FEC FORM 3X		EPORT O ND DISBU Other Than Ar	JRSEM	ENTS	ee	(Office Use Only	
1. NAME OF COMMITTEE (in f		FEC MAILING LA		ample:If typing er the lines	ı, type			
								.
ADDRESS (number and	street)							
Check if diffe than previous reported. (AC	У . п	EFFERSON CITY					65101 	
2. FEC IDENTIFICA	FION NUMBER	▼ _	CITY 🛋		S	STATE	ZIPCOE	DE 🛋
C00323576	• • • •		3. IS THIS REPORT		NEW (N) OR	AME (A)	NDED	
July 15 Quarterh X October Quarterh January Quarterh July 31 I Report(N Year On	v Report(Q1) v Report(Q2) 15 v Report(Q3) 31 v Report(YE) Aid-Year lon-election	(b) Monthly Report Due On: (c) 12-Day PRE -Elect Report for (d) 30-Day Post -Elec Report for	the:		12C)	Aug 24 Sep 24 Oct 20 General (12 Special (12 Runoff (30)	2G) G) (M10) in the State of	Special (30S)
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	reasurer	Shanon M. Hawk						
Signature of Treasurer	Signature of Treasurer Electronically Filed by Shanon M. Hawk Date 10 11 2006							
NOTE : Submission of	false, erroneous	s, or incomplete info	rmation may si	ubject the pers	on signing this	Report to the p	enalties of 2 U.S	S.C 437g.
Office Use Only							(Rev. 02/200	

Image# 26940405251

6.

SUMMARY PAGE

Y

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name HEALTH CARE LEADERSHIP COMMITTEE MM DD Y W м м D D 07 01 2006 09 30 2006 Report Covering the Period: From: To: **COLUMN A** COLUMN B **This Period** Calendar Year-to-Date (a) Cash on Hand 21901.68 2006 January 1 (b) Cash on Hand at 15534.37 Begining of Reporting Period 9380.00 11880.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 24914.37 33781.68 6(a) and 6(c) for Column B) 10931.90 19799.21 7. Total Disbursements (from Line 31) Cash on Hand at Close of 8. **Reporting Period** 13982.47 13982.47 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed то the committee (Itemize all on Schedule C and/or Schedule D) 0.00

10. Debts and Obligations owed BΥ 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 Image# 26940405252 OF RECEIPTS FEC Form 3X (Rev. 02/2003) Page 3 Write or Type Committee Name HEALTH CARE LEADERSHIP COMMITTEE 0^D1 3^D0 ^м М 07 D м м 09 2006 D 2006 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 9355.00 11855.00 (i) Itemized (use Schedule A) 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 9355.00 11855.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees (c) 0.00 0.00 (such as PACs) Total Contributions (add Lines (d) 11(a)(iii),(b) and (c)) (Carry 9355.00 11855.00 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

0.00

25.00

0.00

0.00

0.00

0.00

9380.00

9380.00

 Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)
 Refunds of Contributions Made to Federal candidates and Other Political Committees

17. Other Federal Receipts

(Dividends, Interest, etc.)
18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3)

(b) Levin Funds (from Schedule H5)

(c) Total Transfer (add 18(a) and 18(b)).

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))

20. Total Federal Receipts (subtract Line 18(c) from Line 19) 0.00
0.00
0.00

0.00

25.00

0.00

11880.00 11880.00

Image# 26940405253

DETAILED SUMMARY PAGE

	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)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	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	0.00	0.00
23.	Committees Contributions to Federal Candidates/Committees		
1	and Other Political Committees	5000.00	7000.00
	(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
	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	
	(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		0.00
	(add Lines 28(a), (b), and (c)) 🕨	0.00	0.00
9.	Other Disbursements	0.00	0.00
0.	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
1.	Total Disbursements (add Lines 21(c), 22,	10931.90	19799.21
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10901.90	19799.21
2.	Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	10931.90	19799.21

Image# 26940405254

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	of Disbursements	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)	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

