

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 04 01 2008 through 06 30 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 07 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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

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	20585.72									
(c) Total Receipts (from Line 19)	35708.85	52462.15								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	56294.57	59803.27								
7. Total Disbursements (from Line 31)	47567.87	51076.57								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8726.70	8726.70								
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**

Write or Type Committee Name
Kidney Care Council Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

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	35100.00	51600.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	600.00	600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	35700.00	52200.00
(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)	35700.00	52200.00
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	250.00
17. Other Federal Receipts (Dividends, Interest, etc.)	8.85	12.15
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))	35708.85	52462.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	35708.85	52462.15

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.....	42.87	51.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	42.87	51.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47500.00	51000.00
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.....	25.00	25.00
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))..	47567.87	51076.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47567.87	51076.57

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	35700.00	52200.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35700.00	52200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	42.87	51.57
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	42.87	51.57

**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 / 25
	<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) Rose Bailey	Date of Receipt MM / DD / YYYY 04 / 28 / 2008
	Mailing Address 490 Chadbourne Rd.	Transaction ID: SA11AI.4690
	City State Zip Code Fairfield CA 94534	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation Renal Advantage Inc. Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Clay Bittner	Date of Receipt MM / DD / YYYY 04 / 28 / 2008
	Mailing Address 19207 Wyndchase Circle	Transaction ID: SA11AI.4691
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation Renal Advantage VP, Managed Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) Sharon Burbage	Date of Receipt MM / DD / YYYY 04 / 28 / 2008
	Mailing Address 115 East Park Drive Suite 300	Transaction ID: SA11AI.4692
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation Renal Advantage Inc. VP, Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
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 7 / 25
	<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	

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

A.	Full Name (Last, First, Middle Initial) Michael Burney	Date of Receipt MM / DD / YYYY 04 / 28 / 2008
	Mailing Address 115 East Park Drive, Suite 300	Transaction ID: SA11AI.4693
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation Renal Advantage Inc. VP, Lab Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) Lisa M. Chambers	Date of Receipt MM / DD / YYYY 04 / 28 / 2008
	Mailing Address 115 East Park Drive, Suite 300	Transaction ID: SA11AI.4694
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation Renal Advantage Inc. Director of Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Richard L. Chatfield	Date of Receipt MM / DD / YYYY 04 / 11 / 2008
	Mailing Address 1626 Cole Boulevard, Suite 100	Transaction ID: SA11AI.4688
	City State Zip Code Lakewood CO 80401	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation Renal Ventures Management, LLC President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	5950.00

**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 8 / 25
	<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

A.	Full Name (Last, First, Middle Initial) Robert M. Collins	Date of Receipt MM / DD / YYYY 04 / 11 / 2008
	Mailing Address 1626 Cole Boulevard, Suite 100	Transaction ID: SA11AI.4686
	City State Zip Code Lakewood CO 80401	Amount of Each Receipt this Period 4000.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation Renal Ventures Management, LLC Board Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

B.	Full Name (Last, First, Middle Initial) John Crawford	Date of Receipt MM / DD / YYYY 04 / 28 / 2008
	Mailing Address 115 East Park Drive Suite 300	Transaction ID: SA11AI.4696
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 1200.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation Renal Advantage Inc. Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

C.	Full Name (Last, First, Middle Initial) Eric Enderle	Date of Receipt MM / DD / YYYY 05 / 02 / 2008
	Mailing Address 115 East Park Drive Suite 300	Transaction ID: SA11AI.4718
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation Renal Advantage Inc. VP, Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	5850.00
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 9 / 25

(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

A.

Full Name (Last, First, Middle Initial)
Monte Frankenfield

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. VP, Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 04 / 28 / 2008

Transaction ID: SA11AI.4697

Amount of Each Receipt this Period 650.00

individual contribution

B.

Full Name (Last, First, Middle Initial)
Geneva Gayle Franks

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. VP, Risk Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 04 / 28 / 2008

Transaction ID: SA11AI.4698

Amount of Each Receipt this Period 650.00

individual contribution

C.

