

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM



RENAL LEADERSHIP COUNCIL

Providers of Quality Dialysis
for the Nation's ESRD Community

2000 JAN 31 P 2:21

January 26, 2000

Memorandum

To: Federal Elections Commission
From: Gwen Gampel, Treasurer
Renal Leadership Council PAC
Re: Year End Report for Renal Leadership Council PAC

Attached is the Year End Report due January 31, 2000 for the Renal Leadership Council Political Action Committee (FEC ID#C00326736) covering activity in the period 7/1/99 to 12/31/99.

Please call me if you have any questions at (202) 544-6264.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JAN 31 P 2:21

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Renal Leadership Council PAC		2. FEC IDENTIFICATION NUMBER C00326736
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 444 North Capitol Street, NW, Suite 532		
CITY, STATE and ZIP CODE Washington D.C. 20001		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

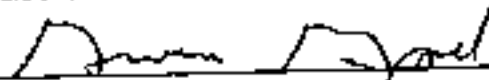
SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>7/1/99</u> through <u>12/31/99</u>		
B. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 5,196.29
(b) Cash on Hand at Beginning of Reporting Period	\$ 22,938.04	
(c) Total Receipts (from Line 19)	\$ 15,217.61	\$ 39,488.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 38,155.65	\$ 44,684.84
7. Total Disbursements (from Line 30)	\$ 9,500	\$ 16,029.19
B. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 28,655.65	\$ 28,655.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule G and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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

Gwen Gampel, Treasurer

Signature of Treasurer



Date

1/26/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X

(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE Renal Leadership Council PAC	REPORT COVERING PERIOD FROM 7/1/99 TO 12/31/99		
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) from:			
a. Individual/Persons Other Than Political Committees			11(a)(X)
i. Itemized (use Schedule A)	\$ 15,075	\$ 34,275	11(a)(X)
ii. Unitemized			11(a)(X)
iii. Total	15,075	34,275	11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)		5,000	11(d)
d. Total Contributions	15,075	39,275	12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17. Other Federal Receipts (Dividends, Interest, etc.)	142.61	213.55	18
18. Transfers from Nonfederal Account for Joint Activity			19
19. Total Receipts	15,217.61	39,488.55	20
20. Total Federal Receipts			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(X)
i. Federal Share			21(a)(X)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures			22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees	9,500	16,000	24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individual/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds		29.19	29
29. Other Disbursements			30
30. Total Disbursements	9,500	16,029.19	31
31. Total Federal Disbursements			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	15,075.00	39,275.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	15,075.00	39,275.00	34
35. Total Federal Operating Expenditures			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures			37

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Renal Leadership Council PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee for the Preservation of Capitalism PO Box 22614 Alexandria VA 22304	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/99	\$1,000
B. Full Name, Mailing Address and ZIP Code Friends of Sherrod Brown PO Box 2884 Washington D.C. 20013	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/99	\$1,000
C. Full Name, Mailing Address and ZIP Code Re-elect Nancy Johnson to Congress 4451 Brookfield Corporate Drive Ste 200, Chantilly VA 20151	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/99	\$1,000
D. Full Name, Mailing Address and ZIP Code Bill Thomas Campaign Committee PO Box 395 Bakersfield, CA 93302	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/99	\$1,000
E. Full Name, Mailing Address and ZIP Code J.D. Hayworth for Congress 4451 Brookfield Corporate Drive Suite 200 Chantilly VA 20151	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/99	\$1,000
F. Full Name, Mailing Address and ZIP Code Jeffords for Vermont 507 Capitol Court NE Suite 100 Washington DC 20002	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/99	\$1,000
G. Full Name, Mailing Address and ZIP Code Friends of Sam Johnson PO Box 860096 Plano TX 75086-0096	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/99	\$ 500
H. Full Name, Mailing Address and ZIP Code Mike Bilirakis for Congress PO Box 1077 Tarpon Springs FL 34588	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/99	\$1,000
I. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol St, SE 2nd Flr Washington DC 20003	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/99	\$1,000