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 23		
		or each category of the		(check only one)		
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
Ν	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	HEALTH CARE LEADERSHIP COMMIT	TEE		_		
Α.	Full Name (Last, First, Middle Initial) Robert Cannon			Date of Receipt		
	Mailing Address 4 Broadview Farm RD	0	7	0 8 / 2 4 / 2 0 0 6		
	City St. Louis	State	Zip Code	Transaction ID: SA11A1.4727		
	<u>St. Louis</u>	MO	63141	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer BJC HealthCare	Occupation VP, Capit	n tal Asset Management	- Contribution		
	Receipt For:	Aggregate	Year-to-Date V			
	Primary General		1000.00	1		
	Other (specify)	0 0				
В.	Full Name (Last, First, Middle Initial) Charles E. Carleton			Date of Receipt		
	Mailing Address 262 Maple Ridge Drive			09 / 22 / Y Y Y Y 009 / 22 / 2006		
	City	State	Zip Code	Transaction ID: SA11A1.4765		
	Farmington	MO	63640	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer	Occupatior	1	Contribution		
	Receipt For:	Aggregate	Year-to-Date V			
	Primary General Other (specify) ▼	0 0	25.00]		
 C.	Full Name (Last, First, Middle Initial) Richard Conklin			Date of Receipt		
	Mailing Address 4753 Quail Run Road			M M / D D / Y Y Y Y 08 24 2006		
	City	State	Zip Code	Transaction ID: SA11A1.4737		
	Farmington	MO	63640	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Parkland Health Center	Occupatior	1	- Contribution		
	Receipt For: Agg Primary General Other (specify) ▼		Year-to-Date V 500.00]		
s	UBTOTAL of Receipts This Page (optional)		••••••	1525.00		
т	OTAL This Period (last page this line number on	ly)				

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/23 (check only one)				
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12				
				13 14 15 16 17				
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
$\left \right\rangle$	NAME OF COMMITTEE (In Full)							
\mathbb{Z}	HEALTH CARE LEADERSHIP COMMIT							
Α.	Full Name (Last, First, Middle Initial) Carol L. Coulter			Date of Receipt				
	Mailing Address 527 South Spruce Street			09 / 22 / Y Y Y 2006				
	City	State	Zip Code	Transaction ID: SA11A1.4767				
	Bonne Terre	MO	63628	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		25.00				
	Name of Employer	Occupation	1	- Contribution				
	Receipt For:	Aggregate	Year-to-Date V					
	Primary General	1	25.00	1				
	Other (specify) ▼	0 0						
в.	Full Name (Last, First, Middle Initial) Frank V. Danzo			Date of Receipt				
	Mailing Address 2 Wilson Ridge Court			M M / D D / Y Y Y Y Y Y 15 / 2006				
	City	State	Zip Code	Transaction ID: SA11A1.4761				
	Chesterfield	MO	63005	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer	Occupation	1	Contribution				
	Receipt For:	Aggregate	Year-to-Date V					
	Primary General Other (specify) ▼	0 0	100.00]				
	Full Name (Last, First, Middle Initial) Crystal N. Dryden			Date of Receipt				
0.	Mailing Address 19 Statesmen			M M / D D / Y Y Y Y 09 01 2006				
	City	State	Zip Code	Transaction ID: SA11A1.4742				
	<u>O'Fallon</u>	MO	63366	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer Occupation Receipt For: Aggregate Primary General Other (specify) ▼		1	- Contribution				
			Year-to-Date V	-				
			100.00]				
				225.00				
s	UBTOTAL of Receipts This Page (optional)		••••••	-				
т	OTAL This Period (last page this line number on	ıly)		•				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 23 (check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the n	tements may ame and ado	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
\mathbb{Z}	HEALTH CARE LEADERSHIP COMMIT	TEE					
A.	Full Name (Last, First, Middle Initial) John Paul Dubinsky			Date of Receipt			
	Mailing Address 7370 Westmoreland Driv	ve		09 / 15 / Y Y Y Y 2006			
	City	State	Zip Code	Transaction ID: SA11A1.4755			
	St. Louis	MO	63130-4240	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Westminster Development	Occupatior	1	- Contribution			
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Primary General		500.00	1			
	Other (specify)	0 0	500.00				
в.	Full Name (Last, First, Middle Initial) Wm. Claiborne Dunagan			Date of Receipt			
	Mailing Address 18 Clermont Lane			M M / D D / Y Y Y Y Y 0 9 / 0 1 / 2 0 6 Transaction ID: SA11A1.4750 Amount of Each Receipt this Period			
	City	State	Zip Code				
	Saint Louis	MO	63124-1346				
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer BJC Healtcare	Occupatior		- Contribution			
		Vice Pres					
	Receipt For: Primary General	Aggregate	Year-to-Date V				
	Other (specify) ▼	0 0	500.00				
с.	Full Name (Last, First, Middle Initial) Terri Gilbert			Date of Receipt			
	Mailing Address 6144 Pershing Avenue			M M / D D / Y Y Y Y 08 24 2006			
	City	State	Zip Code	Transaction ID: SA11A1.4726			
	St. Louis	MO	63112	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee. C Name of Employer Ocd Receipt For: Ag Primary General			100.00			
			1	- Contribution			
			Year-to-Date V				
	Other (specify)		100.00]			
s	UBTOTAL of Receipts This Page (optional)			1100.00			
Т	OTAL This Period (last page this line number or	ıly)					

