

# 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  
 Check if different than previously reported. (ACC)  
Washington DC 20004-1404

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2008 through 03 31 2008

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 Robert Foreman

Signature of Treasurer Electronically Filed by Robert Foreman Date 04 15 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		7341.12
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	7341.12									
(c) Total Receipts (from Line 19) .....	16753.30	16753.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	24094.42	24094.42								
7. Total Disbursements (from Line 31) .....	3508.70	3508.70								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	20585.72	20585.72								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	16500.00	16500.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	16500.00	16500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	16500.00	16500.00
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 .....	250.00	250.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	3.30	3.30
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)) .....	16753.30	16753.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16753.30	16753.30

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	8.70	8.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	8.70	8.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	3500.00
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))..	3508.70	3508.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3508.70	3508.70

**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) .....	16500.00	16500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16500.00	16500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8.70	8.70
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8.70	8.70

**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 / 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph Carlucci	Date of Receipt MM / DD / YYYY 03 / 06 / 2008
	Mailing Address 66 Cherry Hill Drive	<b>Transaction ID:</b> SA11AI.4655
	City State Zip Code Beverly MA 01915	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer American Renal Associates Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Christopher Ford	Date of Receipt MM / DD / YYYY 03 / 06 / 2008
	Mailing Address 66 Cherry Hill Drive	<b>Transaction ID:</b> SA11AI.4657
	City State Zip Code Beverly MA 01915	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer American Renal Associates Occupation Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joyce Jackson	Date of Receipt MM / DD / YYYY 03 / 20 / 2008
	Mailing Address 700 Broadway	<b>Transaction ID:</b> SA11AI.4664
	City State Zip Code Seattle WA 98122	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Northwest Kidney Centers Occupation President and CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 9  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Syed Kamal</p> <p>Mailing Address 66 Cherry Hill Drive</p> <p>City State Zip Code Beverly MA 01915</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer American Renal Associates Occupation President</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2500.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 3</td> <td></td> <td style="text-align: center;">0 6</td> <td></td> <td style="text-align: center;">2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.4659</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">2500.00</span> </p> <p>individual contribution</p>	M M	/	D D	/	Y Y Y Y	0 3		0 6		2 0 0 8
M M	/	D D	/	Y Y Y Y							
0 3		0 6		2 0 0 8							

<p><b>B.</b> Full Name (Last, First, Middle Initial) Ben Lipps</p> <p>Mailing Address Reservoir Woods, 920 Winter Street</p> <p>City State Zip Code Waltham MA 02451</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Fresenius Medical Care NA Occupation Global CEO</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 3</td> <td></td> <td style="text-align: center;">1 3</td> <td></td> <td style="text-align: center;">2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.4663</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">5000.00</span> </p> <p>individual contribution</p>	M M	/	D D	/	Y Y Y Y	0 3		1 3		2 0 0 8
M M	/	D D	/	Y Y Y Y							
0 3		1 3		2 0 0 8							

<p><b>C.</b> Full Name (Last, First, Middle Initial) John McDonough</p> <p>Mailing Address 66 Cherry Hill Drive</p> <p>City State Zip Code Beverly MA 01915</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer American Renal Associates Occupation Vice President and CFO</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2500.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 3</td> <td></td> <td style="text-align: center;">0 6</td> <td></td> <td style="text-align: center;">2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.4661</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">2500.00</span> </p> <p>individual contribution</p>	M M	/	D D	/	Y Y Y Y	0 3		0 6		2 0 0 8
M M	/	D D	/	Y Y Y Y							
0 3		0 6		2 0 0 8							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">10000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;">16500.00</span>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 9  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF MAX BAUCUS

Mailing Address BOX 586

City State Zip Code  
HELENA MT 59624

FEC ID number of contributing federal political committee. **C** C00209668

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 0 5 / 2 0 0 8

Transaction ID: SA16.4665

Amount of Each Receipt this Period  
250.00

refund from campaign

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	250.00



**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 9 / 9

<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

A.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS	Transaction ID: SB23.4650 Date of Disbursement
	Mailing Address 3069 Conquista Court	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Las Vegas State NV Zip Code 89121	Amount of Each Disbursement this Period
	Purpose of Disbursement political contribution	<input type="text" value="1000.00"/>
	Candidate Name SHELLEY BERKLEY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ORRINPAC	Transaction ID: SB23.4646 Date of Disbursement
	Mailing Address 175 S. WEST TEMPLE SUITE 650	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City SALT LAKE CITY State UT Zip Code 84101	Amount of Each Disbursement this Period
	Purpose of Disbursement political contribution	<input type="text" value="2500.00"/>
	Candidate Name ORRIN G HATCH	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="3500.00"/>