

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Renal Leadership Council Political Action Committee

ADDRESS (Home or street)

601 Pennsylvania Ave., NW

North Bldg., 10th Floor

X

(Check if address is changed)

Washington

DC

20004

2801

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2027583389

2. DATE 04 / 27 / 2004

3. FEC IDENTIFICATION NUMBER C C00326736

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Marilyn Yager

Signature of Treasurer Electronically Filed by Marilyn Yager Date 04 / 27 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
--------------------------------	-------------------	-------	--------	-----------	-------------------

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Renal Leadership Council Political Action Committee

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Jonathan Gould

Mailing Address 601 Pennsylvania Ave., NW
North Bldg., 10th Floor
Washington DC 20004 - 2601

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Custodian of Records Telephone number 202 - 756 - 3300

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Marilyn Yager

Mailing Address 601 Pennsylvania Ave., NW
North Bldg., 10th Floor
Washington DC 20004 - 2601

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Treasurer Telephone number 202 - 756 - 3300

Full Name of Designated Agent Jonathan Gould

Mailing Address 601 Pennsylvania Ave., NW
North Bldg., 10th Floor
Washington DC 20004 - 2601

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Assistant Treasurer Telephone number 202 - 756 - 3300

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Century National Bank

Mailing Address

1875 I Street, NW

Washington

DC

20006 -

CITY Δ

STATE Δ

ZIP CODE Δ