Full Name (Last, First, Middle Initial)
Lucas Garman

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. Board Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 28 / 2008

Transaction ID: SA11AI.4699

Amount of Each Receipt this Period 1000.00

individual contribution

SUBTOTAL of Receipts This Page (optional) 2300.00

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 / 25
(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

<p>A. Full Name (Last, First, Middle Initial) Jerrod Glick</p> <p>Mailing Address 1626 Cole Boulevard, Suite 100</p> <p>City State Zip Code <u>Lakewood</u> CO 80401</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Renal Ventures Management, LLC Occupation: Secretary/Treasurer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 04 / 11 / 2008</p> <p>Transaction ID: SA11AI.4680</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>individual contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Michael P. Glinsky</p> <p>Mailing Address 1626 Cole Boulevard, Suite 100</p> <p>City State Zip Code <u>Lakewood</u> CO 80401</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Renal Ventures Management, LLC Occupation: Board Member</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>	<p>Date of Receipt 04 / 11 / 2008</p> <p>Transaction ID: SA11AI.4684</p> <p>Amount of Each Receipt this Period 2000.00</p> <p>individual contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Mark Gray</p> <p>Mailing Address 115 East Park Drive Suite 300</p> <p>City State Zip Code <u>Brentwood</u> TN 37027</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Renal Advantage Inc. Occupation: VP, Bio-Medical Services</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 650.00</p>	<p>Date of Receipt 04 / 28 / 2008</p> <p>Transaction ID: SA11AI.4701</p> <p>Amount of Each Receipt this Period 650.00</p> <p>individual contribution</p>
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SUBTOTAL of Receipts This Page (optional)	3650.00
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 11 / 25
	<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

A.	Full Name (Last, First, Middle Initial) Robert E. Hamilton	Date of Receipt MM / DD / YYYY 04 / 11 / 2008
	Mailing Address 1626 Cole Boulevard, Suite 100	Transaction ID: SA11AI.4682
	City State Zip Code Lakewood CO 80401	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation Renal Ventures Management, LLC Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Helen Hutteri	Date of Receipt MM / DD / YYYY 04 / 28 / 2008
	Mailing Address 115 East Park Drive, Suite 300	Transaction ID: SA11AI.4702
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation Renal Advantage Inc. Regional Quality Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Sarrah Johnson	Date of Receipt MM / DD / YYYY 05 / 19 / 2008
	Mailing Address 115 East Park Drive, Suite 300	Transaction ID: SA11AI.4725
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation Renal Advantage Inc. Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	2600.00
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 12 / 25
	<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

A.	Full Name (Last, First, Middle Initial) Michael Klein	Date of Receipt MM / DD / YYYY 04 / 28 / 2008
	Mailing Address 115 East Park Drive Suite 300	Transaction ID: SA11AI.4704
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 1800.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation Renal Advantage Inc. Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

B.	Full Name (Last, First, Middle Initial) Karl Kokko	Date of Receipt MM / DD / YYYY 04 / 28 / 2008
	Mailing Address 115 East Park Drive Suite 300	Transaction ID: SA11AI.4705
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 1200.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation Renal Advantage Inc. Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

C.	Full Name (Last, First, Middle Initial) D. Scott Mackesy	Date of Receipt MM / DD / YYYY 05 / 02 / 2008
	Mailing Address 3320 Park Avenue, Suite 2500	Transaction ID: SA11AI.4719
	City State Zip Code New York NY 10022	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Occupation Renal Advantage Inc. Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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 13 / 25
	<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

A.	Full Name (Last, First, Middle Initial) Daniel T. May	Date of Receipt MM / DD / YYYY 04 / 11 / 2008
	Mailing Address 1626 Cole Boulevard, Suite 100	Transaction ID: SA11AI.4676
	City State Zip Code Lakewood CO 80401	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer: Renal Ventures Management, LLC Occupation: CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Maura T. McCann	Date of Receipt MM / DD / YYYY 04 / 28 / 2008
	Mailing Address 115 East Park Drive, Suite 300	Transaction ID: SA11AI.4706
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer: Renal Advantage, Inc. Occupation: Regional Quality Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Celine McGill	Date of Receipt MM / DD / YYYY 04 / 28 / 2008
	Mailing Address 115 East Park Drive, Suite 300	Transaction ID: SA11AI.4708
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer: Renal Advantage Occupation: Regional Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
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 14 / 25
	<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

