



**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="2012"/>		26567.76
(b) Cash on Hand at Beginning of Reporting Period.....	30087.76	
(c) Total Receipts (from Line 19) .....	15330.00	42850.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	45417.76	69417.76
7. Total Disbursements (from Line 31).....	21000.00	45000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	24417.76	24417.76
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

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).....	2330.00	20650.00
(ii) Unitemized .....	0.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2330.00	20850.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	13000.00	22000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	15330.00	42850.00
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))..... ▶	15330.00	42850.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15330.00	42850.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	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.....	21000.00	45000.00
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)) ..	21000.00	45000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21000.00	45000.00

**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) .....	15330.00	42850.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15330.00	42850.00
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 OF 11  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Andrew Blair**

Mailing Address 3 Union Park No. 3

City State Zip Code  
 Boston MA 02118

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

Name of Employer Occupation  
 Affymax Vice President Medical Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 08 / 15 / 2012  
**Transaction ID : SA11AI.4562**

Amount of Each Receipt this Period  
 250.00

contribution

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

Mailing Address 102 Walti Street

City State Zip Code  
 Santa Cruz CA 95060

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

Name of Employer Occupation  
 Satellite Healthcare Director Government Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 09 / 11 / 2012  
**Transaction ID : SA11AI.4564**

Amount of Each Receipt this Period  
 330.00

contribution

Full Name (Last, First, Middle Initial)  
**C. Herb Cross**

Mailing Address 16522 Farley Road

City State Zip Code  
 Los Gatos CA 95032

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

Name of Employer Occupation  
 Affymax Chief Financial Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 08 / 16 / 2012  
**Transaction ID : SA11AI.4560**

Amount of Each Receipt this Period  
 500.00

contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1080.00

**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 11
<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 Partners Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Mark Dizon</b>		Date of Receipt MM / DD / YYYY 08 / 30 / 2012 <b>Transaction ID : SA11AI.4554</b>
Mailing Address 20 Palermo Street		Amount of Each Receipt this Period 300.00 contribution
City Cambridge	State MA	Zip Code 02141
FEC ID number of contributing federal political committee. C	Name of Employer Affymax	
Occupation Chief Compliance Officer		Aggregate Year-to-Date ▼ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Anne-Marie Duliege</b>		Date of Receipt MM / DD / YYYY 08 / 03 / 2012 <b>Transaction ID : SA11AI.4558</b>
Mailing Address 770 Seale Avenue		Amount of Each Receipt this Period 400.00 contribution
City Palo Alto	State CA	Zip Code 94303
FEC ID number of contributing federal political committee. C	Name of Employer Affymax	
Occupation Chief Medical Officer		Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kay Slocum</b>		Date of Receipt MM / DD / YYYY 08 / 03 / 2012 <b>Transaction ID : SA11AI.4556</b>
Mailing Address 1259 Hoover Street		Amount of Each Receipt this Period 300.00 contribution
City Menlo Park	State IL	Zip Code 94025
FEC ID number of contributing federal political committee. C	Name of Employer Affymax	
Occupation Senior Vice President Human Resources		Aggregate Year-to-Date ▼ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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 OF 11  
(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)  
**Paul Smedberg**

Mailing Address 726 Potomac Street

City State Zip Code  
 Alexandria VA 22314

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

Name of Employer Occupation  
 Affymax Director Government Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : SA11AI.4565**

Amount of Each Receipt this Period  
 250.00

contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2330.00



**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 9 OF 11
<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**

Full Name (Last, First, Middle Initial)  
**A. FRESENIUS MEDICAL CARE NORTH AMERICA PAC**

Mailing Address 801 Pennsylvania Avenue, NW  
Suite 255

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00401299

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
08 / 02 / 2012  
**Transaction ID : SA11C.4569**

Amount of Each Receipt this Period  
5000.00  
contribution

Full Name (Last, First, Middle Initial)  
**B. RENAL PHYSICIANS ASSOCIATION PAC RPA PAC**

Mailing Address 1700 ROCKVILLE PIKE SUITE 220

City ROCKVILLE State MD Zip Code 20852

FEC ID number of contributing federal political committee. **C** C00409391

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
08 / 16 / 2012  
**Transaction ID : SA11C.4570**

Amount of Each Receipt this Period  
5000.00  
contribution

Full Name (Last, First, Middle Initial)  
**C. WATSON PHARMACEUTICALS INC EMPLOYEES POLITICAL ACTION COMMITTEE AKA WATSON EMPLOYEE PAC**

Mailing Address 311 BONNIE CIRCLE

City CORONA State CA Zip Code 92880

FEC ID number of contributing federal political committee. **C** C00391086

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
09 / 26 / 2012  
**Transaction ID : SA11C.4568**

Amount of Each Receipt this Period  
3000.00  
contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	13000.00
<b>TOTAL</b> This Period (last page this line number only).....	13000.00

**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. BECERRA FOR CONGRESS**

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement  
political contribution

011

Candidate Name

**XAVIER BECERRA**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

**Transaction ID : SB23.4604**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. BERKLEY FOR SENATE**

Mailing Address 3077 E WARM SPRINGS RD SUITE 300

City LAS VEGAS State NV Zip Code 89120

Purpose of Disbursement  
political contribution

011

Candidate Name

**BERKLEY FOR SENATE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	2

**Transaction ID : SB23.4571**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. DAVE CAMP FOR CONGRESS**

Mailing Address 5915 EASTMAN AVENUE  
SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement  
political contribution

011

Candidate Name

**DAVE CAMP FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	2

**Transaction ID : SB23.4572**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	3	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	3	0	0	0	0	0	0	0	0
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**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. FREEDOM FUND**

Mailing Address 701 8TH STREET, NW  
SUITE 500

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
contribution

011

Candidate Name

**MICHAEL D CRAPO**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: ID District: 00

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2012

Transaction ID : **SB23.4600**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SHERROD BROWN**

Mailing Address PO BOX 76187

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
political contribution

011

Candidate Name

**FRIENDS OF SHERROD BROWN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

Transaction ID : **SB23.4582**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. LEADERSHIP OF TODAY AND TOMORROW**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
contribution

011

Candidate Name

**XAVIER BECERRA**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

Transaction ID : **SB23.4598**

Amount of Each Disbursement this Period

2000.00

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

8000.00

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

21000.00