# **FEC FORM 3X**

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

	For Other Than An Auth	norized Committee	Of	ffice Use Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ♥	Example:If typing, type over the lines		
HEALTH CARE LEADERS	HIP COMMITTEE			
ADDRESS (number and street)	221 EAST CAPITOL AVEN	UE		
Check if different				
than previously reported. (ACC)	JEFFERSON CITY		MO L	65101
2. FEC IDENTIFICATION NU	MBER ♥ CIT	Y 🛕	STATE	ZIPCODE 🛕
C00323576		THIS EPORT X NEW (N)	OR AMEN	IDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Feb	20 (M2) May 20	(M5) Aug 20	Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (	M6) Sep 20	(M9) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr	20 (M4) Jul 20 (N	M7) Oct 20 (	
Quarterly Report(0	Q1) (c) 12-Day	Primary (12P)	General (120	Runoff (12R)
July 15 Quarterly Report(0	Q2) PRE-Election Report for the:	Convention (12C)	Special (12G	
October 15 Quarterly Report(0	'	Convention (120)	Opecial (120	
X January 31 Quarterly Report(	YE) Electio	n on		in the State of
July 31 Mid-Year Report(Non-electi Year Only) (MY)	Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Repo (TER)	rt Electio	n on		in the State of
5. Covering Period 1	0 01 2007	through	12 31 2	007
I certify that I have examined this	Report and to the best of my kno	wledge and belief it is true, co	rrect and complete.	
Type or Print Name of Treasurer	Shanon M. Hawk			
Signature of Treasurer Electron	onically Filed by Shanon M. Ha	wk	Date 0 1	02 2008
NOTE : Submission of false, erro	oneous, or incomplete information	may subject the person signi	ng this Report to the per	nalties of 2 U.S.C 437g.
Office Use				FEC FORM 3X (Rev. 02/2003)

# **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name HEALTH CARE LEADERSHIP COMMITTEE D D " D 12 1.0 0 1 2007 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand <sup>°</sup>2007 18512.09 January 1 (b) Cash on Hand at 16893.30 Begining of Reporting Period ..... 2925.00 21325.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 19818.30 39837.09 6(a) and 6(c) for Column B) ..... 5039.93 25058.72 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 14778.37 14778.37 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) ..... 0.00 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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**

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

### HEALTH CARE LEADERSHIP COMMITTEE

(subtract Line 18(c) from Line 19) .....

0 1 3<sup>D</sup>1 M N м м 1 2 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 2925.00 21325.00 (i) Itemized (use Schedule A) ...... 0.00 0.00 (ii) Unitemized ..... (iii) TOTAL (add 2925.00 21325.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 2925.00 21325.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 2925.00 21325.00 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 2925.00 21325.00

FEC Form 3X (Rev. 02/2003)

### **DETAILED SUMMARY PAGE**

of Disbursements

**COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 4039.93 20808.72 Expenditures..... (c) Total Operating Expenditures 4039.93 20808.72 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 1000.00 4250.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 (use Schedule F)..... 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) ......... 0.00 0.00 29. Other Disbursements.....

### 30. Federal Election Activity (2 U.S.C 431(20))

- (a) Shared Federal Election Activity (from Schedule H6)
  - (i) Federal Share .....
- (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....
- 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..
- 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....

0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00

5039.93 25058.72

Page 4

5039.93 25058.72

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	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)	2925.00	21325.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	2925.00	21325.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4039.93	20808.72
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	4039.93	20808.72