A.	Full Name (Last, First, Middle Initial) Linda Meador	Date of Receipt MM / DD / YYYY 04 / 28 / 2008
	Mailing Address 115 East Park Drive Suite 300	Transaction ID: SA11AI.4709
	City Nashville State TN Zip Code 37027	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Renal Advantage Inc. Occupation VP, Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) Kenneth Melkus	Date of Receipt MM / DD / YYYY 04 / 28 / 2008
	Mailing Address 102 Woodmont Boulevard	Transaction ID: SA11AI.4710
	City Nashville State TN Zip Code 37205	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Renal Advantage Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Angela Newman	Date of Receipt MM / DD / YYYY 04 / 28 / 2008
	Mailing Address 1450 Highway 70	Transaction ID: SA11AI.4711
	City Kingston Springs State TN Zip Code 37082	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer Renal Advantage Occupation VP, Supply Chain Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	▶	2300.00
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 15 / 25
	<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	

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

A.	Full Name (Last, First, Middle Initial) Vito Orlando		Date of Receipt
	Mailing Address 115 East Park Drive, Suite 300		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Brentwood	TN	37027
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4712
Name of Employer Renal Advantage Inc.		Occupation Regional Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	individual contribution

B.	Full Name (Last, First, Middle Initial) Randall Overton		Date of Receipt
	Mailing Address 115 East Park Drive, Suite 300		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Brentwood	TN	37027
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4713
Name of Employer Renal Advantage Inc.		Occupation Director, Special Projects	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	individual contribution

C.	Full Name (Last, First, Middle Initial) Thomas F. Parker, III		Date of Receipt
	Mailing Address 1626 Cole Boulevard, Suite 100		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lakewood	CO	80401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4678
Name of Employer Renal Ventures Management, LLC		Occupation Chief Medical Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	individual contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1600.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 25

(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

A.

Full Name (Last, First, Middle Initial)

Jon Sundock

Mailing Address 3500 Grayswood Avenue.

City State Zip Code
Nashville TN 37215

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

Name of Employer Occupation
Renal Advantage Chief Legal Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.4715

Amount of Each Receipt this Period

1200.00

individual contribution

B.

Full Name (Last, First, Middle Initial)

Jim Tarwater, Jr.

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. VP, Information Systems

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.4716

Amount of Each Receipt this Period

650.00

individual contribution

C.

Full Name (Last, First, Middle Initial)

Kimberly F. Thompson

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 Quality Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.4723

Amount of Each Receipt this Period

300.00

individual contribution

SUBTOTAL of Receipts This Page (optional)

2150.00

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 17 / 25
(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)
Dean Weiland

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. Chief Operating Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2008

Transaction ID: SA11AI.4720

Amount of Each Receipt this Period
1200.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Karen Wiseman

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. Dir. of Policy and Reg. Affairs

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2008

Transaction ID: SA11AI.4717

Amount of Each Receipt this Period
300.00

individual contribution

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

TOTAL This Period (last page this line number only) ► **35100.00**

**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) ALEXANDER FOR SENATE 2008 INC	Transaction ID: SB23.4761 Date of Disbursement 06 / 09 / 2008
	Mailing Address 228 S WASHINGTON STREET SUITE 115	Amount of Each Disbursement this Period 2000.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement political contribution	Category/Type
	Candidate Name LAMAR ALEXANDER	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: TN District: 00	

B.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS	Transaction ID: SB23.4750 Date of Disbursement 05 / 14 / 2008
	Mailing Address 3069 Conquista Court	Amount of Each Disbursement this Period 1000.00
	City Las Vegas State NV Zip Code 89121	
	Purpose of Disbursement political contribution	Category/Type
	Candidate Name SHELLEY BERKLEY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NV District: 01	

C.	Full Name (Last, First, Middle Initial) CHRIS CANNON FOR CONGRESS INC	Transaction ID: SB23.4766 Date of Disbursement 06 / 11 / 2008
	Mailing Address 310 SOUTH MAIN SUITE 1420	Amount of Each Disbursement this Period 1000.00
	City SALT LAKE CITY State UT Zip Code 84101	
	Purpose of Disbursement political contribution	Category/Type
	Candidate Name CHRISTOPHER B HON. CANNON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: UT District: 03	

SUBTOTAL of Disbursements This Page (optional)	4000.00
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)