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/23		
		or each category of the		(check only one)		
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any person lress of any political committee to	on for the purpose of soliciting contributions		
\sum	NAME OF COMMITTEE (In Full)					
\geq	HEALTH CARE LEADERSHIP COMMIT	_				
Α.	Full Name (Last, First, Middle Initial) Stephen Hadzima			Date of Receipt		
	Mailing Address 1115 Highland Point Driv			09 / D D / Y Y Y Y 02006		
	City Ot Louis	State	Zip Code	Transaction ID: SA11A1.4749		
	St. Louis	MO	63131	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer BJC Healthcare	Occupation	1	- Contribution		
	Receipt For:	Aggregate	Year-to-Date V			
	Primary General Other (specify) ▼	0 0	500.00]		
<u> </u>	Full Name (Last, First, Middle Initial) Bruce E. Hight			Date of Receipt		
	Mailing Address 4452 Hwy EE			M M / D D / Y Y Y Y 09 22 2006		
	City	State	Zip Code	Transaction ID: SA11A1.4764		
	Farmington	MO	63640	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer	Occupatior	1	Contribution		
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	25.00]		
<u>с.</u>	Full Name (Last, First, Middle Initial) Thomas Karl			Date of Receipt		
	Mailing Address 501 Smith Street			M M / D D / Y Y Y Y 0 9 0 1 2 0 0 6		
	City	State	Zip Code	Transaction ID: SA11A1.4744		
	Farmington	MO	63640	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer		1	- Contribution		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 30.00]		
s	UBTOTAL of Receipts This Page (optional)			555.00		
Т	OTAL This Period (last page this line number or	וy)				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 10/23 (check only one)				
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COMMIT	ITEE						
<u>۸</u> .	Full Name (Last, First, Middle Initial) Diane M. Kovac			Date of Receipt				
	Mailing Address 6550 Delor Street			M M / D D / Y Y Y Y 09 01 2006				
	City	State	Zip Code	Transaction ID: SA11A1.4740				
	<u>St. Louis</u>	MO	63109	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer	Occupatio	n	- Contribution				
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼	0 0	100.00]				
в.	Full Name (Last, First, Middle Initial) Gary R. LaBlance			Date of Receipt				
	Mailing Address 1129 Greystoke Place			M M / D D / Y Y Y Y 09 08 2006				
	City	State	Zip Code	Transaction ID: SA11A1.4754				
	Belleville	IL	62226	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00 Contribution				
	Name of Employer BJC Healthcare	Occupatio	n	Contribution				
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General Other (specify)		250.00]				
<u>с.</u>	Full Name (Last, First, Middle Initial) Melanie S. Lapidus			Date of Receipt				
	Mailing Address 11 High Acres Drive			M M / D D / Y Y Y Y 09 11 1 2006				
	City	State	Zip Code	Transaction ID: SA11A1.4743				
	<u>St. Louis</u>	MO	63132	Amount of Each Receipt this Period				
				250.00 Contribution				
			n	Contribution				
			e Year-to-Date 🔻					
	Other (specify)	0 0	250.00					
s	UBTOTAL of Receipts This Page (optional)		······	600.00				
Т	TOTAL This Period (last page this line number only)							