SUBTOTAL of Disbursements This Page (optional)

\$8,500

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 8
FOR LINE NUMBER 11a i

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NAME OF COMMITTEE (In Full)
Renal Leadership Council PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Noland 5110 John Hager Road Hermitage TN 37076	Renal Care Group	7/1/99	\$ 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman Aggregate Year-to-Date > \$ 50.00		
Ellen B. Anderson 2727 Broyles Lane Franklin TN 37069	Renal Care Group	7/3/99	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businesswoman Aggregate Year-to-Date > \$100.00		
Barbara McMurray 12007 Haddington Court Fort Wayne IN 46804	Renal Care Group	7/6/99	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businesswoman Aggregate Year-to-Date > \$100.00		
David Marshall 233 Old Peytonsville Rd Franklin TN 37064	RenalCare Group	7/7/99	\$ 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman Aggregate Year-to-Date > \$ 50.00		
Sheryl Baker 545 N. Rutland Wichita KS 67206	Renal Care Group	7/8/99	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businesswoman Aggregate Year-to-Date > \$200.00		
Bryan Lipinski 777 West Germantown Pike, Apt. 821 Plymouth Meeting PA 19462	Renal Care Group	7/8/99	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman Aggregate Year-to-Date > \$500.00		
Judith Meredith 711 Preston Trail Wichita KS 67230	Super Grafix	7/8/99	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businesswoman Aggregate Year-to-Date > \$100.00		

SUBTOTAL of Receipts This Page (optional) \$1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 8

FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

Renal Leadership Council PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rebecca Wingard 1014 Mooreland Blvd Brentwood TN 37027	Renal Care Group	7/9/99	\$ 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businesswoman Aggregate Year-to-Date > \$50.00		
Daniel M. Dill 400 Hermitage Ct. Old Hickory TN 37138	Renal Care Group	7/10/99	\$ 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman Aggregate Year-to-Date > \$50.00		
Thomas A. Lowery 5912 Quail Creek Dr. Tyler TX 75703	Tyler Nephrology Associates	7/11/99	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman Aggregate Year-to-Date > \$100.00		
Larry Nail 121 Kendall Ridge Boerne TX 78015	Renal Care Group	7/12/99	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman Aggregate Year-to-Date > \$100.00		
Timothy Martin 427 Winward Way Avon Lake OH 44012	Renal Care Group	7/14/99	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman Aggregate Year-to-Date > \$100.00		
David Holst 12758 Wemby Road Carmel IN 46033	RenalCare Group	7/13/99	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman Aggregate Year-to-Date > \$100.00		
Jeff Weintraub 6273 W. Dublin Lane Chandler AZ 85226	Renal Care group	7/15/99	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman Aggregate Year-to-Date > \$100.00		

SUBTOTAL of Receipts This Page (optional) \$600.00

TOTAL This Period (last page the line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 8

FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

Renal Leadership Council PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Chrisman 3440 E. Southern, #1057 Mesa AZ 85204-5655	Renal Care Group	7/16/99	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Businessman Aggregate Year-to-Date > \$ 100.00		
Robert Stillwell 9310 Chesapeake Dr. Brentwood TN 37027	RenalCare Group	7/18/99	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Businessman Aggregate Year-to-Date > \$ 200.00		
Douglas Chappell 5829 Beauregard Dr Nashville TN 37215	Renal Care Group	7/19/99	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Businessman Aggregate Year-to-Date > \$ 100.00		
Kevin Smith 21445 E. Briarwood Dr Aurora CO 80016	Gambro	7/26/99	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Businessman Aggregate Year-to-Date > \$ 250.00		
Julie Brown 405 Dumas Court Lewisville TX 75067	Renal Care Group	8/1/99	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Businesswoman Aggregate Year-to-Date > \$ 100.00		
Nancy Danvers 1240 S.W. 19th Ave Boca Raton FL 33486	Gambro	8/2/99	\$150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Businesswoman Aggregate Year-to-Date > \$ 150.00		
Craig Moore 717 Kennington Terrace Lake Forest IL 60305	EverestHealthcare Services	8/4/99	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Businessman Aggregate Year-to-Date > \$ 1000.00		