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 11											
ITEMIZED RECEIPTS			or each category of the	(check only one)											
TEMIZED RESERVE			Detailed Summary Page	X 11a 11b 11c 12											
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or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.											
$\setminus$	NAME OF COMMITTEE (In Full)														
$ \rangle$	HEALTH CARE LEADERSHIP COMMI	TTEE													
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt											
Α.	June Fowler  Mailing Address 6225 Pershing			M M / D D / Y Y Y Y											
	0"	0	7: 0 1	10 30 2007											
	City St. Louis	State MO	Zip Code	Transaction ID: SA11A1.5038											
	St. Louis	IVIO	63130	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C		300.00											
	Name of Employer BJC Healthcare	Occupation	1	Contribution											
	Receipt For:	Aggregate	Year-to-Date ▼	-											
	Primary General	-	300.00	1											
	Other (specify) 🔻	0 0	300.00												
В.	Full Name (Last, First, Middle Initial) Gregory A. Fox			Date of Receipt											
	Mailing Address 24 Upper Ladue Road			M M / D D / Y Y Y Y											
	City	Ctata	7in Code	10 16 2007											
	City St. Louis	State MO	Zip Code 63124	Transaction ID: SA11A1.5037											
		IVIO	03124	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C		1000.00											
	Name of Freedom	10		Contribution											
	Name of Employer Harbour Group	Occupation Executive													
	Receipt For:		Year-to-Date ▼												
	Primary General			1											
	Other (specify) ▼		1000.00												
<u> </u>	Full Name (Last, First, Middle Initial) Sheri S. Graham			Date of Receipt											
<b>J</b> .	Mailing Address 7956 Coffman Road			M M / D D / Y Y Y Y											
				10 15 2007											
	City	State	Zip Code	Transaction ID: SA11A1.5033											
	Farmington	MO	63640	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C		25.00											
Name of Employer Occupation Parkland Health Center				Contribution											
			Human Resources	_											
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1											
	Other (specify)		25.00												
_															
				1325.00											
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_	OTAL This Period (last page this line number o	nlv)													

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 11 (check only one)
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or	ny information copied from such Reports and State for commercial purposes, other than using the national state of the stat	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	HEALTH CARE LEADERSHIP COMMIT	TEE		
Α.	Full Name (Last, First, Middle Initial) Jane K. Gusmano			Date of Receipt
	Mailing Address 10267 Hartshill Lane			10 30 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.5040
	St. Louis	MO	63128-2621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupation	n	Contribution
	BJC Healthcaré	Vice Pres	sident, Finance	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	100.00	
В.	Full Name (Last, First, Middle Initial) Richard Sommer			Date of Receipt
	Mailing Address 3013 Shoreside Drive			1 1 0 8 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.5042
	Columbia	MO	65203	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00  Contribution
	Name of Employer BJC	Occupation Administ	rator	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) James G. Wiehl, Esq.			Date of Receipt
	Mailing Address 17672 Ailanthus Drive			12 05 2007
	City	State	Zip Code	Transaction ID: SA11A1.5048
	Wildwood	MO	63005-4282	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Sonnenschein, et al.	Occupation Attorney		Contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General	33. 234.0		1
	Other (specify) ▼	0 0	1000.00	
[s	UBTOTAL of Receipts This Page (optional)			1600.00
ı	and a complete the tage (optional)			

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

2925.00

	TEMIZED DISBURSEMENTS  Use seperate schedule(s) for each category of the Detailed Summary Page  (check   X   21   27		(check only	NUMBER: PAGE 8/11
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	y Information copied from such Reports and Staten for commercial purposes, other than using the nam			
	NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COMMITTI			
Α.	Full Name (Last, First, Middle Initial) Centrex Strategies, LLC  Mailing Address 906 Olive Street			Transaction ID: SB21B.5045 Date of Disbursement  M M M / D B D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Suite 225 City St. Louis	State Zip Code MO 63101		Amount of Each Disbursement this Period
	Purpose of Disbursement Holiday Reception Expenses Candidate Name		001 Category/ Type	750.00
	Office Sought:    House   Disburse     Senate     President     State: District:	ment For: 2007 Primary X General Other (specify)	туре	
В.	Full Name (Last, First, Middle Initial) Leann Chilton			Transaction ID: SB21B.5041 Date of Disbursement
	Mailing Address 6805 Kimmswick Court			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 3 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City Oak Village	State Zip Code MO 63129		Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbursement of fundraiser expenses Candidate Name		003 Category/ Type	1411.76
	Office Sought:    House   Disburse     Senate   President     State: District:	ment For: 2007 Primary X General Other (specify)	,,	
C.	Full Name (Last, First, Middle Initial) Lewis, Rice and Fingersh, LC			Transaction ID: SB21B.5051 Date of Disbursement
	Mailing Address 500 North Broadway Suite 2000			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 12 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 26 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2007 & 7 \end{smallmatrix} $
	City St. Louis	State Zip Code MO 63102		Amount of Each Disbursement this Period
	Purpose of Disbursement Professional Services		001	400.00
	Candidate Name	2000	Category/ Type	
	Office Sought: House Disburse Senate President State: District:	ment For: 2008 Primary X General Other (specify)		
	UBTOTAL of Disbursements This Page (optional)			2561.78

