

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Kidney Care Partners Political Action Committee

ADDRESS (number and street) 14001-C St. German Drive
PO Box 453
Check if different than previously reported. (ACC) Centeville VA 20121

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00431924 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- [X] April 15 Quarterly Report (Q1)
[] July 15 Quarterly Report (Q2)
[] October 15 Quarterly Report (Q3)
[] January 31 Year-End 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 (12S)

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] / [2018] through [03] / [31] / [2018]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Murdock, Susan, Renee, ,

Type or Print Name of Treasurer

Signature of Treasurer

Murdock, Susan, Renee, ,

[Electronically Filed]

Date

[04] / [17] / [2018]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>	<input type="text" value="15098.35"/>	<input type="text" value="15098.35"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15098.35"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14500.00"/>	<input type="text" value="14500.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="29598.35"/>	<input type="text" value="29598.35"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5201.20"/>	<input type="text" value="5201.20"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="24397.15"/>	<input type="text" value="24397.15"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: / / 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).....	4500.00	4500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4500.00	4500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	14500.00	14500.00
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)).....▶	14500.00	14500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14500.00	14500.00

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	201.20	201.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	201.20	201.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	5201.20	5201.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5201.20	5201.20

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	14500.00	14500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14500.00	14500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	201.20	201.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	201.20	201.20

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

Filing of April FEC Quarterly report delayed due to technical issues with server and internet.

Form/Schedule:
Transaction ID:

**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 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. Cepriano, Cherilyn, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12504 Fox View Way
 City Reston State VA Zip Code 20191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kidney Care Council Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 15 / 2018**
Transaction ID : SA11AI.5025
 Amount of Each Receipt this Period 250.00
 Memo Item
 Political Contribution

B. Guffey, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6522 W 89th St Apt 151
 City Overland Park State KS Zip Code 66212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) DPC Board Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 21 / 2018**
Transaction ID : SA11AI.5018
 Amount of Each Receipt this Period 250.00
 Memo Item
 Political Contribution

C. Jackson, Joyce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Northwest Kidney Centers Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 15 / 2018**
Transaction ID : SA11AI.5024
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Political Contribution

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 8 OF 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jangochian, Hrant, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6540 Bradley Blvd
 City Bethesda State MD Zip Code 20817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dialysis Patient Citizens Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 21 / 2018
Transaction ID : SA11AI.5020
 Amount of Each Receipt this Period 500.00
 Memo Item
 Political Contribution

B. Nissenson, Allen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 422 Cascada Way
 City Los Angeles State CA Zip Code 90049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DaVita Occupation (for Individual) Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 21 / 2018
Transaction ID : SA11AI.5019
 Amount of Each Receipt this Period 2500.00
 Memo Item
 Political Contribution

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	4500.00

**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 10
<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. FRESENIUS MEDICAL CARE NORTH AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 801 Pennsylvania Avenue, NW
Suite 255

City Washington	State DC	Zip Code 20004
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FEC ID number of contributing federal political committee. **C** C00401299

Name of Employer (for Individual) Occupation (for Individual)

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
02	/	16	/	2018

Transaction ID : SA11C.5023

Amount of Each Receipt this Period
5000.00

Memo Item
Political Contribution

B. RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1700 ROCKVILLE PIKE SUITE 220

City ROCKVILLE	State MD	Zip Code 20852
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FEC ID number of contributing federal political committee. **C** C00409391

Name of Employer (for Individual) Occupation (for Individual)

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
01	/	09	/	2018

Transaction ID : SA11C.5022

Amount of Each Receipt this Period
5000.00

Memo Item
Political Contribution

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

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

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"/> 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. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City
EAST LANSING

State
MI

Zip Code
48826

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

STABENOW FOR US SENATE

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2018

FEC Identification Number

C C00344473

Transaction ID : SB23.5026

Amount of Each Disbursement this Period

5000.00

Memo Item

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 M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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 M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

5000.00

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

5000.00