SUBTOTAL of Receipts This Page (optional) \$1900.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 8
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Renal Leadership Council PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kenneth Johnson 2152 E. Calle Maderas Mesa AZ 85213-2931	Renal East Associates	8/6/99	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman	Aggregate Year-to-Date > \$100.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Balter 947 Jackson Riverforest IL 60305-1415	Everest Healthcare Services	8/7/99	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman	Aggregate Year-to-Date > \$1000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nicki Norris 408 Palmer Court Riverwoods IL 60015-3834	Everest Healthcare Services	8/7/99	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businesswoman	Aggregate Year-to-Date > \$100.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donna Raasch 2111 N. Burke Arlington Heights IL 60004	Everest Healthcare Services	8/13/99	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businesswoman	Aggregate Year-to-Date > \$100.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Anthony Unruh 3938 Lakeview Court Long Grove IL 60047	Everest Healthcare Services	8/13/99	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman	Aggregate Year-to-Date > \$100.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Hathaway 145 Hiawatha Trail Wood Dale IL 60191	Everest Healthcare Services	8/16/99	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman	Aggregate Year-to-Date > \$100.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Judith Ann Almdale 4085 Suffolk Lane Hoffman Estates IL 60195-1427	Everest Healthcare Services	8/16/99	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businesswoman	Aggregate Year-to-Date > \$50.00	

SUBTOTAL of Receipts This Page (optional) \$ 1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5 OF 8
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)
Renal Leadership Council PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Creel 100 Red Top Drive, No. 103 Libertyville IL 60048	Everest Healthcare Services	8/16/99	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman Aggregate Year-to-Date > \$ 1000.00		
Lawrence Dameron 2524 N. Burling Chicago IL 60614	Everest Healthcare Services	8/16/99	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman Aggregate Year-to-Date > \$ 1000.00		
George Dunea 222 E. Chestnut St, Apt 16A Chicago IL 60611	Everest Healthcare Services	8/17/99	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman Aggregate Year-to-Date > \$ 500.00		
Ashutosh Gupta 403 St. Marks Court Oak Brook IL 60521	Everest Healthcare Services	8/17/99	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman Aggregate Year-to-Date > \$ 500.00		
Cheryl Williams 4802 Reed Rd. Fort Wayne IN 46835	Everest Healthcare Services	8/17/99	\$ 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businesswoman Aggregate Year-to-Date > \$ 25.00		
Eric Maaska 1543 W. George Chicago IL 60657	Everest Healthcare Services	8/19/99	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman Aggregate Year-to-Date > \$ 100.00		
Michael J. Carbon 14 Olympia Ct. Oak Brook IL 60523	Everest Healthcare Services	8/19/99	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) \$3625.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6 OF 8

FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

Renal Leadership Council PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margaret D'Angelo 450 W. Briar Place, Apt. 4H Chicago IL 60657	Everest Healthcare Services	8/19/99	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Businesswoman Aggregate Year-to-Date > \$ 100.00		
Thomas Hannon 1727 RFD Long Grove IL 60047	Everest Healthcare Services	8/19/99	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Businessman Aggregate Year-to-Date > \$ 100.00		
James Beck 25187 Edwards Lane Barrington IL 60010	Everest Healthcare Services	8/20/99	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Businessman Aggregate Year-to-Date > \$ 100.00		
James Riley 2118 Fir St Glenview IL 60025	Ross & Hardies	8/23/99	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Businessman Aggregate Year-to-Date > \$ 250.00		
Arthur Morris 906 Franklin Ave Riverforest IL 60305	Everest Healthcare Services	8/27/99	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Businessman Aggregate Year-to-Date > \$ 500.00		
Lillian Magana 501 Linden Oak Park IL 60302	Everest Healthcare Services	8/29/99	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Businesswoman Aggregate Year-to-Date > \$ 100.00		
Harry Jacobson 836 Glen Leven Dr. Nashville TN 37204	Vanderbilt University Medical Center	8/30/99	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Businessman Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional) \$1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 7 OF 8
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

