

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
HEALTH CARE LEADERSHIP COMMITTEE

ADDRESS (number and street) 221 EAST CAPITOL AVENUE
 Check if different than previously reported. (ACC)
JEFFERSON CITY MO 65101

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2006 through 09 30 2006

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 10 11 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
HEALTH CARE LEADERSHIP COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		21901.68
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	15534.37									
(c) Total Receipts (from Line 19)	9380.00	11880.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24914.37	33781.68								
7. Total Disbursements (from Line 31)	10931.90	19799.21								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13982.47	13982.47								
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:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9355.00	11855.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9355.00	11855.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	9355.00	11855.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	25.00	25.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (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)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9380.00	11880.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9380.00	11880.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	5931.90	12799.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5931.90	12799.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	7000.00
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))..	10931.90	19799.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	10931.90	19799.21

DETAILED SUMMARY PAGE
of Disbursements

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)	9355.00	11855.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9355.00	11855.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5931.90	12799.21
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5931.90	12799.21

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert Cannon		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6	
Mailing Address 4 Broadview Farm RD		Transaction ID: SA11A1.4727	
City St. Louis	State MO	Amount of Each Receipt this Period 1000.00	
Zip Code 63141		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer BJC HealthCare	Occupation VP, Capital Asset Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Charles E. Carleton		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6	
Mailing Address 262 Maple Ridge Drive		Transaction ID: SA11A1.4765	
City Farmington	State MO	Amount of Each Receipt this Period 25.00	
Zip Code 63640		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00		

Full Name (Last, First, Middle Initial) C. Richard Conklin		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6	
Mailing Address 4753 Quail Run Road		Transaction ID: SA11A1.4737	
City Farmington	State MO	Amount of Each Receipt this Period 500.00	
Zip Code 63640		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Parkland Health Center	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1525.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A. Full Name (Last, First, Middle Initial)
Carol L. Coulter

Mailing Address 527 South Spruce Street

City State Zip Code
Bonne Terre MO 63628

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: SA11A1.4767

Amount of Each Receipt this Period
25.00

Contribution

B. Full Name (Last, First, Middle Initial)
Frank V. Danzo

Mailing Address 2 Wilson Ridge Court

City State Zip Code
Chesterfield MO 63005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2006

Transaction ID: SA11A1.4761

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
Crystal N. Dryden

Mailing Address 19 Statesmen

City State Zip Code
O'Fallon MO 63366

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2006

Transaction ID: SA11A1.4742

Amount of Each Receipt this Period
100.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **225.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A. Full Name (Last, First, Middle Initial)
John Paul Dubinsky

Mailing Address 7370 Westmoreland Drive

City State Zip Code
St. Louis MO 63130-4240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Westminster Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2006

Transaction ID: SA11A1.4755

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Wm. Claiborne Dunagan

Mailing Address 18 Clermont Lane

City State Zip Code
Saint Louis MO 63124-1346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BJC Healthcare Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2006

Transaction ID: SA11A1.4750

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Terri Gilbert

Mailing Address 6144 Pershing Avenue

City State Zip Code
St. Louis MO 63112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2006

Transaction ID: SA11A1.4726

Amount of Each Receipt this Period
100.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A. Full Name (Last, First, Middle Initial)
Stephen Hadzima

Mailing Address 1115 Highland Point Drive

City State Zip Code
St. Louis MO 63131

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
BJC Healthcare

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2006

Transaction ID: SA11A1.4749

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Bruce E. Hight

Mailing Address 4452 Hwy EE

City State Zip Code
Farmington MO 63640

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: SA11A1.4764

Amount of Each Receipt this Period
25.00

Contribution

C. Full Name (Last, First, Middle Initial)
Thomas Karl

Mailing Address 501 Smith Street

City State Zip Code
Farmington MO 63640

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2006

Transaction ID: SA11A1.4744

Amount of Each Receipt this Period
30.00

Contribution

SUBTOTAL of Receipts This Page (optional) 555.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A. Full Name (Last, First, Middle Initial)
Diane M. Kovac

Mailing Address 6550 Delor Street

City State Zip Code
St. Louis MO 63109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2006

Transaction ID: SA11A1.4740

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Gary R. LaBlance

Mailing Address 1129 Greystoke Place

City State Zip Code
Belleville IL 62226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BJC Healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2006

Transaction ID: SA11A1.4754

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Melanie S. Lapidus

Mailing Address 11 High Acres Drive

City State Zip Code
St. Louis MO 63132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BJC Healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2006

