

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER 2008 APR 15 AM 9:54

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

KIDNEY CARE PARTNERS POLITICAL ACTION Committee

ADDRESS (number and street)

5746 UNION MILL ROAD

SUITE 160

Check if different than previously reported. (ACC)

CLIFTON

VA

2012

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

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 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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), 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 2008 through 03 31 2008

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. Murdock

Signature of Treasurer Susan R. Murdock

Date 04 14 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.

Table with 10 columns for Office Use Only

FEC FORM 3X Rev. 12/2004

28039683966

**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:

01 ' 01 ' 2008

To:

03 ' 31 ' 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2008	9,303.50	9,303.50
(b) Cash on Hand at Beginning of Reporting Period	9,303.50	
(c) Total Receipts (from Line 19)	20,200.90	20,200.90
(d) Subtotal (add Lines 6(b) and 6(e) for Column A and Lines 6(a) and 6(c) for Column B)	29,503.50	29,503.50
7. Total Disbursements (from Line 31)	5,115.50	5,115.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24,388.00	24,388.00
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

28039683967

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: *01 ' 01 ' 2008* To: *03 ' 31 ' 2008*

28039683968

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).....	<i>13,200.00</i>	<i>13,200.00</i>
(ii) Unitemized.....	<i>0</i>	<i>0</i>
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	<i>13,200.00</i>	<i>13,200.00</i>
(b) Political Party Committees.....	<i>0</i>	<i>0</i>
(c) Other Political Committees (such as PACs).....	<i>7,000.00</i>	<i>7,000.00</i>
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	<i>20,200.00</i>	<i>20,200.00</i>
12. Transfers From Affiliated/Other Party Committees.....	<i>0</i>	<i>0</i>
13. All Loans Received.....	<i>0</i>	<i>0</i>
14. Loan Repayments Received.....	<i>0</i>	<i>0</i>
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	<i>0</i>	<i>0</i>
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	<i>0</i>	<i>0</i>
17. Other Federal Receipts (Dividends, Interest, etc.).....	<i>0</i>	<i>0</i>
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	<i>0</i>	<i>0</i>
(b) Levin Funds (from Schedule H5).....	<i>0</i>	<i>0</i>
(c) Total Transfers (add 18(a) and 18(b))..	<i>0</i>	<i>0</i>
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	<i>20,200.00</i>	<i>20,200.00</i>
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	<i>0</i>	<i>0</i>

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	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	115.50	115.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	115.50	115.50
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,000.00	5,000.00
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	0	0
(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))	0	0
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)) ..	5,115.50	5,115.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5,115.50	5,115.50

28039683969

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)	20,200.00	20,200.80
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20,200.00	20,200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	115.50	115.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	115.50	115.50

28039683970

**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 1 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)

A. *Burton, Lavanne*

Mailing Address

4296 Buckskin Lake Drive

City

Ellicott City

State

MD

Zip Code

20142

FEC ID number of contributing federal political committee.

C

Date of Receipt

03 ' 03 ' 2008

Amount of Each Receipt this Period

250.00

Name of Employer

American Kidney Fund

Occupation

CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Full Name (Last, First, Middle Initial)

B. *Chianchiano, Dolph*

Mailing Address

152 East 94th Street, Apt. 6F

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing federal political committee.

C

Date of Receipt

03 ' 03 ' 2008

Amount of Each Receipt this Period

100.00

Name of Employer

National Kidney Foundation

Occupation

Attorney

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Full Name (Last, First, Middle Initial)

C. *Lipps, Ben*

Mailing Address

3333 West Coast Highway #300

City

Newport Beach

State

CA

Zip Code

92663

FEC ID number of contributing federal political committee.

C

Date of Receipt

03 ' 11 ' 2008

Amount of Each Receipt this Period

5,000.00

Name of Employer

Fresenius Medical Care

Occupation

CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5,000.00

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

5,350.00

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

5,350.00

28039683971

**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)
 11a 11b 11c 12
 13 14 15 16 17
 PAGE 2 OF 4

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)
Dyson, Stephanie
 Mailing Address
10004 Palette Court
 City *Clinton* State *MD* Zip Code *20735*
 FEC ID number of contributing federal political committee. *C*
 Name of Employer *Davita, Inc.* Occupation *Vice President*
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date *250.00*

Date of Receipt
03 ' 11 ' 2008
 Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Thiry, Kent
 Mailing Address
618 Mountainside Road
 City *Woodside* State *CA* Zip Code *94062*
 FEC ID number of contributing federal political committee. *C*
 Name of Employer *Davita, Inc.* Occupation *CEO*
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date *5,000.00*

Date of Receipt
03 ' 12 ' 2008
 Amount of Each Receipt this Period
5,000.00

C. Full Name (Last, First, Middle Initial)
Jackson, Joyce
 Mailing Address
6585 NE Windermere Road
 City *Seattle* State *WA* Zip Code *98105*
 FEC ID number of contributing federal political committee. *C*
 Name of Employer *Northwest Kidney Centus* Occupation *President & CEO*
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date *250.00*

Date of Receipt
03 ' 17 ' 2008
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) *5,500.00*
 TOTAL This Period (last page this line number only) *10,850.00*

28039683972

**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 <u>3</u> OF <u>4</u>
	<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) <i>Kurnik, Brenda</i>		Date of Receipt <i>03 ' 17 ' 2008</i>
Mailing Address <i>56 Palmer Drive</i>		Amount of Each Receipt this Period <i>1,000.00</i>
City <i>MOONSTOWN</i>	State <i>NJ</i> Zip Code <i>08057</i>	
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer <i>DSI</i>	Occupation <i>Nephrologist</i>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date <i>1,000.00</i>	

