

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) 1200 G Street, NW
Regus HQ Suite 841
 Check if different than previously reported. (ACC)
Washington DC 20005

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 01 01 2011 through 06 30 2011

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 Cherilyn Cepriano

Signature of Treasurer Electronically Filed by Cherilyn Cepriano Date 07 29 2011

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: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2011"/>		30008.43
(b) Cash on Hand at Beginning of Reporting Period	30008.43	
(c) Total Receipts (from Line 19)	43007.05	43007.05
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	73015.48	73015.48
7. Total Disbursements (from Line 31)	19500.00	19500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	53515.48	53515.48
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:

MM
01

DD
01

YYYY
2011

To:

MM
06

DD
30

YYYY
2011

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)	33000.00	33000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	33000.00	33000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	38000.00	38000.00
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	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	7.05	7.05
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	43007.05	43007.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	43007.05	43007.05

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.....	19500.00	19500.00
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))..	19500.00	19500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19500.00	19500.00

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)	38000.00	38000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38000.00	38000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 20
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
J. Christopher Brengard

Mailing Address 102 Cypress Pointe Drive

City State Zip Code
Paragould AR 72450

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 15 / 2011
Transaction ID: SA11AI.5075
Amount of Each Receipt this Period: 1000.00
Individual contribution

B. Full Name (Last, First, Middle Initial)
Mark Caputo

Mailing Address 3820 E Mercer Way

City State Zip Code
Mercer Island WA 98040

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

Name of Employer Liberty Dialysis, Inc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 07 / 2011
Transaction ID: SA11AI.5084
Amount of Each Receipt this Period: 5000.00
Individual contribution

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

Mailing Address 34 Haven Way

City State Zip Code
Beverly Farms MA 01915

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

Name of Employer American Renal Associates Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 11 / 2011
Transaction ID: SA11AI.5071
Amount of Each Receipt this Period: 2500.00
Individual contribution

SUBTOTAL of Receipts This Page (optional) ► 8500.00

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 / 20
(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

<p>A. Full Name (Last, First, Middle Initial) Joan Clements</p> <p>Mailing Address 3711 SW 160th Avenue #104</p> <p>City State Zip Code Miramar FL 33027</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Renal Care Partners, Inc. Occupation: VP of Reimbursement</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 06 / 16 / 2011</p> <p>Transaction ID: SA11AI.5101</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Individual contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) John Eagan</p> <p>Mailing Address 4757 Brayton Ter S</p> <p>City State Zip Code Palm Harbor FL 34685</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: U.S. Renal Care, Inc. Occupation: EVP</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 / 15 / 2011</p> <p>Transaction ID: SA11AI.5077</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Individual contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) David Eldridge</p> <p>Mailing Address 9673 Sean Dr</p> <p>City State Zip Code Frisco TX 75035</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: U.S. Renal Care, Inc. Occupation: Controller</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 04 / 15 / 2011</p> <p>Transaction ID: SA11AI.5082</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Individual contribution</p>
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SUBTOTAL of Receipts This Page (optional)	2000.00
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 / 20
(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)
Jeff Fernandez
 Mailing Address 15251 SW 26 Terrace
 City State Zip Code
 Miami FL 33185
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Renal Care Partners, Inc. CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt: 06 / 16 / 2011
Transaction ID: SA11AI.5099
 Amount of Each Receipt this Period: 500.00
 Individual contribution

B. Full Name (Last, First, Middle Initial)
Christopher Ford
 Mailing Address 4 Durham Dr
 City State Zip Code
 Lynnfield MA 01940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Renal Associates Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00
 Date of Receipt: 04 / 11 / 2011
Transaction ID: SA11AI.5070
 Amount of Each Receipt this Period: 2500.00
 Individual contribution

C. Full Name (Last, First, Middle Initial)
Jane Gibbons
 Mailing Address 334 Lakeside Avenue S #407
 City State Zip Code
 Seattle WA 98144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Liberty Dialysis LLC Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt: 06 / 07 / 2011
Transaction ID: SA11AI.5088
 Amount of Each Receipt this Period: 250.00
 Individual contribution

SUBTOTAL of Receipts This Page (optional) ► 3250.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20
(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)
Jack Harrington