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 23 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COMMI			
<u>́</u> А.	Full Name (Last, First, Middle Initial) Nancy Lemaster			Date of Receipt
	Mailing Address 127 Pointer Lane			M · M / D · D / Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·
	City	State	Zip Code	Transaction ID: SA11A1.4736
	<u>St. Louis</u>	MO	63124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer BJC Healthcare	Occupation	n	Contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		200.00]
в.	Full Name (Last, First, Middle Initial) Linda Martinez			Date of Receipt
	Mailing Address 1517 Washington Aven	ue, #8		M M / D D / Y Y Y Y 09 / 22 / 2006
	City	State	Zip Code	Transaction ID: SA11A1.4774
	<u>St. Louis</u>	MO	63103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Bryan Cave LLP	Occupation Attorney		Contribution
	Receipt For:		e Year-to-Date V	_
	Primary General Other (specify) ▼	0 0	500.00]
<u>с</u> .	Full Name (Last, First, Middle Initial) Emmy McClelland			Date of Receipt
	Mailing Address 455 Pasadena Avenue			M M / D D / Y Y Y Y 09 15 2006
	City	State	Zip Code	Transaction ID: SA11A1.4760
	<u>St. Louis</u>	MO	63119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer BJC Hospital	Occupation	n	- Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 100.00]
s	UBTOTAL of Receipts This Page (optional)		······	800.00
т	OTAL This Period (last page this line number o	nly)		

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12/23
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
A	winformation canied from auch Departs and Sta	tomonto mo		13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	HEALTH CARE LEADERSHIP COMMIT	TEE		
Α.	Full Name (Last, First, Middle Initial) Mark L. Melliere			Date of Receipt
	Mailing Address 1845 Summitview Drive			M M / D D / Y Y Y Y
				09 08 2006
	City St. Charles	State MO	Zip Code 63303	Transaction ID: SA11A1.4751
			03303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
				Contribution
	Name of Employer	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	-
	Primary General			
	Other (specify)		100.00	
	Full Norma (Last First Middle Initial)			
В.	Full Name (Last, First, Middle Initial) Augusto Noronha			Date of Receipt
	Mailing Address 980 Timber Glin Lane			M M / D D / Y Y Y Y
		01-11-	7	09 15 2006
	City Ballwin	State MO	Zip Code 63021	Transaction ID: SA11A1.4759
		IVIO	03021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
		Occupation		Contribution
	Name of Employer Missouri Baptist Hospital	Occupation		
	Receipt For:		e Year-to-Date ▼	-
	Primary General		500.00	
	Other (specify) 🔻	0 0	500.00	
	Full Name (Last, First, Middle Initial)			
C.	Judy C. Pauli			Date of Receipt
	Mailing Address 7399 Norwood Avenue			
	City	State	Zip Code	0 9 0 1 2 0 0 6 Transaction ID: SA11A1.4741
	University City	MO	63130-4130	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		100.00
	Primary General		n	Contribution
			e Year-to-Date 🔻	
			100.00	
	Other (specify)	0 0		-
s	UBTOTAL of Receipts This Page (optional)		······	700.00
T	OTAL This Period (last page this line number or	niy)		

