

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

Aug 8 9 17 AM '97

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
Renal Leadership Council Political Action Committee

ADDRESS (number and street)  Check if different than previously reported  
1300 Connecticut Avenue, Suite 1000

CITY, STATE and ZIP CODE  
Washington, DC 20036

2. FEC IDENTIFICATION NUMBER  
C00326736

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

## 4. TYPE OF REPORT

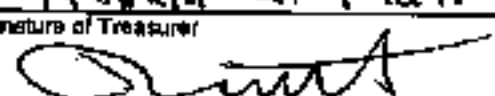
- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

### 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>3/31/97</u> through <u>6/30/97</u>		
6.	(a) Cash on Hand January 1, 19 <u>97</u>		\$ 0.00
	(b) Cash on Hand at Beginning of Reporting Period	\$ 0.00	
	(c) Total Receipts (from Line 19)	\$ 22,808.58	\$ 22,808.58
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(b) for Column B)	\$ 22,808.58	\$ 22,808.58
7.	Total Disbursements (from Line 30)	\$ 6,205.59	\$ 6,205.59
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 16,602.99	\$ 16,602.99
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 609 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	
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 <u>Ronald L. Platt</u>			
Signature of Treasurer 		Date <u>8/8/97</u>	

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 Political Action Committee		REPORT COVERING PERIOD FROM 3/31/97 TO 6/30/97	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	\$22,808.58	\$22,808.58	11000
ii. Unitemized			11000
iii. Total (add i and ii) >	\$22,808.58	\$22,808.58	11000
b. Political Party Committees			1100
c. Other Political Committees (such as PACs)			1100
d. Total Contributions (add a ii, b and c) >	\$22,808.58	\$22,808.58	1100
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$22,808.58	\$22,808.58	19
20. Total Federal Receipts (subtract line 18 from line 19) >	\$22,808.58	\$22,808.58	20
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21000
ii. Non-Federal Share			21000
b. Other Federal Operating Expenditures			2100
c. Total Operating Expenditures (add a i, a ii, and b) >			2100
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$6000.00	\$6000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			2800
b. Political Party Committees			2800
c. Other Political Committees (such as PACs)			2800
d. Total Contribution Refunds (add a, b and c) >			2800
29. Other Disbursements	\$205.59	\$205.59	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	\$6,205.59	\$6,205.59	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	\$6,205.59	\$6,205.59	31
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 3  
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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VIVRA PAC 1850 Gateway Drive 5th Floor San Mateo, CA 94404		4/2/97	\$5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rob Mayer 411 Kristines Way Harleysville, PA 19438	Renal Treatment Centers	4/28/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input 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
Fred Jansen 72 Old Kings Highway Downingtown, PA 19335	Renal Treatment Centers	4/28/97	\$1500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman	Aggregate Year-to-Date > \$ 1500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Bednar 65 Paul Lane Glen Mills, PA 19342	Renal Treatment Centers	4/28/97	\$700.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businesswoman	Aggregate Year-to-Date > \$ 700.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ben Lipps 24 Sequoia Lane Walnut Creek, CA 94595	Presenius	5/7/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman	Aggregate Year-to-Date > \$ 1000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Chambers 1175 Meredith Lane Chester Springs, PA 19425	Renal Treatment Centers	5/7/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman	Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Zawiski 860 SW 174 Terrace Pembroke Pines, FL 33029	Renal Treatment Centers	5/7/97	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman	Aggregate Year-to-Date > \$ 500.00	

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

\$10,700.00

**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 3  
FOR LINE NUMBER

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**NAME OF COMMITTEE (In Full)**

