

RECEIVED  
FEC MAIL ROOM  
2008 JAN 31 A 10:46



January 28, 2008

Sue Lang Panoke, FEC Analyst  
Federal Elections Commission  
999 E. Street N.W.  
Washington, DC 20463

Reference: KCP PAC Year-End Report

Please accept the following year-end report from the Kidney Care Partners Political Action Committee (KCP PAC).

Sincerely,

A handwritten signature in black ink that reads "Susan R. Murdock". The signature is written in a cursive style with a large initial "S" and "M".

Susan R. Murdock  
KCP PAC Assistant Treasurer and Administrator

28039611538

2008 JAN 31 A 10:46

**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 POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 5746 UNION MILL ROAD  
SUITE 160  
Check if different than previously reported. (ACC) CLIFTON VA 20124

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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 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 ' 2007 through 12 ' 31 ' 2007

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 R. Muddock  
Signature of Treasurer Susan R. Muddock Date 01 ' 22 ' 2008

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									
-----------------	--	--	--	--	--	--	--	--	--

28039611539

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

*Kidney Care Partners Political Action Committee*

Report Covering the Period:

From:

*07 ' 01 ' 2007*

To:

*12 ' 31 ' 2007*

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2007</i>		0
(b) Cash on Hand at Beginning of Reporting Period.....	<i>17,953.50</i>	
(c) Total Receipts (from Line 19).....	<i>4,350.00</i>	<i>33,470.50</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<i>22,303.50</i>	<i>33,470.50</i>
7. Total Disbursements (from Line 31).....	<i>13,000.00</i>	<i>24,167.00</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<i>9,303.50</i>	<i>9,303.50</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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

28039611540

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

*Kidney Care Partners Political Action Committee*

Report Covering the Period:

From:

*07 ' 01 ' 2007*

To:

*12 ' 31 ' 2007*

**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).....

*1,350.00*

*24,470.50*

(ii) Unitemized.....

*0*

*0*

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

*1,350.00*

*24,470.50*

(b) Political Party Committees.....

*0*

*0*

(c) Other Political Committees (such as PACs).....

*3,000.00*

*9,000.00*

(d) Total Contributions (add Lines 11(a)(i), (ii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

*4,350.00*

*33,470.50*

12. Transfers From Affiliated/Other Party Committees.....

*0*

*0*

13. All Loans Received.....

*0*

*0*

14. Loan Repayments Received.....

*0*

*0*

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

*0*

*0*

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

*0*

*0*

17. Other Federal Receipts (Dividends, Interest, etc.).....

*0*

*0*

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

*0*

*0*

(b) Levin Funds (from Schedule H5).....

*0*

*0*

(c) Total Transfers (add 18(a) and 18(b))..

*0*

*0*

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

*4,350.00*

*33,470.50*

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

*4,350.00*

*33,470.50*

28039611541

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	0	60.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	60.00
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10,500.00	21,607.00
24. Independent Expenditures (use Schedule E).....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	2,500.00	2,500.00
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2,500.00	2,500.00
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13,000.00	24,167.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13,000.00	24,167.00

28039611542

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	4,350.00	33,470.50
34. Total Contribution Refunds (from Line 28(d)) .....	2,500.00	2,500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1,850.00	30,970.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0	60.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	60.00

28039611543

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 1 OF 3	
	<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)  
*Michael, Maureen*

Mailing Address  
*14126 Mailer Boulevard*

City *Orlando* State *FL* Zip Code *32828*

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

Name of Employer  
*Central Florida Kidney* Occupation *Administrator*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
*200.00*

Date of Receipt  
*10 12 2007*

Amount of Each Receipt this Period  
*200.00*

B. Full Name (Last, First, Middle Initial)  
*Bodin, Sandra M.*

Mailing Address  
*3 Bridgerview Drive*

City *Superior* State *WI* Zip Code *54880*

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

Name of Employer  
Occupation *Nurse*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
*250.00*

Date of Receipt  
*07 07 2007*

Amount of Each Receipt this Period  
*250.00*

C. Full Name (Last, First, Middle Initial)  
*Chow, Marc*

Mailing Address  
*102 Walti Street*

City *Santa Cruz* State *CA* Zip Code *95060*

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

Name of Employer  
*Satellite Healthcare* Occupation *Director, Government Affairs*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
*50.00*

Date of Receipt  
*07 16 2007*

Amount of Each Receipt this Period  
*50.00*

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

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

*500.00*

*500.00*

28039611544

**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 2 OF 3

<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*

Full Name (Last, First, Middle Initial)

A. *Burke, Mark*

Mailing Address

*14170 Woodview Lane*

City

*Saratoga*

State

*CA*

Zip Code

*95070*

FEC ID number of contributing federal political committee.

