



RENAL LEADERSHIP COUNCIL

Providers of Quality Dialysis
for the Nation's ESRD Community

RECEIVED
FEDERAL ELECTIONS
COMMISSION

OCT 15 12 22 PM '98

October 12, 1998

Memorandum

To: Federal Elections Commission

Fr: Gwen Gampel, Treasurer
Renal Leadership Council PAC

Re: Quarterly Filing for Renal Leadership Council PAC

Attached is the Quarterly Report due October 15 for the Renal Leadership Council Political Action Committee (FEC ID# C00326736) covering activity in the period 7/1/98-9/30/98.

Also enclosed is a corrected Quarterly Report for the period 4/1/98-6/31/98. I only recently became Treasurer of the RLC PAC and discovered an error made by the previous treasurer in this report while preparing the report due October 15.

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

Oct 15 12 22 PM '98

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 400 North Capitol St., NW, Ste. 585		
CITY, STATE and ZIP CODE Washington, DC 20001		
3. <input 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
5. Covering Period <u>7/1/98</u> through <u>9/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 8,862.89
(b) Cash on Hand at Beginning of Reporting Period	\$ 5,971.91	
(c) Total Receipts (from Line 19)	\$ 9,707.75	\$ 19,816.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 15,679.66	\$ 28,679.66
7. Total Disbursements (from Line 30)	\$ 5,500	\$ 18,500
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 10,179.66	\$ 10,179.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
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**

Signature of Treasurer 

Date **10/12/98**

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 7/1/98	TO 9/30/98
	COLUMN A Total This Period	COLUMN B Calendar Year
I Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	\$9,650	\$19,650
ii. Unitemized		
iii. Total (add i and ii) >	\$9,650	\$19,650
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >		
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	\$57.75	\$166.77
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 16, 17, and 18) >	\$9,707.75	\$19,816.77
20. Total Federal Receipts (subtract line 16 from line 19) >	\$9,707.75	\$19,816.77
II Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$5,500	\$18,500
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	\$5,500	\$18,500
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	\$5,500	\$18,500
III Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >		

SCHEDULE A **ITEMIZED RECEIPTS**
Individuals/Persons other than Pol. Campaigns

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 San A. Brooks, Jr. 2100 West End Ave., Ste. 800 Nashville, TN 37204 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Renal Care Group	Date (month, day, year) 7/9/98	Amount of Each Receipt this Period \$3,000
	Occupation Businessman Aggregate Year-to-Date > \$ 3,000		
B. Full Name, Mailing Address and ZIP Code James Lordeman 825 Woodburn Drive Brentwood, TN 37027 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Renal Care Group	Date (month, day, year) 7/9/98	Amount of Each Receipt this Period \$125.00
	Occupation Businessman Aggregate Year-to-Date > \$ 125.00		
C. Full Name, Mailing Address and ZIP Code David Mulae 3026 23rd Ave. South Nashville, TN 37215 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Renal Care Group	Date (month, day, year) 7/9/98	Amount of Each Receipt this Period \$125.00
	Occupation Businessman Aggregate Year-to-Date > \$ 125.00		
D. Full Name, Mailing Address and ZIP Code Ellen Anderson 2727 Brobley Lane Franklin, TN 37069 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Renal Care Group	Date (month, day, year) 7/9/98	Amount of Each Receipt this Period \$150.00
	Occupation Businesswoman Aggregate Year-to-Date > \$ 150.00		
E. Full Name, Mailing Address and ZIP Code Stephen D. McMurray, M.D. 12007 Haddington Ct. Fort Wayne, IN 46804 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Indiana Medical Associates	Date (month, day, year) 7/9/98	Amount of Each Receipt this Period \$2000.00
	Occupation Businessman Aggregate Year-to-Date > \$ 2000.00		
F. Full Name, Mailing Address and ZIP Code Raymond Hakim 2100 West End Ave., Ste. 800 Nashville, TN 37203 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Renal Care Group	Date (month, day, year) 7/9/98	Amount of Each Receipt this Period \$500
	Occupation Businessman Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code Timothy Balch 716 Preston Grove Ave. Cory, NC 27513 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Renal Care Group	Date (month, day, year) 7/9/98	Amount of Each Receipt this Period \$125.00
	Occupation Businessman Aggregate Year-to-Date > \$ 125.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
Individuals/Persons other than Pol. Campaigns

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

PAGE 2 OF 2
 FOR LINE NUMBER

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 Ronald Hinds 1439 Plymouth Drive Brentwood, TN 37027-6914 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Renal Care Group	Date (month, day, year) 7/9/98	Amount of Each Receipt this Period \$3,000.00
	Occupation Businessman Aggregate Year-to-Date > \$ 3,000		
B. Full Name, Mailing Address and ZIP Code G. Austin Triggs, Jr. 4335 Sneed Road Nashville, TN 37215 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Renal Care Group	Date (month, day, year) 7/9/98	Amount of Each Receipt this Period \$125.00
	Occupation Businessman Aggregate Year-to-Date > \$ 125.00		
C. Full Name, Mailing Address and ZIP Code Gary Brukardt 5618 Hillsboro Road Nashville, TN 37215 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Renal Care Group	Date (month, day, year) 7/9/98	Amount of Each Receipt this Period \$500.00
	Occupation Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$9,650.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

Other Federal Receipts

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NAME OF COMMITTEE (in Full)
Renal Leadership Council PAC

<p>A. Full Name, Mailing Address and ZIP Code Century National Bank 1875 Eye St., NW Washington, DC 20006</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 7/31/98 8/31/98 9/30/98</p>	<p>Amount of Each Receipt this Period \$19.70 \$20.46 \$17.59</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$57.75

SCHEDULE B

ITEMIZED DISBURSEMENTS

Contribution to Federal Candidates

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

PAGE 1 OF 1
FOR LINE NUMBER

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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
Breaux for Senate	Political Contrib. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/20/98	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Senator Harry Reid 116 Princeton Las Vegas, 89107	Political Contrib. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/98	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Bob Graham 233 Constitution Ave, NE Washington, DC 20001	Political Contrib. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/98	\$1000.00
D. Full Name, Mailing Address and ZIP Code Re-Elect Nancy Johnson to Congress P.O. Box 1480 New Britain, CT 06050	Political Contrib. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/22/98	\$1000.00
E. Full Name, Mailing Address and ZIP Code Houghton for Congress P.O. Box 1107 Corning, NY 14830	Political Contrib. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	\$500.00
F. Full Name, Mailing Address and ZIP Code Rangel for the 106th Congress 40 W. 135th St., #104 New York, NY 10037	Political Contrib. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/98	\$1000.00
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)

TOTAL This Period (last page this line number only)

\$5,500.00

Federal Election Commission

**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 10/12/98
<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	
 <i>RJS</i> PREPARER	 10/15/98 DATE PREPARED