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 13/23	
	EMIZED RECEIPTS	Use separate schedule(s) or each category of the		(check only one)	
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
An	y information copied from such Reports and Stat	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the na	ame and add	lress of any political committee to	solicit contributions from such committee.	
$\left \right\rangle$	NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COMMIT	TEE			
Α.	Full Name (Last, First, Middle Initial) David Ross			Date of Receipt	
	Mailing Address 1207 Applerock Dr			M M / D D / Y Y Y Y 09 08 2006	
	City	State	Zip Code	Transaction ID: SA11A1.4753	
	<u>O' Fallon</u>	MO	63366	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer BarnesJewsh St.Peters Hos-	Occupation		- Contribution	
	pital Receipt For:	President	Year-to-Date ▼	_	
	Primary General	Aggregate		1	
	Other (specify)	0 0	500.00		
в.	Full Name (Last, First, Middle Initial) Donald Ross			Date of Receipt	
	Mailing Address 2870 South Lindbergh			M M / D D / Y Y Y Y 08 24 2006	
	City	State	Zip Code	Transaction ID: SA11A1.4732	
	St. Louis	MS	63131	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		2500.00	
	Name of Employer Enterprise	Occupation Executive		- Contribution	
	Receipt For:		Year-to-Date V		
	Primary General Other (specify) ▼	0 0	2500.00]	
	Full Name (Last, First, Middle Initial) Keith D. Segraves			Date of Receipt	
0.	Mailing Address 639 Timberidge			M M / D D / Y Y Y Y	
				09 08 2006	
	City St. Charles	State MO	Zip Code 63303	Transaction ID: SA11A1.4752 Amount of Each Receipt this Period	
	FEC ID number of contributing	C			
	federal political committee.			100.00	
			1	- Contribution	
			Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	100.00]	
s	UBTOTAL of Receipts This Page (optional)			3100.00	
	OTAL This Period (last page this line number on	lv)			

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 / 23	
	EMIZED RECEIPTS			(check only one)	
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.	
$\left \right\rangle$					
	HEALTH CARE LEADERSHIP COMMIT	IEE			
۲ <u>ـــــــــــــــــــــــــــــــــــ</u>	Full Name (Last, First, Middle Initial) Julie Siebert			Date of Receipt	
	Mailing Address 4645 Cecil Place			M M / D D / Y Y Y Y 08 24 2006	
	City	State	Zip Code	Transaction ID: SA11A1.4735	
	<u>St. Louis</u>	MO	63116	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer	Occupation	1	Contribution	
	BJC	Director			
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Other (specify)		100.00]]	
		0 0	0 0 0 0 0 0 0	1	
в.	Full Name (Last, First, Middle Initial) Richard Sommer			Date of Receipt	
	Mailing Address 3013 Shoreside Drive			M M / D D / Y Y Y Y 09 22 2006	
	City	State	Zip Code	Transaction ID: SA11A1.4766	
	<u>Columbia</u>	MO	65203	Amount of Each Receipt this Period	
	FEC ID number of contributing	C	0 0 0 0 0	300.00	
	federal political committee.	C			
	Name of Employer	Occupation	1	Contribution	
	BJC	Administ			
	Receipt For: Primary General	Aggregate	Year-to-Date V		
	Other (specify)		300.00		
				1	
С.	Full Name (Last, First, Middle Initial) Daniel Sullivan			Date of Receipt	
	Mailing Address 811 Hanamoor Court			M M / D D / Y Y Y Y	
		Ctota	Zin Codo	09 01 2006	
	City St. Louis	State MO	Zip Code 63122	Transaction ID: SA11A1.4748 Amount of Each Receipt this Period	
	FEC ID number of contributing	C			
	federal political committee.			100.00	
			n of Foundations	Contribution	
			Year-to-Date V	-1	
				1	
	Other (specify)	0 0	100.00		
				500.00	
S	UBTOTAL of Receipts This Page (optional)				
т	OTAL This Period (last page this line number or	ıly)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/23								
	EMIZED RECEIPTS		or each category of the	(check only one)								
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	v not be sold or used by any perso dress of any political committee to	tor the purpose of soliciting contributions solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full)											
\mathbb{Z}	HEALTH CARE LEADERSHIP COMMIT	TEE										
Α.				Date of Receipt								
	Mailing Address 13036 Walnutway Mano	r		09 / 22 / Y Y Y 2006								
	City	State	Zip Code	Transaction ID: SA11A1.4768								
	St. Louis	MO	63146	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		100.00								
	Name of Employer	Occupation	1	- Contribution								
	Receipt For:	Aggregate	e Year-to-Date 🔻									
	Other (specify)		100.00	1								
		0 0										
в.	Full Name (Last, First, Middle Initial) Barbara Westland			Date of Receipt								
	Mailing Address 13 Laurel Oak Court			09 / D D / Y Y Y Y 2006								
	City	State	Zip Code	Transaction ID: SA11A1.4771								
	Lake St. Louis	MO	63367	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		50.00								
	Name of Employer	Occupatior	1	Contribution								
	Receipt For:	Aggregate	e Year-to-Date 🔻	-								
	Primary General Other (specify) ▼	0 0	50.00]								
_	Full Name (Last, First, Middle Initial)											
C.	Debra A. Wierciak Mailing Address 1607 Mary Todd Lane			Date of Receipt								
				09 01 2006								
	City O'Fallon	State MO	Zip Code 62269	Transaction ID: SA11A1.4745 Amount of Each Receipt this Period								
	FEC ID number of contributing		02209									
	federal political committee.	C		100.00 Contribution								
	Name of Employer	Occupatior	1									
	Receipt For:	Aggregate	e Year-to-Date 🔻	_								
	Other (specify)	0 0	100.00									
				250.00								
	UBTOTAL of Receipts This Page (optional)		••••••									
т	OTAL This Period (last page this line number or	ıly)		9355.00								

