

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Kidney Care Partners Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="24320.58"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="24320.58"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7300.00"/>	<input type="text" value="7300.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="31620.58"/>	<input type="text" value="31620.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11545.00"/>	<input type="text" value="11545.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20075.58"/>	<input type="text" value="20075.58"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	7250.00	7250.00
(ii) Unitemized	50.00	50.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7300.00	7300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7300.00	7300.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	7300.00	7300.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7300.00	7300.00

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	45.00	45.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	45.00	45.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	11500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11545.00	11545.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11545.00	11545.00

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)	7300.00	7300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7300.00	7300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	45.00	45.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	45.00	45.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9
	<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	<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. Hrant Jamgochian
Full Name (Last, First, Middle Initial)

Mailing Address 6010 Ryland Drive

City Bethesda State MD Zip Code 20817

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

Name of Employer Dialysis Patient Citizens Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2016
Transaction ID : SA11AI.4876

Amount of Each Receipt this Period 500.00

Memo Item political contribution

B. Darren Lehigh
Full Name (Last, First, Middle Initial)

Mailing Address 500 Cummings Center Suite 650

City Beverly State MA Zip Code 01915

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

Name of Employer American Renal Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2016
Transaction ID : SA11AI.4882

Amount of Each Receipt this Period 500.00

Memo Item political contribution

C. Kathleen Lester
Full Name (Last, First, Middle Initial)

Mailing Address 601 13th Street NW 11th Floor

City Washington State DC Zip Code 20005

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

Name of Employer Lester Helath Law PLLC Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2016
Transaction ID : SA11AI.4874

Amount of Each Receipt this Period 500.00

Memo Item political contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 9
	<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. Franklin W Maddux
 Full Name (Last, First, Middle Initial)
 Mailing Address 69 Weston Road
 City Lincoln State MA Zip Code 01773
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care Occupation Chief Medical Officer and Executive VP
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2500.00

Date of Receipt 03 / 14 / 2016
Transaction ID : SA11AI.4886
 Amount of Each Receipt this Period 2500.00
 Memo Item political contribution

B. Lisa McGonigal
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Sunset Circle
 City Woodbridge State CT Zip Code 06525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Physician Consultant
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 09 / 2016
Transaction ID : SA11AI.4881
 Amount of Each Receipt this Period 250.00
 Memo Item political contribution

C. Dr. Robyn Y. Nishimi
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 L Street
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Consultant
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 09 / 2016
Transaction ID : SA11AI.4878
 Amount of Each Receipt this Period 500.00
 Memo Item political 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Allen R Nissenson
 Full Name (Last, First, Middle Initial)
 Mailing Address 422 Cascada Way
 City Los Angeles State CA Zip Code 90049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DaVita Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 09 / 2016**
Transaction ID : SA11AI.4879
 Amount of Each Receipt this Period **1000.00**
 Memo Item political contribution

B. Gail Wick
 Full Name (Last, First, Middle Initial)
 Mailing Address 5420 New Wellington Close
 City Atlanta State GA Zip Code 30327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Nurse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 09 / 2016**
Transaction ID : SA11AI.4880
 Amount of Each Receipt this Period **1000.00**
 Memo Item political contribution

C. LeAnne Zumwalt
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Ascot Road
 City Hillsborough State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DaVita Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 09 / 2016**
Transaction ID : SA11AI.4877
 Amount of Each Receipt this Period **500.00**
 Memo Item political contribution

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	7250.00

**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

Full Name (Last, First, Middle Initial)

A. Bennett for Colorado

Mailing Address PO BOX 3078

City DENVER State CO Zip Code 80201

Purpose of Disbursement
political contribution

011

Candidate Name

Bennett for Colorado

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2016

Transaction ID : SB23.4894

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KYRSTEN SINEMA FOR CONGRESS

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement
political contribution

011

Candidate Name

KYRSTEN SINEMA FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2016

Transaction ID : SB23.4891

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS

Mailing Address 2931 E DUBLIN GRANVILLE ROAD
SUITE 190

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement
political contribution

011

Candidate Name

TIBERI FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2016

Transaction ID : SB23.4888

Amount of Each Disbursement this Period

5000.00

Memo Item

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

11500.00

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

11500.00