Transaction ID: SA11A1.4743

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

Full Name (Last, First, Middle Initial) A. Nancy Lemaster		Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2006	
Mailing Address 127 Pointer Lane		Transaction ID: SA11A1.4736	
City State Zip Code St. Louis MO 63124	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer BJC Healthcare	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) B. Linda Martinez		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 1517 Washington Avenue, #8		Transaction ID: SA11A1.4774	
City State Zip Code St. Louis MO 63103	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Bryan Cave LLP	Occupation Attorney at Law		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Emmy McClelland		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 455 Pasadena Avenue		Transaction ID: SA11A1.4760	
City State Zip Code St. Louis MO 63119	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer BJC Hospital	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

Full Name (Last, First, Middle Initial) A. Mark L. Melliere		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 1845 Summitview Drive		Transaction ID: SA11A1.4751
City State Zip Code St. Charles MO 63303	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) B. Augusto Noronha		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 980 Timber Glin Lane		Transaction ID: SA11A1.4759
City State Zip Code Ballwin MO 63021	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Missouri Baptist Hospital Vice President	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Judy C. Paull		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 7399 Norwood Avenue		Transaction ID: SA11A1.4741
City State Zip Code University City MO 63130-4130	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

Full Name (Last, First, Middle Initial) A. David Ross		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 1207 Applerock Dr		Transaction ID: SA11A1.4753	
City State Zip Code O' Fallon MO 63366	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer BarnesJewish St.Peters Hos- pital	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Donald Ross		Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2006	
Mailing Address 2870 South Lindbergh		Transaction ID: SA11A1.4732	
City State Zip Code St. Louis MS 63131	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Enterprise	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Keith D. Segraves		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 639 Timberidge		Transaction ID: SA11A1.4752	
City State Zip Code St. Charles MO 63303	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

SUBTOTAL of Receipts This Page (optional) ▶	3100.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

Full Name (Last, First, Middle Initial) A. Julie Siebert		Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2006	
Mailing Address 4645 Cecil Place		Transaction ID: SA11A1.4735	
City State Zip Code St. Louis MO 63116	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer BJC Occupation Director	Aggregate Year-to-Date ▼ 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Richard Sommer		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 3013 Shoreside Drive		Transaction ID: SA11A1.4766	
City State Zip Code Columbia MO 65203	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer BJC Occupation Administrator	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Daniel Sullivan		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 811 Hanamoor Court		Transaction ID: SA11A1.4748	
City State Zip Code St. Louis MO 63122	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Barnes-Jewish Hospital Occupation Director of Foundations	Aggregate Year-to-Date ▼ 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

Full Name (Last, First, Middle Initial) A. Debra H. Victor		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 13036 Walnutway Manor		Transaction ID: SA11A1.4768	
City State Zip Code St. Louis MO 63146	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Barbara Westland		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 13 Laurel Oak Court		Transaction ID: SA11A1.4771	
City State Zip Code Lake St. Louis MO 63367	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 50.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Debra A. Wierciak		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 1607 Mary Todd Lane		Transaction ID: SA11A1.4745	
City State Zip Code O'Fallon MO 62269	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	250.00
TOTAL This Period (last page this line number only) ▶	9355.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 23
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input checked="" type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A. Full Name (Last, First, Middle Initial)
Hubbard 4 State Representative

Mailing Address 1546 Biddle Street

City State Zip Code
St. Louis MO 63106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 22 / 2006

Transaction ID: SA16.4775

Amount of Each Receipt this Period
25.00

Partial Refund of Contribution

SUBTOTAL of Receipts This Page (optional)	▶	25.00
TOTAL This Period (last page this line number only)	▶	25.00

**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 17 / 23

<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

Full Name (Last, First, Middle Initial) A. 106 District Republican Comm		Transaction ID: SB21B.4724 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 1 South Jefferson Street		Amount of Each Disbursement this Period 500.00
City Farmington State MO Zip Code 63640	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name 106 District Republican Comm		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. 3rd Senate District Republican Comm		Transaction ID: SB21B.4717 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 222 West Columbia		Amount of Each Disbursement this Period 600.00
City Farmington State MO Zip Code 63640	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name 3rd Senate District Republican Comm		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citizens for Bearden		Transaction ID: SB21B.4713 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 3300 Woodsviw		Amount of Each Disbursement this Period 325.00
City St. Charles State MO Zip Code 63304	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Citizens for Bearden		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1425.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<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

