

# 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 07 01 2009 through 12 31 2009

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 Regina Sherick

Signature of Treasurer Electronically Filed by Regina Sherick Date 01 29 2010

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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		16330.10
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	27636.32									
(c) Total Receipts (from Line 19) .....	15805.83	43612.05								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	43442.15	59942.15								
7. Total Disbursements (from Line 31) .....	25000.00	41500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	18442.15	18442.15								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Kidney Care Council Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	15800.00	43400.00
(ii) Unitemized .....	0.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	15800.00	43600.00
(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) .....	15800.00	43600.00
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 .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	5.83	12.05
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)) .....	15805.83	43612.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15805.83	43612.05

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	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.....	25000.00	41500.00
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))..	25000.00	41500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25000.00	41500.00

**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) .....	15800.00	43600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15800.00	43600.00
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: PAGE 6 / 12  
(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

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.**

Full Name (Last, First, Middle Initial)  
Derrick Byl

Mailing Address 115 East Park Drive, Suite 300

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Renal Advantage, Inc. Regional Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

**Transaction ID:** SA11AI.4946

Amount of Each Receipt this Period  
300.00

Individual Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Carlucci

Mailing Address 66 Cherry Hill Drive

City State Zip Code  
Beverly MA 01915

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

Name of Employer Occupation  
American Renal Associates CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
12 / 30 / 2009

**Transaction ID:** SA11AI.4905

Amount of Each Receipt this Period  
2500.00

Individual Contribution

**C.**

Full Name (Last, First, Middle Initial)  
John Egan

Mailing Address 4707 140th Ave North, Suite 107

City State Zip Code  
Clearwater FL 33762

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

Name of Employer Occupation  
U.S. Renal Care, Inc. Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 30 / 2009

**Transaction ID:** SA11AI.4913

Amount of Each Receipt this Period  
1000.00

Individual Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3800.00**

**TOTAL** 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 / 12  
(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)  
David Eldridge

Mailing Address 14651 Dallas Parkway  
Suite 900

City State Zip Code  
Dallas TX 75254

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

Name of Employer U.S. Renal Care, Inc. Occupation Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 30 / 2009  
Transaction ID: SA11AI.4912  
Amount of Each Receipt this Period: 500.00  
Individual Contribution

**B.** Full Name (Last, First, Middle Initial)  
Christopher Ford

Mailing Address 66 Cherry Hill Drive

City State Zip Code  
Beverly MA 01915

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

Name of Employer American Renal Associates Occupation Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 12 / 30 / 2009  
Transaction ID: SA11AI.4904  
Amount of Each Receipt this Period: 2500.00  
Individual Contribution

**C.** Full Name (Last, First, Middle Initial)  
Jack Harrington

Mailing Address 2400 E. Highland Dr.

City State Zip Code  
Jonesboro AR 72410

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

Name of Employer U.S. Renal Care, Inc. Occupation SVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 30 / 2009  
Transaction ID: SA11AI.4907  
Amount of Each Receipt this Period: 1000.00  
Individual Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

**TOTAL** 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: (check only one)	PAGE 8 / 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Syed Kamal	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 66 Cherry Hill Drive	<b>Transaction ID:</b> SA11AI.4906
	City State Zip Code Beverly MA 01915	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Individual Contribution
	Name of Employer American Renal Associates Occupation President 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) Stan Lindendorf	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 504 Highland Avenue	<b>Transaction ID:</b> SA11AI.4948
	City State Zip Code Manhattan Beach CA 90266	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Individual Contribution
	Name of Employer US Renal Care Occupation Senior VP and Chief Medical Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lauren McDowell	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 14651 Dallas Parkway Suite 900	<b>Transaction ID:</b> SA11AI.4911
	City State Zip Code Dallas TX 75254	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Individual Contribution
	Name of Employer U.S. Renal Care, Inc. Occupation V.P. Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4000.00</b>
<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 9 / 12  
(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)  
Ryan Moore