Renal Leadership Council PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Kistner 912 S. Morgan Chicago IL 60607	Ernst & Young	8/31/99	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman	Aggregate Year-to-Date	\$ 250.00
Mary Rumancik 2015 Grey Birch Rd. Fort Wayne IN 46804-9537	Everest Healthcare Services	9/1/99	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businesswoman	Aggregate Year-to-Date	\$ 500.00
Douglas Mufaka 1037 N. Kenilworth Ave Oak Park IL 60302	Everest Healthcare Services	9/3/99	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman	Aggregate Year-to-Date	\$ 500.00
Michael Giese 132 Derby Glen Dr. Glen Ellyn IL 60137-3219	Everest Healthcare Services	9/3/99	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman	Aggregate Year-to-Date	\$ 250.00
Sam Brooks 2100 West End Ave, Suite 800 Nashville TN 37203	Renal Care Group	9/16/99	\$ 2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman	Aggregate Year-to-Date	\$ 2500.00
Edward Lelonek 1720 Sycamore Hills Pkwy Fort Wayne IN 46804	Everest Healthcare Services	9/23/99	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman	Aggregate Year-to-Date	\$ 500.00
Ralph Levy 2052 Timberwood Dr. Nashville TN 37215	Gambro	10/2/99	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman	Aggregate Year-to-Date	\$ 100.00

SUBTOTAL of Receipts This Page (optional)

\$4600.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 8
FOR LINE NUMBER 1a1

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)
Renal Leadership Council PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Nick 284 Adams St Denver CO 80206	Gambro	10/6/99	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businesswoman	Aggregate Year-to-Date >	\$ 200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Gilpin 1607 Vrain St. Denver CO 80204-1132	Gambro	10/13/99	\$ 150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman	Aggregate Year-to-Date >	\$ 150.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$

SUBTOTAL of Receipts This Page (optional) \$ 350.00

TOTAL This Period (last page this line number only) \$ 15,075.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Renal Leadership Council PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Century National Bank 1875 Eye St NW Washington DC 20006		7/30/99	\$19.77
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest	Occupation	Aggregate Year-to-Date > \$90.71	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Century National Bank 1875 Eye St NW Washington DC 20006		8/31/99	\$19.77
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest	Occupation	Aggregate Year-to-Date > \$110.48	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Century National Bank 1875 Eye St NW Washington DC 20006		9/30/00	\$25.57
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest	Occupation	Aggregate Year-to-Date > \$136.05	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Century National Bank 1875 Eye St NW Washington DC 20006		10/29/99	\$26.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest	Occupation	Aggregate Year-to-Date > \$162.53	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Century National Bank 1875 Eye St NW Washington DC 20006		11/30/99	\$26.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest	Occupation	Aggregate Year-to-Date > \$189.15	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Century National Bank 1875 Eye St NW Washington DC 20006		12/30/99	\$24.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest	Occupation	Aggregate Year-to-Date > \$213.55	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 6	

SUBTOTAL of Receipts This Page (optional)

\$142.61

TOTAL This Period (last page this line number only)

\$142.61

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)
 Renal Leadership Council PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pete Stark Re-election Committee 39399 Civic Center Dr, Ste 230 Premont CA 94538	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/99	\$1,000
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$1,000
TOTAL This Period (last page this line number only)	\$9,500

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 1/27/00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
RB PREPARER	1/31/00 DATE PREPARED