B. Full Name (Last, First, Middle Initial) <i>Lennox, Chad</i>		Date of Receipt <i>03 ' 19 ' 2008</i>
Mailing Address <i>3714 Mt. Pleasant NW # 33</i>		Amount of Each Receipt this Period <i>100.00</i>
City <i>Washington</i>	State <i>DC</i> Zip Code <i>20010</i>	
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer <i>Davita Patient Citizens</i>	Occupation <i>Executive Director</i>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date <i>100.00</i>	

C. Full Name (Last, First, Middle Initial) <i>Wick, Gail</i>		Date of Receipt <i>03 ' 20 ' 2008</i>
Mailing Address <i>5420 New Wellington Close</i>		Amount of Each Receipt this Period <i>500.00</i>
City <i>Atlanta</i>	State <i>GA</i> Zip Code <i>30327</i>	
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer <i>ANNA</i>	Occupation <i>Nurse</i>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date <i>500.00</i>	

SUBTOTAL of Receipts This Page (optional).....	<i>1,600.00</i>
TOTAL This Period (last page this line number only).....	<i>12,450.00</i>

28039683973

**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

A. Full Name (Last, First, Middle Initial) Crawford, John		Date of Receipt 03 ' 29 ' 2008
Mailing Address 1155 East Park Drive, Suite 300		Amount of Each Receipt this Period 500.00
City Burtwood	State Zip Code TN 37027	
FEC ID number of contributing federal political committee. C		
Name of Employer Renal Advantage	Occupation CFD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Zumwalt, LeAnne		Date of Receipt 03 ' 25 ' 2008
Mailing Address 310 Ascot Road		Amount of Each Receipt this Period 250.00
City Hillsborough	State Zip Code CA 94010	
FEC ID number of contributing federal political committee. C		
Name of Employer DaVita, Inc.	Occupation Vice President	
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)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
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).....▶	750.00
TOTAL This Period (last page this line number only).....▶	13,200.00

28039683974

**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 1 OF 1
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15

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) Renal Physicians Association PAC		Date of Receipt 02' 26' 2008
Mailing Address 1700 Rockville Pike, Suite 220		Amount of Each Receipt this Period 5,000.00
City Rockville	State MD	
FEC ID number of contributing federal political committee C000409391		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5,000.00	

B. Full Name (Last, First, Middle Initial) Abbott Laboratories Employee PAC		Date of Receipt 03' 28' 2008
Mailing Address 100 Abbott Park Road		Amount of Each Receipt this Period 2,000.00
City Abbott Park	State IL	
FEC ID number of contributing federal political committee C00040279		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2,000.00	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee		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).....▶	7,000.00
TOTAL This Period (last page this line number only).....▶	7,000.00

28039683975

**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 1

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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>Parcel Plus</i>		Date of Disbursement
Mailing Address <i>5746 Union Mill Road</i>		<i>02/28/2008</i>
City <i>Clifton</i>	State <i>VA</i>	Zip Code <i>20124</i>
Purpose of Disbursement <i>postage</i>	Candidate Name	Amount of Each Disbursement this Period <i>85.50</i>
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 <i>001</i>
State: _____	District: _____	

B. <i>Bank of America</i>		Date of Disbursement
Mailing Address <i>14122 Lee Highway</i>		<i>01/23/2008</i>
City <i>Centreville</i>	State <i>VA</i>	Zip Code <i>20120</i>
Purpose of Disbursement <i>Bank Fee</i>	Candidate Name	Amount of Each Disbursement this Period <i>30.00</i>
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 <i>001</i>
State: _____	District: _____	

C.		Date of Disbursement
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).....▶

115.50

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

115.50

28039683976

**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 1

<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. Berkley for Congress		Date of Disbursement 02' 26' 2008
Mailing Address 3069 Conquista Court		Amount of Each Disbursement this Period 2,000.00
City Las Vegas	State NV	
Zip Code 89124		
Purpose of Disbursement Political Contribution	Category/Type 011	
Candidate Name Rep. Shelly Berkley		
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) ▼	
State: NV	District:	

Full Name (Last, First, Middle Initial) B. Dave Camp for Congress 2008		Date of Disbursement 03' 12' 2008
Mailing Address 5915 Eastman Avenue Ste 100		Amount of Each Disbursement this Period 1,000.00
City Midland	State MI	
Zip Code 48640		
Purpose of Disbursement Political Contribution	Category/Type 011	
Candidate Name Rep. Dave Camp		
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) ▼	
State: MI	District:	

Full Name (Last, First, Middle Initial) C. Stephanie Tubbs Jones for US Congress		Date of Disbursement 03' 28' 2008
Mailing Address 3729 Silsby Road		Amount of Each Disbursement this Period 2,000.00
City University Heights	State OH	
Zip Code 44118		
Purpose of Disbursement Political Contribution	Category/Type 011	
Candidate Name Rep. Stephanie Tubbs Jones		
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) ▼	
State: OH	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	5,000.00
TOTAL This Period (last page this line number only).....▶	5,000.00

28039683977

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.

28039683978

<input type="checkbox"/> Hand Delivered	Date of Receipt
---	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
--	------------

<input type="checkbox"/> Postmark Illegible	
---	--

<input type="checkbox"/> No Postmark	
--------------------------------------	--

<input checked="" type="checkbox"/> Overnight Delivery Service (Specify):	<i>Fed Ex</i>	Shipping Date <i>4/14/08</i>
	Next Business Day Delivery <input checked="" type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
--	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
---	-------------------------------

<i>EA</i>	<i>4/15/08</i>
PREPARER	DATE PREPARED