

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
P.O. 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)

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 2009 through 06 30 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 Susan Renee Murdock

Signature of Treasurer Electronically Filed by Susan Renee Murdock Date 10 15 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									
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FEC FORM 3X
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

Disbursement of \$160.55 payable to Susan Murdock was incorrectly coded as an operating expenditure under 21(a) ii. Expense was corrected and coded under Other Federal Operating Expenditures, 21(b) in this amended report. KCP PAC is not a non-federal PAC.

**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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

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		18843.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	43393.00									
(c) Total Receipts (from Line 19)	13600.00	41650.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	56993.00	60493.00								
7. Total Disbursements (from Line 31)	18160.55	21660.55								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38832.45	38832.45								
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

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)	8200.00	27000.00
(ii) Unitemized	400.00	650.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8600.00	27650.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	14000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13600.00	41650.00
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 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))	13600.00	41650.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13600.00	41650.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	160.55	160.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	160.55	160.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	21500.00
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))..	18160.55	21660.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18160.55	21660.55

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	13600.00	41650.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13600.00	41650.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	160.55	160.55
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	160.55	160.55

**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 / 15
	<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

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) John P Butler	Date of Receipt MM / DD / YYYY 04 / 15 / 2009
	Mailing Address 85 Mosher Lane	Transaction ID: SA11AI.4168
	City State Zip Code Marlborough MA 01752	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	political contribution
	Name of Employer Occupation Genzyme President	
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) Timothy S Callahan	Date of Receipt MM / DD / YYYY 06 / 08 / 2009
	Mailing Address 360 Mt. Kemble Avenue	Transaction ID: SA11AI.4169
	City State Zip Code Morristown NJ 07962	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	political contribution
	Name of Employer Occupation Watson Pharma, Inc. Vice President, Sales & Marketing	
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) Danna Caller	Date of Receipt MM / DD / YYYY 04 / 06 / 2009
	Mailing Address 817 Colston Road	Transaction ID: SA11AI.4180
	City State Zip Code Marietta GA 30064	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	political contribution
	Name of Employer Occupation Abbott Laboratories Director of Advocay and Marketing	
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)	▶	1800.00
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 / 15
	<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)
Timothy G Healey

Mailing Address 20 Leslie Road

City Winchester State MA Zip Code 01890

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

Name of Employer AMAG Pharmaceuticals Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2009

Transaction ID: SA11AI.4175

Amount of Each Receipt this Period 250.00

political contribution

B.

Full Name (Last, First, Middle Initial)
John Jonas

Mailing Address 2550 M Street

City Washington State DC Zip Code 20037

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

Name of Employer Patton Boggs Occupation Senior Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 22 / 2009

Transaction ID: SA11AI.4256

Amount of Each Receipt this Period 1000.00

political contribution

C.

Full Name (Last, First, Middle Initial)
Ed R Jones

Mailing Address One Penn Blvd Suite 112

City Philadelphia State PA Zip Code 19144

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

Name of Employer Self-Employed Practice Occupation Nephrologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 08 / 2009

Transaction ID: SA11AI.4170

Amount of Each Receipt this Period 500.00

political 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 9 / 15
(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. Full Name (Last, First, Middle Initial)
Linda Keegan
 Mailing Address 1238 Pinecrest Circle
 City State Zip Code
 Silver Spring MD 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LDK Associates President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 8 / 2 0 0 9
Transaction ID: SA11AI.4254
 Amount of Each Receipt this Period
 500.00
 political contribution

B. Full Name (Last, First, Middle Initial)
Michael D Klein
 Mailing Address 1425 Willowbrooke Circle
 City State Zip Code
 Franklin TN 37069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Renal Advantage President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 9 / 2 0 0 9
Transaction ID: SA11AI.4167
 Amount of Each Receipt this Period
 1000.00
 political contribution