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 23 (check only one) 11a 11a 11b 11c 12 13 14 15 X 16 17								
	r information copied from such Reports and Sta or commercial purposes, other than using the n											
	NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COMMIT	TEE										
Α.	Full Name (Last, First, Middle Initial) Hubbard 4 State Representative Mailing Address 1546 Biddle Street			Date of Receipt								
	City St St. Louis M FEC ID number of contributing federal political committee. C Name of Employer Occ		Zip Code 63106	09 22 2006 Transaction ID: SA16.4775								
				Amount of Each Receipt this Period 25.00								
			1	 Partial Refund of Contrib- ution 								
	Receipt For: 2006 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 25.00									

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

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		-	E NUMBER:	PAGE 17/23
IT	EMIZED DISBURSEMENTS	for each category of the		(check on X 21b	ly one)	24 25 26
		Detailed Summary Page		X 21b 27	22 23 28a 28b	-24 25 26 $30b$
	y Information copied from such Reports and Statem					
or 1	or commercial purposes, other than using the name	and address of any political	l com	nmittee to s	olicit contributions fro	om such committee
\mathbb{N}		-				
	HEALTH CARE LEADERSHIP COMMITTE	E				
<u> </u>	Full Name (Last, First, Middle Initial)				Transaction ID:	SB21B 4724
Α.	106 District Republican Comm				Date of Disburse	-
	Mailing Address 1 South Jefferson Street				0 ^M 8 ^M / ^D 2	^D 3 7 2 0 0 6 Y
	City	State Zip Code			Amount of Each	Disbursement this Period
		MO 63640				500.00
	Purpose of Disbursement Contribution			011		500.00
	Candidate Name		C	ategory/		
	106 District Republican Comm			Туре		
	Office Sought: House Disburser					
	Senate President	Primary X General				
	State: District:	Other (specify)				
	Full Name (Last, First, Middle Initial)				Transaction ID:	SR01B 4717
В.	3rd Senate District Republican Comm				Date of Disburse	ment
	Mailing Address 222 West Columbia					
	City S Farmington		Amount of Each	Disbursement this Period		
	Purpose of Disbursement Contribution			011		600.00
	Candidate Name		C	ategory/		
	3rd Senate District Republican Comm			Туре		
	Office Sought: House Disburser					
	Senate President	Primary X General Other (specify)				
	State: District:					
	Full Name (Last, First, Middle Initial)				Transaction ID:	SB21B.4713
C.	Citizens for Bearden				Date of Disburse	
	Mailing Address 3300 Woodsview				0 ^M 8 ^M / ^D 2	^D / Y 2006 Y
		State Zip Code MO 63304			Amount of Each	Disbursement this Period
	Purpose of Disbursement Contribution			011		325.00
	Candidate Name Categ		ategory/ Type			
	Senate President	ment For: 2006 Primary X General Other (specify) ▼				
<u> </u>	State: MO District: 16					
s	JBTOTAL of Disbursements This Page (optional)			🕨		1425.00
Т	OTAL This Period (last page this line number only)			►		