Mailing Address 2500 Tumbleweed

City State Zip Code
Jonesboro AR 72404

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 15 / 2011
Transaction ID: SA11AI.5076
Amount of Each Receipt this Period: 1000.00
Individual contribution

B. Full Name (Last, First, Middle Initial)
Joyce Jackson

Mailing Address 6585 NE Windermede Road

City State Zip Code
Seattle WA 98105

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

Name of Employer Northwest Kidney Centers Occupation President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 21 / 2011
Transaction ID: SA11AI.5103
Amount of Each Receipt this Period: 1000.00
Individual contribution

C. Full Name (Last, First, Middle Initial)
Syed Kamal

Mailing Address 17925 Cachet Isle Dr

City State Zip Code
Tampa FL 33647

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

Name of Employer American Renal Associates Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 11 / 2011
Transaction ID: SA11AI.5073
Amount of Each Receipt this Period: 2500.00
Individual contribution

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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 10 / 20
	<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) Orestes Lugo		Date of Receipt
	Mailing Address 3802 NE 207 Street #1104		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City State Zip Code Aventura FL 33180		Transaction ID: SA11AI.5097
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Occupation Renal Care Partners, Inc. CEO		Individual contribution
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) Richard Maniscalco		Date of Receipt
	Mailing Address 3933 Belstrum Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City State Zip Code Flower Mound TX 75028		Transaction ID: SA11AI.5102
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Occupation U.S. Renal Care, Inc. VP Business Development		Individual contribution
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) John McDonough		Date of Receipt
	Mailing Address 1 Ivana Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City State Zip Code Andover MA 01810		Transaction ID: SA11AI.5072
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
	Name of Employer Occupation American Renal Associates Vice President and CFO		Individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20
(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)
Maria McDonough

Mailing Address 3837 Oran Delphi Rd

City State Zip Code
Manilus NY 13104

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

Name of Employer Occupation
Liberty Dialysis LLC Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2011

Transaction ID: SA11AI.5092

Amount of Each Receipt this Period
250.00

Individual contribution

B. Full Name (Last, First, Middle Initial)
Lauren McDowell

Mailing Address 2513 Prestonwood Dr

City State Zip Code
Plano TX 75093

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2011

Transaction ID: SA11AI.5083

Amount of Each Receipt this Period
750.00

Individual contribution

C. Full Name (Last, First, Middle Initial)
Christopher Pyrek

Mailing Address 3370 NE 190th Street #2206

City State Zip Code
Aventura FL 33180

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

Name of Employer Occupation
Renal Care Partners, Inc. VP of Business Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2011

Transaction ID: SA11AI.5100

Amount of Each Receipt this Period
500.00

Individual contribution

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 20
(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)
Caryl Scharpf

Mailing Address 10940 SW Barnes Rd
#265

City State Zip Code
Portland OR 97225

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

Name of Employer Occupation
Liberty Dialysis LLC Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2011

Transaction ID: SA11AI.5090

Amount of Each Receipt this Period
250.00

Individual contribution

B.

Full Name (Last, First, Middle Initial)
Gary Scher

Mailing Address 2605 Durbin Ct

City State Zip Code
Carmel IN 46032

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

Name of Employer Occupation
Liberty Dialysis LLC Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2011

Transaction ID: SA11AI.5086

Amount of Each Receipt this Period
1000.00

Individual contribution

C.

Full Name (Last, First, Middle Initial)
Eric Shuey

Mailing Address 216 259th Avenue NE

City State Zip Code
Sammamish WA 98074

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

Name of Employer Occupation
Liberty Dialysis Inc. CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2011

Transaction ID: SA11AI.5085

Amount of Each Receipt this Period
5000.00

Individual contribution

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 13 / 20
(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)
James Spafford

Mailing Address 15087 87th Road North

City State Zip Code
Loxahatchee FL 33470

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

Name of Employer Occupation
Renal Care Partners, Inc. VP of Operations and Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2011

Transaction ID: SA11AI.5098

Amount of Each Receipt this Period
500.00

Individual contribution

B.

