23.5150			
GALLATIN	TN 37066		Transaction ID: 3B23.5150			
Purpose of Disbursement Political contribution		011	Amount of Each Disbursement this Period			
Candidate Name			Amount of Each Disbursement this Feriod			
DIANE L MRS. BLACK		Category/ Type	2500.00			
Office Sought: House Disburse	ment For: 2012	, , ,				
Senate	Primary General					
State: TN District: 06	Other (specify) ▼					
State: TN District: 06 Full Name (Last, First, Middle Initial)						
B. FRIENDS OF JIM CLYBURN			Date of Disbursement			
TRIENDO OF ONVIOLEDORIN			M M / D D / Y Y Y Y			
Mailing Address PO BOX 12567			09 27 2011			
011	O					
City COLUMBIA	State Zip Code SC 29211		Transaction ID: SB23.5154			
Purpose of Disbursement	20211					
Political contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	4650.00			
JAMES E. CLYBURN Office Sought: House Disburse	ment For: 2012	Туре	7			
Senate Sought.	Primary General					
President	Other (specify) ▼					
State: SC District: 06						
Full Name (Last, First, Middle Initial)						
C. FRIENDS OF JIM CLYBURN			Date of Disbursement			
Mailing Address PO BOX 12567			09 27 2011			
Maining Addition 1 o Box 12007			0 2 2			
City	State Zip Code		Transaction ID : SB23.5157			
COLUMBIA Purpose of Disbursement	SC 29211					
Political contribution (in-kind contribution)		011	Amount of Each Disbursement this Period			
Candidate Name		Category/				
JAMES E. CLYBURN		Type	350.00			
	ment For: 2012					
Senate	Primary General					
State: SC District: 06	Other (specify) ▼					
2.55.00						
SUBTOTAL of Disbursements This Page (optional).			7500.00			
TOTAL This Period (last page this line number only	·)					

SCHEDULE B (FEC Form 3X)				FOR LIN	NE NUMBER: PAGE 9 OF 10			
IT	EMIZED DISBURSEMENTS		parate schedule(s) a category of the	(check only one)			7.00	
			Summary Page		1b 22	X 23	24 25 29 29	26
_				2		28b		30b
	ny information copied from such Reports and Statem for commercial purposes, other than using the name							S
	NAME OF COMMITTEE (In Full)							
$ \rangle$	Kidney Care Council Political Action	n Com	mittee					
\angle	·							
^	Full Name (Last, First, Middle Initial)				D - 1 -	f Diak		
A.	FRIENDS OF MAX BAUCUS					f Disburser		
	Mailing Address BOX 586				12	14		
		state	Zip Code		Trans	saction ID	: SB23.5162	
	Purpose of Disbursement	MT	59624				. 022010102	
	Political contribution			011	Amour	t of Fach I	Disbursement this Perio	nd
	Candidate Name			Category/	4			
	MAX BAUCUS			Type			5000.00	
	Office Sought: House Disbursen		2014					
		Primary	General					
	State: MT District: 00	Other (sp	ecity) 🔻					
_	Full Name (Last, First, Middle Initial)							
В.	HATCH VICTORY COMMITTEE				Date of	f Disburser	ment	
	TITATION VIOLOTON GOWINITTEE				M M	/ D	D / Y Y Y Y Y	
	Mailing Address 228 S WASHINGTON STREET SU	JITE 115		08	7 1 1 1 1 1 1			
	,	state VA	Zip Code 22314		Tran	saction ID	: SB23.5148	
	Purpose of Disbursement		22314		_			
	Political contribution			011	Amour	t of Each I	Disbursement this Perio	od
	Candidate Name			Category/	.		5000.00	
	ORRIN G HATCH			Туре		7	3000.00	
	Office Sought: House Disbursen Senate	ent For: Primary	2012 General					
		Other (sp						
	State: UT District: 00	oo. (op	5 6 y /					
_	Full Name (Last, First, Middle Initial)							
C.	MCCASKILL FOR MISSOURI 2012	2			Date of	f Disburser	ment	
					M = M			
	Mailing Address 700 13TH STREET NW SUITE 600				09	27	2011	
		state	Zip Code		_			
		DC	20005		Tran	saction ID	: SB23.5158	
	Purpose of Disbursement Political contribution				1			
	Condidate Name				Amour	t of Each I	Disbursement this Perio	bd
	CLAIRE MCCASKILL			Category/ Type			2500.00	
	Office Sought: House Disbursen	nent For:	2012	туре		7	7	
		Primary	General					
	President	Other (sp	ecify) 🔻					
_	State: MO District: 00							_
							40500.00	
[5	SUBTOTAL of Disbursements This Page (optional)			······································	<u> </u>		12500.00	
,	OTAL This Period (last page this line number only)							
ι'	TITLE THIS I CHOOL (last page this line number only)				•	7		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 10 OF 10			
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER.			
II LIVIILLE DIODONOLIVILIVIO	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26			
	Detailed Suffilliary Fage	27	28a 28b 28c 29 30l			
Any information copied from such Reports and Statem						
or for commercial purposes, other than using the name	e and address of any politic	cal committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
Kidney Care Council Political Action	n Committee					
Full Name (Last, First, Middle Initial)		İ				
A. MONTANANS FOR TESTER			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address PO BOX 1135			08 02 2011			
City	State Zip Code					
HELENA	MT 59624		Transaction ID: SB23.5145			
Purpose of Disbursement						
Political contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	2500.00			
JON TESTER Office Sought: House Disbursen	nent For: 2012	Туре				
	Primary General					
President	Other (specify) ▼					
State: MT District: 00						
Full Name (Last, First, Middle Initial)						
В.			Date of Disbursement			
Mailing Address			M = M / D = D / Y = Y = Y			
Mailing Address						
City	State Zip Code					
Down of Disk						
Purpose of Disbursement			Amount of Each Disbursement this Period			
Candidate Name		Oation (, anount of Each Dispulsement this relied			
		Category/ Type				
Office Sought: House Disbursen	nent For:	A1, -				
	Primary General					
	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) C.			Date of Disbursement			
-			M M / D D / Y Y Y Y			
Mailing Address						
City	Note 7:- 01-					
City	State Zip Code					
Purpose of Disbursement						
			Amount of Each Disbursement this Period			
Candidate Name		Category/				
Office Sought: House Disbursen	aont For:	Туре	7 7 7 7			
	nent For: Primary General					
	Other (specify)					
State: District:	• • • • •					
SUBTOTAL of Disbursements This Page (optional)			2500.00			
			20500.00			
TOTAL This Period (last page this line number only)			30500.00			