

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 Partners Political Action Committee

ADDRESS (number and street) 5746 Union Mill Road
PO Box 160
 Check if different than previously reported. (ACC)
Clifton VA 20124

2. **FEC IDENTIFICATION NUMBER** C00431924
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY **STATE** **ZIP CODE**

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

5. Covering Period 01 01 2009 through 03 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 Ms Susan Renee Murdock

Signature of Treasurer Electronically Filed by Ms Susan Renee Murdock Date 04 13 2009

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 Partners Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

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" 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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">18843.00</td></tr></table>	18843.00
Y	Y	Y	Y									
2	0	0	9									
18843.00												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">18843.00</td></tr></table>	18843.00										
18843.00												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">28051.26</td></tr></table>	28051.26	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">28051.26</td></tr></table>	28051.26								
28051.26												
28051.26												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">46894.26</td></tr></table>	46894.26	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">46894.26</td></tr></table>	46894.26								
46894.26												
46894.26												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">3500.00</td></tr></table>	3500.00	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">3500.00</td></tr></table>	3500.00								
3500.00												
3500.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">43394.26</td></tr></table>	43394.26	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">43394.26</td></tr></table>	43394.26								
43394.26												
43394.26												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table>	0.00										
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 Partners Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

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	18550.00	18550.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	500.00	500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19050.00	19050.00
(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)	28050.00	28050.00
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.)	1.26	1.26
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))	28051.26	28051.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28051.26	28051.26

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.....	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.....	3500.00	3500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3500.00	3500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	3500.00

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	28050.00	28050.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28050.00	28050.00
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 / 10
	<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.	Full Name (Last, First, Middle Initial) LaVarne Burton	Date of Receipt MM / DD / YYYY 02 / 19 / 2009
	Mailing Address 4296 Buckskin Lake Drive	Transaction ID: SA11AI.4106
	City State Zip Code Ellicott City MD 20142	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer American Kidney Fund Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) R. John Davis	Date of Receipt MM / DD / YYYY 03 / 04 / 2009
	Mailing Address 15 Benson Hill Road	Transaction ID: SA11AI.4116
	City State Zip Code Dover Plains NY 12522	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer National Kidney Foundation Occupation Chief Executive Officer 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) Mr. Ben J. Lips	Date of Receipt MM / DD / YYYY 01 / 29 / 2009
	Mailing Address 3333 W Coast Highway Suite 300	Transaction ID: SA11AI.4104
	City State Zip Code Newport Beach CA 92663	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	political contribution
	Name of Employer Fresenius Medical Care Occupation Chief Executive Officer 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)	▶	6250.00
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 / 10
(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 Partners Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mr. Joe C. Mello

Mailing Address 80185 Via Capri

City State Zip Code
La Quinta CA 92253

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

Name of Employer Occupation
DaVita Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2009

Transaction ID: SA11AI.4102

Amount of Each Receipt this Period
5000.00

Political Contribution

B.

Full Name (Last, First, Middle Initial)
Robyn Nishimi

Mailing Address 1220 L Street NW
Suite 100-298

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
Self-Employed Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2009

Transaction ID: SA11AI.4149

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Jill Schaaf

Mailing Address 1509 W. Nelson Street

City State Zip Code
Chicago IL 60657

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

Name of Employer Occupation
Baxter Healthcare Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2009

Transaction ID: SA11AI.4118

Amount of Each Receipt this Period
1000.00

Political Contribution

SUBTOTAL of Receipts This Page (optional) ► **6500.00**

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 / 10
	<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.	Full Name (Last, First, Middle Initial) Kent J. Thiry	Date of Receipt MM / DD / YYYY 01 / 14 / 2009
	Mailing Address 610 Mountain Home Road	Transaction ID: SA11AI.4112
	City State Zip Code Woodside CA 94062	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer DaVita Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) Gail Wick	Date of Receipt MM / DD / YYYY 02 / 16 / 2009
	Mailing Address 5420 New Wellington Close	Transaction ID: SA11AI.4108
	City State Zip Code Atlanta GA 30327	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer Self-Employed Occupation Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) LeAnne Zumwalt	Date of Receipt MM / DD / YYYY 02 / 26 / 2009
	Mailing Address 310 Ascot Road	Transaction ID: SA11AI.4110
	City State Zip Code Hillsborough CA 94010	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer DaVita Occupation Vice President 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)	5800.00
TOTAL This Period (last page this line number only)	18550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 10
(check only one)

<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

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

Mailing Address 100 Abbott Park Rd.
D312 AP6D-2

City State Zip Code
Abbott Park IL 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
M M / D D / Y Y Y Y Y
03 / 06 / 2009

Transaction ID: SA11C.4128

Amount of Each Receipt this Period
2000.00

Political Contribution

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

Mailing Address 601 Hawaii Street
C/O CONGRESSIONAL CONSULTANTS

City State Zip Code
El Segundo CA 90245

FEC ID number of contributing federal political committee. **C** C00340943

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 19 / 2009

Transaction ID: SA11C.4126

Amount of Each Receipt this Period
5000.00

Political Contribution

C. Full Name (Last, First, Middle Initial)
WATSON PHARMACEUTICALS INC EMPLOYEES POLITICAL ACTION COMMITTEE AKA WATSON EMPLOYEES

Mailing Address 311 BONNIE CIRCLE

City State Zip Code
CORONA CA 92880

FEC ID number of contributing federal political committee. **C** C00391086

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2009

Transaction ID: SA11C.4130

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

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.

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

Mailing Address PO BOX 586

City HELENA State MT Zip Code 59624

Purpose of Disbursement
Political Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.4133

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
WYDEN FOR SENATE

Mailing Address PO BOX 3498

City PORTLAND State OR Zip Code 97208

Purpose of Disbursement
Political Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.4135

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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