# SCHEDULE B (FEC Form 3X)

	SCHEDULE B (FEC Form 3X)  Use seperate schedule(s) (check only one)			PAGE 9/11										
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abla	NAME OF COMMITTEE (In Full)													
$ \rangle$	HEALTH CARE LEADERSHIP COMMITTE	E												
Α.	Full Name (Last, First, Middle Initial) Penman and Winton Consulting, Inc.						<b>Trans</b> Date			_		3.504	6	
	Mailing Address P.O. Box 684						<sup>M</sup> 2	М	/ [	0 4	′	<sup>Y</sup> Ž	0 ŏ 7	7 <sup>Y</sup>
		State MO	Zip Code 65102				Amou	ınt o	f Ead	h Di	isburs	emen	t this I	Period
	Purpose of Disbursement Professional Services			Γ	001		L.	-				1	129.	15
	Candidate Name			С	atego Type	·y/								
	Senate President	ment For: Primary Other (spe	2007 X General											
	State: District:													
В.	Full Name (Last, First, Middle Initial) Rupp for Senate						Date	of D	isbur	sem	ent	3.505		
	Mailing Address 3107 Bear View Ct						1 <sup>M</sup> 2	М	/ [	26		ž	0 ŏ 7	7 <sup>Y</sup>
	,	State MO	Zip Code 63385				Amou	ınt o	f Ead	h Di	isburs	emen	t this I	
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	Mailing Address P.O. Box 1800						1 <sup>™</sup> 0	IVI	<u> </u>	15		ž	0 ŏ 7	7 '
		State MN	Zip Code 55101				Amou	ınt o	f Ead	h Di	isburs	emen	-	Period
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S	CHEDULE B (FEC Form 3)	<b>(</b> )		l F	OR LIN	E NUMBE	R:		PA	GE	10 /	11		
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	y Information copied from such Reports an for commercial purposes, other than using											s		
$\rangle$	NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COI	MMITTEE												
Α.	Full Name (Last, First, Middle Initial) US Bank					Date		sburse				Y		
	Mailing Address P.O. Box 1800					1 1		1	5 / Y	2	0 ŏ 7	7		
	City Saint Paul	State MN	Zip Code 55101			Amou	int of	Each	Disburse	men			d	
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	State: District:													

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	16.00
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SCHEDULE B (FEC Form	3X)	erate schedule(s)		OR LINI			R:			PA	GE	11 /	11	
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NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP C	OMMITTEE													
Full Name (Last, First, Middle Initial)  COLEMAN FOR SENATE 08  Mailing Address 680 TRANSFE	R ROAD, SUITE A					Trans Date of	of Di	sburse	_			0 ŏ 7	7 <sup>Y</sup>	
City SAINT PAUL Purpose of Disbursement Contribution Candidate Name	State MN	Zip Code 55114	01 Categ	jory/		Amou	nt of	Each	Dis	burse	-	t this F		od
OCLEMAN FOR SENATE 08  Office Sought: House  X Senate  President  State: MN District: 00	Disbursement For: Primary Other (sp	2007  X General ecify)	Тур	oe										

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	1000.00
TOTAL This Period (last page this line number only)	<b>•</b>	1000.00