Mailing Address 14651 Dallas Parkway, Ste. 900

City State Zip Code  
Dallas TX 75254

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

Name of Employer U.S. Renal Care, Inc. Occupation SVP Business Development

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.4915

Amount of Each Receipt this Period  
1000.00

Individual Contribution

**B.** Full Name (Last, First, Middle Initial)  
Stephen Pirri

Mailing Address 14651 Dallas Parkway Suite 900

City State Zip Code  
Dallas TX 75254

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

Name of Employer U.S. Renal Care, Inc. Occupation President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.4910

Amount of Each Receipt this Period  
1000.00

Individual Contribution

**C.** Full Name (Last, First, Middle Initial)  
Karen Walton-Brown

Mailing Address 14651 Dallas Parkway Suite 900

City State Zip Code  
Dallas TX 75254

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

Name of Employer U.S. Renal Care, Inc. Occupation VP Clinical Operations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.4909

Amount of Each Receipt this Period  
500.00

Individual Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**TOTAL** 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 10 / 12  
(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)  
Thomas L Weinberg

Mailing Address 14651 Dallas Parkway  
Ste. 900

City State Zip Code  
Dallas TX 75254

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

Name of Employer U.S. Renal Care, Inc. Occupation VP & General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 30 / 2009

**Transaction ID:** SA11AI.4914

Amount of Each Receipt this Period  
1000.00

Individual Contribution

**B.** Full Name (Last, First, Middle Initial)  
Charla Williams

Mailing Address 14651 Dallas Parkway  
Suite 900

City State Zip Code  
Dallas TX 75254

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

Name of Employer U.S. Renal Care, Inc. Occupation V.P. of Reimbursement

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 30 / 2009

**Transaction ID:** SA11AI.4908

Amount of Each Receipt this Period  
500.00

Individual Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**TOTAL** This Period (last page this line number only) ..... ► 15800.00

# 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)

<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) ALL AMERICA PAC	Transaction ID: SB23.4926 Date of Disbursement
	Mailing Address P.O. Box 2888 Suite 800	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="4000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS	Transaction ID: SB23.4943 Date of Disbursement
	Mailing Address P.O. Box 261060	<input type="text" value="12"/> <input type="text" value="12"/> / <input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/>
	City Los Angeles State CA Zip Code 90026	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="5000.00"/>
	Candidate Name XAVIER BECERRA	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 31	

C.	Full Name (Last, First, Middle Initial) CARPER FOR SENATE	Transaction ID: SB23.4900 Date of Disbursement
	Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="15"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/>
	City NEW CASTLE State DE Zip Code 19720	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="5000.00"/>
	Candidate Name THOMAS R CARPER	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: DE District: 00	

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

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

# 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 12 / 12

<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) FRIENDS OF SCHUMER	Transaction ID: SB23.4933 Date of Disbursement																				
	Mailing Address 509 MADISON AVE SUITE 1902	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	8	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y												
	1	1	/	1	8	/	2	0	0	9												
City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period																					
Purpose of Disbursement Political Contribution Candidate Name CHARLES E SCHUMER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																				
011																						
B.	Full Name (Last, First, Middle Initial) KENDRICK MEEK FOR FLORIDA	Transaction ID: SB23.4928 Date of Disbursement																				
	Mailing Address 111 NW 183RD STREET SUITE 325	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	9	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y												
	0	9	/	2	9	/	2	0	0	9												
City MIAMI State FL Zip Code 33169	Amount of Each Disbursement this Period																					
Purpose of Disbursement Political Contribution Candidate Name KENDRICK B MEEK Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																				
011																						
C.	Full Name (Last, First, Middle Initial) KILPATRICK FOR UNITED STATES CONGRESS	Transaction ID: SB23.4940 Date of Disbursement																				
	Mailing Address PO BOX 32175	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	1	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y												
	1	2	/	0	1	/	2	0	0	9												
City DETROIT State MI Zip Code 48232	Amount of Each Disbursement this Period																					
Purpose of Disbursement Political Contribution Candidate Name CAROLYN MS. KILPATRICK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																				
011																						

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

11000.00

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

25000.00