

FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-9

John Sharamitaro, Treasurer Health Care Leadership Committee P.O. Box 270496 St. Louis, MO 63127

OCT 23 1998

Identification Number:

C00323576

Reference:

Notification of Multicandidate Status (FEC FORM 1M)

Dear Mr. Sharamitaro:

This letter is prompted by the Commission's review of the document referenced above. There appears to be a discrepancy between the information disclosed on your FORM 1M and Commission records that indicates your committee does not yet qualify for multicandidate status as defined by 11 CFR §100.5(e)(3). According to the available information, your committee does not meet the criteria for multicandidate status for the following reason(s):

-Your committee has not received a contribution from its 51st Contributor.

If the information you provided was incompletely or incorrectly disclosed or you believe the Commission records to be in error, please submit documentation which will clarify the matter. Should your committee meet the requirements for multicandidate status in the future, please submit a new Notification of Multicandidate Status (FEC FORM 1M). If you need further assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Antoinette Kitchen

Reports Analyst

Reports Analysis Division

Q. L.K.t

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions).

This form should be filed after the Committee qualifies as a multicandidate committee. 1. (a) NAME OF COMMITTEE IN FULL (b) Number and Street Address 2. FED IDENTIFICATION NUMBER 3. TYPE OF COMMITTEE (check one) (c) City. State and ZIP Code STATE PARTY OTHER I certify that one of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: ______ FEC Identification Number: _ STATUS BY QUALIFICATION: (a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.): State/District Date Office Sought Neme **(I)** (ii) (iii) (iv) (v) (b) Contributors: The committee received a contribution from its 51st contributor (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: _______-(d) Qualification: The committee met the above requirements on: _ 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

| SIGNATURE OF TREASURER DATE NOTE: Submission of false, error exist, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information contact; FEC FORM 1M Federal Election Commission, Washington, DC 20463 i Toll4rea 800-424-9530

-- Local 202-219-3420