Full Name (Last, First, Middle Initial)
Michelle Taylor

Mailing Address 52 Orchard Camp Dr

City State Zip Code
Ohiopyle PA 15470

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

Name of Employer Occupation
Liberty Dialysis LLC Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2011

Transaction ID: SA11AI.5094

Amount of Each Receipt this Period
250.00

Individual contribution

C.

Full Name (Last, First, Middle Initial)
Thomas L Weinberg

Mailing Address 7015 Lakewood Blvd

City State Zip Code
Dallas TX 75214

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: SA11AI.5074

Amount of Each Receipt this Period
1000.00

Individual contribution

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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 14 / 20
	(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) Charla Williams		Date of Receipt
	Mailing Address 2800 Mira Vista Ln		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Rockwall	TX	75032
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer U.S. Renal Care, Inc.		Occupation Vice President	Transaction ID: SA11AI.5078
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="750.00"/>	<input type="text" value="750.00"/>
			Individual contribution

B.	Full Name (Last, First, Middle Initial) Joanne Zimmerman		Date of Receipt
	Mailing Address 19 Chelsea Lane		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Carlisle	PA	17015
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer U.S. Renal Care		Occupation Vice President	Transaction ID: SA11AI.5079
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
			Individual contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="33000.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 20
	(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 Council Political Action Committee

A.	Full Name (Last, First, Middle Initial) DAVITA INC POLITICAL ACTION COMMITTEE ('DAVITA')		Date of Receipt
	Mailing Address 21250 Hawthorne Blvd. Suite 800		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Torrance	CA	90503
	FEC ID number of contributing federal political committee.		<input type="text" value="C00340943"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	Transaction ID: SA11C.5096
			Amount of Each Receipt this Period <input type="text" value="5000.00"/>
			Political Committee Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5000.00"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 20	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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) FRIENDS OF KENT CONRAD		Date of Receipt																					
	Mailing Address PO BOX 812		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	1	/	2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3	/	2	1	/	2	0	1	1														
	City State Zip Code BISMARCK ND 58502		Transaction ID: SA16.5104																					
FEC ID number of contributing federal political committee. C C00202754		Amount of Each Receipt this Period 5000.00																						
Name of Employer Occupation		Refunded contribution																						
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00																						

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

A. Form/Schedule : **SA16**

Contribution itemized on 10/15/2010

Transaction ID : **SA16.5104**

**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 18 / 20

<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) BEN CARDIN FOR SENATE	Transaction ID: SB23.5111
	Mailing Address P.O. BOX 21093	Date of Disbursement 05 / 18 / 2011
	City CATONSVILLE State MD Zip Code 21228	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Political contribution	011 Category/ Type
	Candidate Name BENJAMIN L CARDIN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS	Transaction ID: SB23.5114
	Mailing Address P.O. BOX 17813	Date of Disbursement 05 / 25 / 2011
	City RICHMOND State VA Zip Code 23226	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Political contribution	011 Category/ Type
	Candidate Name ERIC CANTOR	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.	Transaction ID: SB23.5119
	Mailing Address PO BOX 80126	Date of Disbursement 03 / 30 / 2011
	City LAFAYETTE State LA Zip Code 70598	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Political contribution	011 Category/ Type
	Candidate Name CHARLES DR. JR. BOUSTANY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2012 <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)

<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) HATCH ELECTION COMMITTEE INC</p> <p>Mailing Address 175 SOUTH 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5117</p> <p>Date of Disbursement 06 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC</p> <p>Mailing Address 175 SOUTH 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: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5118</p> <p>Date of Disbursement 06 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS</p> <p>Mailing Address P.O. BOX 425</p> <p>City ROSWELL State GA Zip Code 30077</p> <p>Purpose of Disbursement Political contribution</p> <p>Candidate Name THOMAS EDMUNDS PRICE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5122</p> <p>Date of Disbursement 03 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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 20 / 20

<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)
ROSKAM FOR CONGRESS COMMITTEE

Transaction ID: SB23.5125

Date of Disbursement

Mailing Address P. O. BOX 713

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	1

City State Zip Code
WHEATON IL 60187

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political contribution

011
Category/ Type

Candidate Name
PETER ROSKAM

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 06

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1950.00