<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

<p>A. Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR</p> <p>Mailing Address PO BOX 1096</p> <p>City BANGOR State ME Zip Code 04402</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name SUSAN M COLLINS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4769</p> <p>Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) DEMINT FOR SENATE COMMITTEE INC</p> <p>Mailing Address PO BOX 12425</p> <p>City COLUMBIA State SC Zip Code 29211</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name JAMES W DEMINT</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4758</p> <p>Date of Disbursement 06 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) DONNA CHRISTENSEN CAMPAIGN</p> <p>Mailing Address PO Box 5197</p> <p>City St. Croix State VI Zip Code 00823</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name DONNA M CHRISTENSEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4778</p> <p>Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional)	5000.00
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)

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<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) ENZI FOR US SENATE <hr/> Mailing Address PO BOX 2775 <hr/> City CODY State WY Zip Code 82414 <hr/> Purpose of Disbursement political contribution Candidate Name MICHAEL B ENZI Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4788 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF DICK DURBIN COMMITTEE <hr/> Mailing Address PO BOX 1949 <hr/> City SPRINGFIELD State IL Zip Code 62705 <hr/> Purpose of Disbursement political contribution Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4775 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC <hr/> Mailing Address PO BOX 1000 <hr/> City DES MOINES State IA Zip Code 50304 <hr/> Purpose of Disbursement political contribution Candidate Name CHARLES E GRASSLEY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4764 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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 21 / 25

<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) HAWKEYE PAC, THE	Transaction ID: SB23.4787 Date of Disbursement 06 / 11 / 2008	
	Mailing Address PO Box 7255		
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement political contribution		
	Candidate Name HAWKEYE PAC, THE	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) JIM OGSBURY FOR CONGRESS	Transaction ID: SB23.4751 Date of Disbursement 05 / 20 / 2008	
	Mailing Address PO Box 42		
	City Scottsdale State AZ Zip Code 85252	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement political contribution		
	Candidate Name JAMES DONOVAN OGSBURY	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: AZ District: 05		
C.	Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08	Transaction ID: SB23.4741 Date of Disbursement 04 / 29 / 2008	
	Mailing Address PO BOX 1496		
	City LOUISVILLE State KY Zip Code 40201	Amount of Each Disbursement this Period	5000.00
	Purpose of Disbursement political contribution		
	Candidate Name MITCH MCCONNELL	Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: KY District: 00		

SUBTOTAL of Disbursements This Page (optional)	7000.00
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 22 / 25

<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

<p>A. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE</p> <p>Mailing Address 425 SECOND STREET NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4734 Date of Disbursement 04 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) ORRINPAC</p> <p>Mailing Address 175 S. WEST TEMPLE SUITE 650</p> <p>City SALT LAKE CITY State UT Zip Code 84101</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name ORRIN G HATCH</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4754 Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) PAT ROBERTS FOR U S SENATE INC</p> <p>Mailing Address PO BOX 433</p> <p>City GREAT BEND State KS Zip Code 67530</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name PAT ROBERTS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4737 Date of Disbursement 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	6000.00
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 23 / 25

<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

<p>A. Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND</p> <p>Mailing Address P.O. Box 32025</p> <p>City Phoenix State AZ Zip Code 85064</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name SENATE MAJORITY FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4755 Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) STEPHANIE TUBBS JONES FOR US CONGRESS</p> <p>Mailing Address 3729 SILSBY RD</p> <p>City UNIVERSITY HEIGHTS State OH Zip Code 44118</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4792 Date of Disbursement 04 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) STEPHANIE TUBBS JONES FOR US CONGRESS</p> <p>Mailing Address 3729 SILSBY RD</p> <p>City UNIVERSITY HEIGHTS State OH Zip Code 44118</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4794 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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 24 / 25

<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) TEAM SUNUNU Mailing Address PO BOX 500 City RYE State NH Zip Code 03870 Purpose of Disbursement political contribution Candidate Name JOHN E SUNUNU Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4747 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
B. Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS Mailing Address 10537 St. Paul Street City Kensington State MD Zip Code 20895 Purpose of Disbursement political contribution Candidate Name CHRIS VAN HOLLEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4772 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	47500.00

**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 25 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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)
Iowa Ethics and Campaign Disclosure Board

Transaction ID: SB29.4785

Date of Disbursement

Mailing Address 510 East 12th, Suite 1A

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	0	8

City State Zip Code
Des Moines IA 50319

Amount of Each Disbursement this Period

25.00

Purpose of Disbursement
late filing fee

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

25.00

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

25.00
