

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Kidney Care Partners Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		26567.76
(b) Cash on Hand at Beginning of Reporting Period.....	27337.76	
(c) Total Receipts (from Line 19)	22750.00	27520.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	50087.76	54087.76
7. Total Disbursements (from Line 31).....	20000.00	24000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	30087.76	30087.76
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Kidney Care Partners Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13650.00	18320.00
(ii) Unitemized	100.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13750.00	18520.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	9000.00	9000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	22750.00	27520.00
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.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	22750.00	27520.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22750.00	27520.00

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	24000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20000.00	24000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20000.00	24000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	22750.00	27520.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22750.00	27520.00
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: (check only one)	PAGE 6 OF 11
<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 Partners Political Action Committee

A. LaVarne Burton
Full Name (Last, First, Middle Initial)
Mailing Address 4296 Buckskin Lake Drive

City Ellicott City	State MD	Zip Code 21042
-----------------------	-------------	-------------------

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

Name of Employer American Kidney Fund	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2012

Transaction ID : SA11AI.4508

Amount of Each Receipt this Period

500.00

political contribution

B. Lori M Hartwell
Full Name (Last, First, Middle Initial)
Mailing Address 1311 N. Maryland Avenue

City Glendale	State CA	Zip Code 91207
------------------	-------------	-------------------

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

Name of Employer Renal Support Network	Occupation President
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

Transaction ID : SA11AI.4506

Amount of Each Receipt this Period

400.00

political contribution

C. Joyce Jackson
Full Name (Last, First, Middle Initial)
Mailing Address 6585 N.E. Windermere Road

City Seattle	State WA	Zip Code 98105
-----------------	-------------	-------------------

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

Name of Employer Northwest Kidney Centers	Occupation President and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2012

Transaction ID : SA11AI.4516

Amount of Each Receipt this Period

1500.00

political contribution

SUBTOTAL of Receipts This Page (optional).....▶	2400.00
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 OF 11
<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 Partners Political Action Committee

A. Hrant Jamgochian
Full Name (Last, First, Middle Initial)

Mailing Address 6010 Ryland Drive

City Bethesda State MD Zip Code 20817

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

Name of Employer Dialysis Patient Citizens Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 01 / 2012
Transaction ID : SA11AI.4509

Amount of Each Receipt this Period 500.00
political contribution

B. Dennis L Kogod
Full Name (Last, First, Middle Initial)

Mailing Address 601 Hawaii Street

City El Segundo State CA Zip Code 90245

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

Name of Employer DaVita Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 08 / 2012
Transaction ID : SA11AI.4514

Amount of Each Receipt this Period 5000.00
political contribution

C. Cynthia Smith
Full Name (Last, First, Middle Initial)

Mailing Address 4001 Miranda Avenue

City Palo Alto State CA Zip Code 94304

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

Name of Employer Affymax, Inc. Occupation Executive Director Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 05 / 2012
Transaction ID : SA11AI.4513

Amount of Each Receipt this Period 250.00
political contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 5750.00

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 OF 11
	<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 Partners Political Action Committee

A. Kent j Thiry
Full Name (Last, First, Middle Initial)

Mailing Address 618 Mountain Home Road

City	State	Zip Code
Woodside	CA	94062

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

Name of Employer	Occupation
DaVita	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2012

Transaction ID : SA11AI.4510

Amount of Each Receipt this Period

5000.00

 political contribution

B. Troy K Zimmerman
Full Name (Last, First, Middle Initial)

Mailing Address 13021 Slater Road

City	State	Zip Code
Lovettsville	VA	20180

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

Name of Employer	Occupation
National Kidney Foundation	Vice President Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2012

Transaction ID : SA11AI.4504

Amount of Each Receipt this Period

250.00

 political contribution

C. LeAnne Zumwalt
Full Name (Last, First, Middle Initial)

Mailing Address 310 Ascot Road

City	State	Zip Code
Hillsborough	CA	94010

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

Name of Employer	Occupation
DaVita	Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2012

Transaction ID : SA11AI.4512

Amount of Each Receipt this Period

250.00

 political contribution

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
TOTAL This Period (last page this line number only).....▶	13650.00

**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 9 OF 11
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 Partners Political Action Committee

Full Name (Last, First, Middle Initial)
A. ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address 100 Abbott Park Rd.
D312 AP6D-2

City Abbott Park State IL Zip Code 60064

FEC ID number of contributing federal political committee. **C** C00040279

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
04 / 12 / 2012
Transaction ID : SA11C.4517

Amount of Each Receipt this Period
2000.00
political contribution

Full Name (Last, First, Middle Initial)
B. AMGEN INC. POLITICAL ACTION COMMITTEE

Mailing Address 601 13th Street, NW
12th Floor

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00251876

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
05 / 07 / 2012
Transaction ID : SA11C.4518

Amount of Each Receipt this Period
5000.00
political contribution

Full Name (Last, First, Middle Initial)
C. BAXTER HEALTHCARE POLITICAL ACTION COMMITTEE

Mailing Address 1501 K STREET, NW
SUITE 375

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00117838

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
06 / 13 / 2012
Transaction ID : SA11C.4520

Amount of Each Receipt this Period
2000.00
political contribution

SUBTOTAL of Receipts This Page (optional).....▶	9000.00
TOTAL This Period (last page this line number only).....▶	9000.00

**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 Partners Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JIM CLYBURN

Mailing Address PO BOX 12567

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement political contribution

011

Candidate Name

FRIENDS OF JIM CLYBURN

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: SC District: 06

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2012

Transaction ID : SB23.4530

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. JESSE JACKSON JR FOR CONGRESS

Mailing Address P.O. BOX 490286

City CHICAGO State IL Zip Code 60649

Purpose of Disbursement political contribution

011

Candidate Name

JESSE JACKSON JR FOR CONGRESS

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: IL District: 02

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2012

Transaction ID : SB23.4528

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. JOHN LEWIS FOR CONGRESS

Mailing Address P.O. BOX 2323

City ATLANTA State GA Zip Code 30301

Purpose of Disbursement political contribution

011

Candidate Name

JOHN LEWIS FOR CONGRESS

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: GA District: 05

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2012

Transaction ID : SB23.4526

Amount of Each Disbursement this Period

5000.00

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

15000.00

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 Partners Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARINO FOR CONGRESS

Mailing Address PO BOX 653

City WILLIAMSPORT State PA Zip Code 17703

Purpose of Disbursement
political contribution

011

Candidate Name

MARINO FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 10

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : SB23.4522

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

5000.00

20000.00