

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) HEALTH CARE LEADERSHIP COMMITTEE

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 221 EAST CAPITOL AVENUE
JEFFERSON CITY MO 65101

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00323576
3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff
(d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2011 through 06 30 2011

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 Shanon M. Hawk

Signature of Treasurer Electronically Filed by Shanon M. Hawk Date 07 18 2011

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 and 1 row. Column 1: Office Use Only. Column 9: FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
HEALTH CARE LEADERSHIP COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		22994.11
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	22994.11									
(c) Total Receipts (from Line 19)	0.00	0.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22994.11	22994.11								
7. Total Disbursements (from Line 31)	16113.00	16113.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6881.11	6881.11								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

DETAILED SUMMARY PAGE OF RECEIPTS

Write or Type Committee Name HEALTH CARE LEADERSHIP COMMITTEE

Report Covering the Period: From: 01 01 2011 To: 06 30 2011

Table with 3 columns: I. Receipts, COLUMN A Total This Period, and COLUMN B Calendar Year-to-Date. Rows include 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees, 12. Transfers From Affiliated/Other Party Committees, 13. All Loans Received, 14. Loan Repayments Received, 15. Offsets To Operating Expenditures, 16. Refunds of Contributions Made to Federal candidates and Other Political Committees, 17. Other Federal Receipts, 18. Transfers from Non-Federal and Levin Funds, 19. Total Receipts, and 20. Total Federal Receipts.

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	9613.00	9613.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	9613.00	9613.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	6500.00	6500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16113.00	16113.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16113.00	16113.00

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	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9613.00	9613.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9613.00	9613.00

**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)

<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)
HEALTH CARE LEADERSHIP COMMITTEE

A.	Full Name (Last, First, Middle Initial) Citizens for Kyle McCarter	Transaction ID: SB21B.5479 Date of Disbursement
	Mailing Address P.O. Box 1191	<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City Decatur State IL Zip Code 62525-1191	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution	<input type="text" value="500.00"/>
	Candidate Name Citizens for Kyle McCarter	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 51	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Democratic Majority	Transaction ID: SB21B.5480 Date of Disbursement
	Mailing Address 1201 S. Veterans Parkway Suite C	<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City Springfield State IL Zip Code 62704-6342	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="300.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Clayborne	Transaction ID: SB21B.5475 Date of Disbursement
	Mailing Address 133 Longmeade Drive	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City O'Fallon State IL Zip Code 62269-7023	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution	<input type="text" value="300.00"/>
	Candidate Name Friends of Clayborne	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1100.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A.	Full Name (Last, First, Middle Initial) Friends of Clayborne	Transaction ID: SB21B.5491 Date of Disbursement 06 / 17 / 2011
	Mailing Address 133 Longmeade Drive	Amount of Each Disbursement this Period 500.00
	City O'Fallon State IL Zip Code 62269-7023	
	Purpose of Disbursement Campaign Contribution Candidate Name Friends of Clayborne	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District:	

B.	Full Name (Last, First, Middle Initial) HealthPAC	Transaction ID: SB21B.5492 Date of Disbursement 06 / 30 / 2011
	Mailing Address P.O. Box 60	Amount of Each Disbursement this Period 5000.00
	City Jefferson City State MO Zip Code 65102-0060	
	Purpose of Disbursement PAC Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Illinois Hospital Association PAC	Transaction ID: SB21B.5483 Date of Disbursement 04 / 26 / 2011
	Mailing Address 1151 E. Warrenville Road P.O. Box 3015	Amount of Each Disbursement this Period 2967.00
	City Naperville State IL Zip Code 60566	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	8467.00
TOTAL This Period (last page this line number only)	

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)

<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

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A.	Full Name (Last, First, Middle Initial) US Bank Mailing Address P.O. Box 1800 City Saint Paul State MN Zip Code 55101 Purpose of Disbursement Analysis Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5469 Date of Disbursement 01 / 14 / 2011 Amount of Each Disbursement this Period 10.00 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) US Bank Mailing Address P.O. Box 1800 City Saint Paul State MN Zip Code 55101 Purpose of Disbursement Analysis Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5487 Date of Disbursement 04 / 14 / 2011 Amount of Each Disbursement this Period 12.00 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) US Bank Mailing Address P.O. Box 1800 City Saint Paul State MN Zip Code 55101 Purpose of Disbursement Analysis Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5488 Date of Disbursement 05 / 13 / 2011 Amount of Each Disbursement this Period 12.00 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	34.00
TOTAL This Period (last page this line number only) ▶	

**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 9 / 11

<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

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A.

Full Name (Last, First, Middle Initial)
US Bank

Transaction ID: SB21B.5493
Date of Disbursement

Mailing Address P.O. Box 1800

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	1

City State Zip Code
Saint Paul MN 55101

Amount of Each Disbursement this Period

12.00

Purpose of Disbursement
Analysis Service Charge

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

12.00

TOTAL This Period (last page this line number only) ►

9613.00

**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 10 / 11

<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

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A.	Full Name (Last, First, Middle Initial) ANN WAGNER FOR CONGRESS	Transaction ID: SB23.5490 Date of Disbursement 06 / 17 / 2011
	Mailing Address PO BOX 50	
	City BALLWIN State MO Zip Code 63022	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Campaign Contribution Candidate Name ANN WAGNER FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 02	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) ROMNEY FOR PRESIDENT EXPLORATORY COMMITTEE INC.	Transaction ID: SB23.5486 Date of Disbursement 05 / 10 / 2011
	Mailing Address 80 HAYDEN AVENUE	
	City LEXINGTON State MA Zip Code 02421	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Campaign Contribution Candidate Name ROMNEY FOR PRESIDENT EXPLORATORY COMMITTEE INC. Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Russ Carnahan for Congress	Transaction ID: SB23.5471 Date of Disbursement 02 / 25 / 2011
	Mailing Address 7370 Manchester Rd STE 20	
	City St. Louis State MO Zip Code 63143	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Campaign Contribution Candidate Name Russ Carnahan for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

**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 11 / 11

<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

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Russ Carnahan for Congress

Transaction ID: SB23.5484
Date of Disbursement

Mailing Address 7370 Manchester Rd STE 20

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	1	1

City State Zip Code
St. Louis MO 63143

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name
Russ Carnahan for Congress

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MO District: 03

B.

Full Name (Last, First, Middle Initial)
VOLUNTEERS FOR SHIMKUS

Transaction ID: SB23.5474
Date of Disbursement

Mailing Address PO Box 5458
PO BOX 5458

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	1

City State Zip Code
Springfield IL 62705

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name
VOLUNTEERS FOR SHIMKUS

Office Sought: House Senate President
Disbursement For: 2011 Primary General Other (specify) ▼
State: IL District: 19

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

6500.00