Full Name (Last, First, Middle Initial) A. Citizens for Judy Baar Topinka		Transaction ID: SB21B.4696 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 7808 West 26th Street		Amount of Each Disbursement this Period 500.00
City Riverside State IL Zip Code 60546	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Citizens for Judy Baar Topinka		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citizens for Shields		Transaction ID: SB21B.4721 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 47 Erin Court		Amount of Each Disbursement this Period 650.00
City St. Joseph State MO Zip Code 64507	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Citizens for Shields		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 34	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Committee to Elect Tom Holbrook		Transaction ID: SB21B.4694 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 117 Echo Ridge		Amount of Each Disbursement this Period 250.00
City Collinsville State IL Zip Code 62234	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Committee to Elect Tom Holbrook		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1400.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<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

Full Name (Last, First, Middle Initial) A. Friends of Ryan McKenna		Transaction ID: SB21B.4702 Date of Disbursement MM / DD / YYYY 07 / 31 / 2006	
Mailing Address 3 Briarwood Court		Amount of Each Disbursement this Period 350.00	
City Crystal City	State MO	Zip Code 63019	011 Category/ Type
Purpose of Disbursement Contribution		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Friends of Ryan McKenna			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 22		

Full Name (Last, First, Middle Initial) B. House Democratic Campaign Committee		Transaction ID: SB21B.4708 Date of Disbursement MM / DD / YYYY 08 / 23 / 2006	
Mailing Address P.O. Box 2235		Amount of Each Disbursement this Period 500.00	
City Jefferson City	State MO	Zip Code 65102	011 Category/ Type
Purpose of Disbursement Contribution		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Hubbard 4 State Representative		Transaction ID: SB21B.4705 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006	
Mailing Address 1546 Biddle Street		Amount of Each Disbursement this Period 350.00	
City St. Louis	State MO	Zip Code 63106	011 Category/ Type
Purpose of Disbursement Contribution		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Hubbard 4 State Representative			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 58		

SUBTOTAL of Disbursements This Page (optional) ▶	1200.00
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)

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<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

Full Name (Last, First, Middle Initial) A. Judy Baker for State Rep		Transaction ID: SB21B.4715 Date of Disbursement 08 / 23 / 2006
Mailing Address P.O. Box 1998		Amount of Each Disbursement this Period 250.00
City Columbia State MO Zip Code 65205	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Judy Baker for State Rep		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 25	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lewis, Rice and Fingersh, LC		Transaction ID: SB21B.4722 Date of Disbursement 08 / 23 / 2006
Mailing Address 500 North Broadway Suite 2000		Amount of Each Disbursement this Period 341.90
City St. Louis State MO Zip Code 63102	001 Category/ Type	
Purpose of Disbursement Professional Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Robinson for Representative		Transaction ID: SB21B.4719 Date of Disbursement 08 / 23 / 2006
Mailing Address 416 Trevor Court		Amount of Each Disbursement this Period 300.00
City Bonne Terre State MO Zip Code 63628	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Robinson for Representative		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	891.90
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 21 / 23

<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

Full Name (Last, First, Middle Initial) A. Senate Majority Fund		Transaction ID: SB21B.4699 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 921		Amount of Each Disbursement this Period 1000.00
City Jefferson City State MO Zip Code 65102	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) B. US Bank		Transaction ID: SB21B.4703 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 1800		Amount of Each Disbursement this Period 5.00
City Saint Paul State MN Zip Code 55101	Purpose of Disbursement Service Charge Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type

Full Name (Last, First, Middle Initial) C. US Bank		Transaction ID: SB21B.4738 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 1800		Amount of Each Disbursement this Period 5.00
City Saint Paul State MN Zip Code 55101	Purpose of Disbursement Bank Charge Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1010.00
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)

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<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

Full Name (Last, First, Middle Initial) A. US Bank		Transaction ID: SB21B.4739	
Mailing Address P.O. Box 1800		Date of Disbursement 09 / 15 / 2006	
City Saint Paul	State MN	Zip Code 55101	Amount of Each Disbursement this Period 5.00
Purpose of Disbursement Bank Charge		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	5.00
TOTAL This Period (last page this line number only)	5931.90

**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 23 / 23

<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

Full Name (Last, First, Middle Initial)

A. TALENT FOR SENATE COMMITTEE

Mailing Address 9467 DIELMAN ROCK ISLAND IND DR

City ST LOUIS State MO Zip Code 63132

Purpose of Disbursement
Contribution

Candidate Name
TALENT FOR SENATE COMMITTEE

Office Sought: House
 Senate
 President

State: MO District: 00

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4779

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00