*C*

Date of Receipt

*07 / 11 / 2007*

Amount of Each Receipt this Period

*250.00*

Name of Employer

*Satellite Healthcare*

Occupation

*Chief Operating Officer*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*250.00*

Full Name (Last, First, Middle Initial)

B. *Hamlett, Sarah*

Mailing Address

*616 E. Street NW # 919*

City

*Washington*

State

*DC*

Zip Code

*20004*

FEC ID number of contributing federal political committee.

*C*

Date of Receipt

*08 / 02 / 2007*

Amount of Each Receipt this Period

*50.00*

Name of Employer

*Davita*

Occupation

*Government Affairs*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*50.00*

Full Name (Last, First, Middle Initial)

C. *Penbury, Shannon*

Mailing Address

*1501 K Street NW Suite 375*

City

*Washington*

State

*DC*

Zip Code

*20008*

FEC ID number of contributing federal political committee.

*C*

Date of Receipt

*09 / 28 / 2007*

Amount of Each Receipt this Period

*100.00*

Name of Employer

*Baxter Healthcare*

Occupation

*Lobbyist*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*100.00*

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

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

*400.00*  
*900.00*

28039611545



**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 **3** OF **3**

<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) *Smedberg, Paul*

Mailing Address *1725 I Street NW, Suite 510*

City *Washington* State *DC* Zip Code *20006*

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

Date of Receipt *09 ' 20 ' 2007*

Amount of Each Receipt this Period *100.00*

Name of Employer *American Society of Nephrology* Occupation *Government Affairs*

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date *100.00*

**B.** Full Name (Last, First, Middle Initial) *Lennox, Chad*

Mailing Address *1010 S. Carolina Avenue SE, Apt. 2*

City *Washington* State *DC* Zip Code *20003*

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

Date of Receipt *09 ' 18 ' 2007*

Amount of Each Receipt this Period *100.00*

Name of Employer *Davita Patient Citizens* Occupation *Executive Director*

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date *100.00*

**C.** Full Name (Last, First, Middle Initial) *Dyson, Stephanie*

Mailing Address *1155 15th Street NW, Suite 1100*

City *Washington* State *DC* Zip Code *20005*

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

Date of Receipt *09 ' 20 ' 2007*

Amount of Each Receipt this Period *50.00*

Name of Employer *Davita* Occupation *Government Affairs*

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date *50.00*

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

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

*250.00*

*1150.00*

28039611548

**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 4 OF 4

<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

Full Name (Last, First, Middle Initial) <b>A. <u>Lawistowich, Lu</u></b>		Date of Receipt <u>07 '06 '2007</u>
Mailing Address <u>147 N. Carolina Avenue S.E.</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>Washington</u>	State <u>DC</u> Zip Code	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>200.00</u>
Name of Employer <u>Patton Biggs</u>	Occupation <u>Health Care Consultant</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>200.00</u>	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	<u>200.00</u>
TOTAL This Period (last page this line number only).....▶	<u>1,350.00</u>

28039611547

**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	OF
	<input type="checkbox"/> 11a	<input checked="" 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)  
*Fresenius Medical Care NA PAC*

Mailing Address  
*1501 M. Street NW 7th Floor*

City *Washington* State *DC* Zip Code *20005*

FEC ID number of contributing federal political committee.  
*C 00401299*

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
*1,000.00*

Date of Receipt  
*07' 06' 2007*

Amount of Each Receipt this Period  
*1,000.00*

B. Full Name (Last, First, Middle Initial)  
*Watson Pharma PAC*

Mailing Address  
*311 Bonnie Circle*

City *Conora* State *CA* Zip Code *92880*

FEC ID number of contributing federal political committee.  
*C 00391086*

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
*1,000.00*

Date of Receipt  
*07' 13' 2007*

Amount of Each Receipt this Period  
*1,000.00*

C. Full Name (Last, First, Middle Initial)  
*Fresenius Medical Care NA PAC*

Mailing Address  
*1501 M. Street NW 7th Floor*

City *Washington* State *DC* Zip Code *20005*

FEC ID number of contributing federal political committee.  
*C 00401299*

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
*2,000.00*

Date of Receipt

Amount of Each Receipt this Period  
*1,000.00*

SUBTOTAL of Receipts This Page (optional) ..... ▶ *3,000.00*

TOTAL This Period (last page this line number only) ..... ▶ *3,000.00*

28039611548

**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 1 OF 3

<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*

Full Name (Last, First, Middle Initial)

A. <i>John Lewis for Congress</i>		Date of Disbursement
Mailing Address <i>303 Peachtree Street NE Ste 5300</i>		<i>07 18 2007</i>
City <i>Atlanta</i>	State <i>GA</i>	Amount of Each Disbursement this Period
Zip Code <i>30308</i>		
Purpose of Disbursement <i>political contribution</i>		, <i>2,000.00</i>
Candidate Name <i>John Lewis</i>		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State: <i>GA</i>	District:	