Renal Leadership Council Political Action Committee

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Ron Rodgers 307 Barnhill Road West Chester, PA 19382</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Renal Treatment Centers</p> <p>Occupation Businessman</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year) 5/14/97</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Thomas Karl 809 Pebblewood Road West Chester, PA 19380</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Renal Treatment Centers</p> <p>Occupation Businessman</p> <p>Aggregate Year-to-Date &gt; \$ 650.00</p>	<p>Date (month, day, year) 5/14/97</p>	<p>Amount of Each Receipt this Period \$650.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Victor Chaltiel 13 Vintage Court Las Vegas, NV 89113</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Total Renal Care</p> <p>Occupation Businessman</p> <p>Aggregate Year-to-Date &gt; \$5000.00</p>	<p>Date (month, day, year) 5/14/97</p>	<p>Amount of Each Receipt this Period \$5000.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Barry Cosgrove 511 Morning Canyon Road Corona Del Mar, CA 92625</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Total Renal Care</p> <p>Occupation Businessman</p> <p>Aggregate Year-to-Date &gt; \$1000.00</p>	<p>Date (month, day, year) 5/21/97</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Leonard Frie 2101 Paseo Del Mar Palos Verdes Estates, CA 90274</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Total Renal Care</p> <p>Occupation Businessman</p> <p>Aggregate Year-to-Date &gt; \$ 2500.00</p>	<p>Date (month, day, year) 6/9/97</p>	<p>Amount of Each Receipt this Period \$2500.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> John King 2214 Marshallfield Lane, #A Redondo Beach, CA 90278</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Total Renal Care</p> <p>Occupation Businessman</p> <p>Aggregate Year-to-Date &gt; \$1000.00</p>	<p>Date (month, day, year) 6/9/97</p>	<p>Amount of Each Receipt this Period -\$1000.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Lois Mills 6320 Vista Street Long Beach, CA 90803</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Total Renal Care</p> <p>Occupation Businessman</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 6/9/97</p>	<p>Amount of Each Receipt this Period \$500.00</p>

**SUBTOTAL** of Receipts This Page (optional) ..... \$11,050.00

**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 3 OF 3  
FOR LINE NUMBER

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**NAME OF COMMITTEE (In Full)**

Renal Leadership Council Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sid Kernion 1100 High Avenue Metairie, LA 70001  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Total Renal Care  Occupation: Businessman Aggregate Year-to-Date > \$ 500.00	6/9/97	\$500.00
Jack Silver 25727 Crest Road Torrance, CA 90505  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Total Renal Care  Occupation: Businessman Aggregate Year-to-Date > \$ 500.00	6/9/97	\$500.00
Century National Bank 1875 Eye Street Washington, DC 20006  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Bank  Occupation: Aggregate Year-to-Date > \$ 58.58	4/30/97 5/30/97 6/30/97	\$7.99 \$23.94 \$26.65
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
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) .....

\$1058.58

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

\$22,808.58

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jerry Kleezka 4200 Christine Place Alexandria, VA 22311	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/97	\$1000.00
B. Full Name, Mailing Address and ZIP Code Bill Thomas Campaign Committee Box 395 Bakersfield, CA 93302	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/97	\$1000.00
C. Full Name, Mailing Address and ZIP Code A Lot of People Supporting Tom Daschle 424 G Street, First Floor Washington, DC 20002	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/4/97	\$1000.00
D. Full Name, Mailing Address and ZIP Code Wes Watkins for Congress P.O. Box WW Stillwater, OK 74076	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/4/97	\$1000.00
E. Full Name, Mailing Address and ZIP Code The Adam Smith PAC P.O. Box 2392 Tampa, FL 33601	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/97	\$1000.00
F. Full Name, Mailing Address and ZIP Code John Ensign for Congress P.O. Box 98407 Las Vegas, NV 89193	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/25/97	\$1000.00
G. Full Name, Mailing Address and ZIP Code Century National Bank 1875 Eye Street, NW Washington, DC 20006	Bought checks Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4/15/97 6/5/97	\$115.08 \$90.51
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) ..... \$6,205.59

**TOTAL** This Period (last page this line number only) ..... \$6,205.59

**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 checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT 8/8/97
<input type="checkbox"/> First Class Mail	POSTMARKED
<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	
VPV	8/8/97
PREPARER	DATE PREPARED

97, 03, 03, 03, 03