

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

American Nephrology Council, Inc. Political Action Committee (ANC PAC)

ADDRESS (number and street)

900 7th Street NW

(Check if address is changed)

Suite 670

Washington

DC

20001

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

membership@nephrologycouncil.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

866-546-7169

2. DATE

MM / DD / YYYY  
06 / 04 / 2008

3. FEC IDENTIFICATION NUMBER

C C00438689

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

William C. Lennox

Signature of Treasurer

Electronically Filed by William C. Lennox

Date

MM / DD / YYYY  
06 / 04 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 12/2007)

5. TYPE OF COMMITTEE (Check One)

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- 1. \_\_\_\_\_ FEC ID number **C**
- 2. \_\_\_\_\_ FEC ID number **C**
- 3. \_\_\_\_\_ FEC ID number **C**
- 4. \_\_\_\_\_ FEC ID number **C**
- 5. \_\_\_\_\_ FEC ID number **C**

Write or Type Committee Name

**American Nephrology Council, Inc. Political Action Committee (ANC PAC)**

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

**American Nephrology Council, Inc.**

Mailing Address **900 7th Street NW**  
**Suite 680**  
**Washington DC 20001**  
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship:

Connected Organization  Affiliated Committee  Leadership PAC Sponsor  Joint Fundraising Representative

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
\_\_\_\_\_  
Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **William C. Lennox**  
Mailing Address **900 7th Street NW**  
**Suite 670**  
**Washington DC 20001**  
Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**Treasurer** Telephone number **202** - **457** - **1915**

Full Name of Designated Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

1685 Grant Street

Bldg. A, 10th Floor

Concord

CA

94520

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

**Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative**

[ ADDITIONAL ]

DaVita, Inc. Political Action Committee

Mailing Address

601 Hawaii Street

El Segundo

CA

90245

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

**Designated Agent**

[ ADDITIONAL ]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

**Joint Fundraiser Participant**

[ ADDITIONAL ]

FEC ID number

C

Image# 28992240531

Form/Schedule: **F1A**

Amended to change PAC address.

Transaction ID:

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