B. <i>Friends of Gordon Smith</i>		Date of Disbursement
Mailing Address <i>228 S. Washington Street</i>		<i>09 20 2007</i>
City <i>Alexandria</i>	State <i>VA</i>	Amount of Each Disbursement this Period
Zip Code <i>22314</i>		
Purpose of Disbursement <i>political contribution</i>		, <i>2,300.00</i>
Candidate Name <i>Gordon Smith</i>		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: <i>OR</i>	District:	

C. <i>Friends of Gordon Smith</i>		Date of Disbursement
Mailing Address <i>228 S. Washington Street</i>		<i>09 20 2007</i>
City <i>Alexandria</i>	State <i>VA</i>	Amount of Each Disbursement this Period
Zip Code <i>22314</i>		
Purpose of Disbursement <i>political contribution</i>		, <i>700.00</i>
Candidate Name <i>Gordon Smith</i>		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: <i>OR</i>	District:	

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

, *5,000.00*

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

, *5,000.00*

28039611549

**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 2 OF 3

<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

Full Name (Last, First, Middle Initial) <u>Donna Christensen Campaign</u>		Date of Disbursement <u>07 ' 20 ' 2007</u>
Mailing Address <u>P.O. Box 5197</u>		
City <u>St. Croix</u>	State <u>VI</u>	Zip Code <u>00823</u>
Purpose of Disbursement <u>Political Contribution</u>		Amount of Each Disbursement this Period <u>500.00</u>
Candidate Name <u>Donna Christensen</u>		Category/ Type <u>011</u>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <u>VI</u>	District:	

Full Name (Last, First, Middle Initial) <u>Kendrick Meek for Congress</u>		Date of Disbursement <u>07 ' 18 ' 2007</u>
Mailing Address <u>111 NW 183rd Street Suite 325</u>		
City <u>Miami, FL</u>	State <u>FL</u>	Zip Code <u>33169</u>
Purpose of Disbursement <u>Political Contribution</u>		Amount of Each Disbursement this Period <u>2,000.00</u>
Candidate Name <u>Kendrick Meek</u>		Category/ Type <u>011</u>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <u>FL</u>	District:	

Full Name (Last, First, Middle Initial) <u>Pete Stark Re-Election Committee</u>		Date of Disbursement <u>10 ' 29 ' 2007</u>
Mailing Address <u>P.O. Box 8331</u>		
City <u>Fremont</u>	State <u>CA</u>	Zip Code <u>94537</u>
Purpose of Disbursement <u>Political Contribution</u>		Amount of Each Disbursement this Period <u>1,000.00</u>
Candidate Name <u>Pete Stark</u>		Category/ Type <u>011</u>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <u>CA</u>	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	<u>3,500.00</u>
TOTAL This Period (last page this line number only).....▶	<u>8,500.00</u>

28039611550

**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 <u>3</u> OF <u>3</u>
	<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**

Full Name (Last, First, Middle Initial) <b>A. Rangel for Congress</b>		Date of Disbursement <b>12 ' 12 ' 2007</b>
Mailing Address <b>P.O. Box 5577</b>		
City <b>Manhattanville Station</b>	State <b>NY</b>	Zip Code <b>10027</b>
Purpose of Disbursement <b>political contribution</b>	Candidate Name <b>Charles Rangel</b>	Amount of Each Disbursement this Period <b>1,000.00</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <b>011</b>
State: <b>NY</b>	District:	

Full Name (Last, First, Middle Initial) <b>B. Friends of Kent Connad</b>		Date of Disbursement <b>09 ' 20 ' 2007</b>
Mailing Address <b>P.O. Box 812</b>		
City <b>Bismack</b>	State <b>ND</b>	Zip Code <b>58502</b>
Purpose of Disbursement <b>political contribution</b>	Candidate Name <b>Kent Connad</b>	Amount of Each Disbursement this Period <b>1,000.00</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <b>011</b>
State: <b>ND</b>	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	<b>2,000.00</b>
TOTAL This Period (last page this line number only).....▶	<b>10,500.00</b>

28039611551

**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	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input checked="" type="checkbox"/> 27	<input checked="" 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*

Full Name (Last, First, Middle Initial) <b>A. Kansas Dialysis Services</b>		Date of Disbursement <i>07 ' 16 ' 2007</i>	
Mailing Address <i>634 Mulvane #300</i>		Amount of Each Disbursement this Period <i>2,500.00</i>	
City <i>Topeka</i>	State <i>KC</i>		Zip Code <i>66606</i>
Purpose of Disbursement <i>Refund</i>			Category/ Type <i>010</i>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Refund</i>		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period ,	
City	State		Zip Code
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period ,	
City	State		Zip Code
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....▶	<i>2,500.00</i>
TOTAL This Period (last page this line number only).....▶	<i>2,500.00</i>

28039611552

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Ex* Shipping Date  
*1/30/08*  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*Jms*  
 PREPARER

*1/31/08*  
 DATE PREPARED

28039611553