C. Full Name (Last, First, Middle Initial)
William C Lennox, III
 Mailing Address 3314 Mount Pleasant Street NW
 City State Zip Code
 Washington DC 20010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dialysis Patient Citizens Executive Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 9 / 2 0 0 9
Transaction ID: SA11AI.4174
 Amount of Each Receipt this Period
 250.00
 political 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: (check only one)	PAGE 10 / 15
	<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) Kathy Lester	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 2550 M Street	Transaction ID: SA11AI.4258
	City State Zip Code Washington DC 20037	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	political contribution
Name of Employer Patton Boggs	Occupation Partner	
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) Susan Renee Murdock	Date of Receipt MM / DD / YYYY 06 / 08 / 2009
	Mailing Address 5746 Union Mill Road P.O. Box 160	Transaction ID: SA11AI.4253
	City State Zip Code Clifton VA 20124	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	political contribution
Name of Employer Kidney Care Partners	Occupation Assistant PAC Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Allen R Nissenson	Date of Receipt MM / DD / YYYY 05 / 09 / 2009
	Mailing Address 422 Cascada Way	Transaction ID: SA11AI.4171
	City State Zip Code Los Angeles CA 90049	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	political contribution
Name of Employer DaVita	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 11 / 15
(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. Full Name (Last, First, Middle Initial)
Derrell Porter

Mailing Address 1855 N Bissell Street

City State Zip Code
Chicago IL 60614

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

Name of Employer Occupation
Abbott Laboratories Divisional Vice President/General Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2009

Transaction ID: SA11AI.4182

Amount of Each Receipt this Period
300.00

political contribution

B. Full Name (Last, First, Middle Initial)
John Schmidt

Mailing Address 6210 Randall Court

City State Zip Code
Alexandria VA 22307

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

Name of Employer Occupation
Schmidt Public Affiars President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: SA11AI.4243

Amount of Each Receipt this Period
600.00

political contribution

C. Full Name (Last, First, Middle Initial)
Todd Tuten

Mailing Address 2550 M Street

City State Zip Code
Washington DC 20037

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

Name of Employer Occupation
Patton Boggs Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: SA11AI.4260

Amount of Each Receipt this Period
250.00

political contribution

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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 / 15	
	(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"/> 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) Lu Zawistowich		Date of Receipt	
	Mailing Address 2550 M Street		M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.4262
	Washington	DC	20037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	250.00
	Name of Employer Patton Boggs		Occupation Partner	political contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	250.00	

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	8200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 15
	(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) RENAL PHYSICIANS ASSOCIATION PAC RPA PAC		Date of Receipt
	Mailing Address 1700 ROCKVILLE PIKE SUITE 220		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	ROCKVILLE	MD	20852
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.4164
	<input type="text" value="C"/> <input type="text" value="C00409391"/>		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text" value="5000.00"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Political Contribution	
Aggregate Year-to-Date ▼		<input type="text" value="5000.00"/>	

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 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

A.	Full Name (Last, First, Middle Initial) CARPER FOR SENATE		Transaction ID: SB23.4139
	Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR		Date of Disbursement MM / DD / YYYY 06 / 24 / 2009
	City NEW CASTLE	State DE	Zip Code 19720
	Purpose of Disbursement KCP PAC Political Contribution		Amount of Each Disbursement this Period 5000.00
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

B.	Full Name (Last, First, Middle Initial) DAVIS FOR CONGRESS/FRIENDS OF DAVIS		Transaction ID: SB23.4131
	Mailing Address 5956 W. Race Avenue		Date of Disbursement MM / DD / YYYY 04 / 21 / 2009
	City Chicago	State IL	Zip Code 60644
	Purpose of Disbursement KCP Political Contribution		Amount of Each Disbursement this Period 4000.00
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

C.	Full Name (Last, First, Middle Initial) ORRINPAC		Transaction ID: SB23.4135
	Mailing Address 175 S. WEST TEMPLE, SUITE 650		Date of Disbursement MM / DD / YYYY 06 / 01 / 2009
	City SALT LAKE CITY	State UT	Zip Code 84101
	Purpose of Disbursement KCP PAC Political Contribution		Amount of Each Disbursement this Period 4000.00
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional)	13000.00
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 Partners Political Action Committee

A.

Full Name (Last, First, Middle Initial)
YARMUTH FOR CONGRESS

Transaction ID: SB23.4133

Date of Disbursement

Mailing Address 1819 Brownsboro Road
Suite 100

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	9

City State Zip Code
Louisville KY 40202

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
KCP PAC Political Contribution

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

18000.00