					R LINE NUMBER: PAGE 18 / 23							
IT	EMIZED DISBURSEMENTS	for each categ	ory of the	I.	(check or	ć í						
		Detailed Sumr	mary Page		X 21b 27	22 28a	23 28b	24 28c	25	26 30b		
	/ Information copied from such Reports and Statem											
or 1	or commercial purposes, other than using the name	and address of	any political	com	mittee to s	olicit contri	butions fro	om such o	committe	e		
\mathbb{N}	NAME OF COMMITTEE (In Full)	_										
	HEALTH CARE LEADERSHIP COMMITTE	E										
<u> </u>	Full Name (Last, First, Middle Initial)					Trans	action ID:	SB21B	4696			
Α.	Citizens for Judy Baar Topinka					Date o	of Disburse	ement	4000			
	Mailing Address 7808 West 26th Street					07	M / D	^D / Y	ź o ŏ	6 ^Y		
			Code			Amoui	nt of Each	Disburse	ment this	Period		
		IL 60	546			-			500	0.00		
	Purpose of Disbursement Contribution				011							
	Candidate Name				tegory/							
	Citizens for Judy Baar Topinka				Гуре	_						
	Office Sought: House Disburse		2006 X General									
	President	Other (specify)										
	State: IL District:											
в.	Full Name (Last, First, Middle Initial)						action ID:	-	4721			
Б.	Citizens for Shields						of Disburse			× I		
	Mailing Address 47 Erin Court					0 8	M / D	23	źoò	6		
	,		Code 507			Amou	nt of Each	Disburse	ment this	s Period		
	St. Joseph Purpose of Disbursement	VIO 64	.507						650	0.00		
	Contribution				011			<u> </u>				
	Candidate Name Citizens for Shields				tegory/ Γype							
	Office Sought: House Disburser		2006									
	X Senate	Primary Other (specify)	X General									
	State: MO District: 34		•									
~	Full Name (Last, First, Middle Initial)					Trans	action ID:	SB21B.	4694			
C.	Committee to Elect Tom Holbrook						of Disburse					
	Mailing Address 117 Echo Ridge					07	M / D 1	^D / Y	ŹOŎ	6 [°]		
			Code 234			Amou	nt of Each	Disburse				
	Purpose of Disbursement Contriibution				011			<u> </u>	250	0.00		
	Candidate Name Committee to Elect Tom Holbrook				tegory/ Γype							
	Office Sought: X House Disburse Senate President		2006 X General									
_	State: IL District:											
s	JBTOTAL of Disbursements This Page (optional)				🕨				1400	.00		
Т	OTAL This Period (last page this line number only)				►							

S	CHEDULE B (FEC Form 3X)	Orm 3X) Use seperate schedule(s) FOR L				LINE NUMBER: PAGE 19/23							
IT	EMIZED DISBURSEMENTS	for each	category of the		(check or X 21b	nly one)	2	з Г	24	<u>П</u> 2	5 [26	
		Detailed	Summary Page		27	28a		Bb	28c			30b	
	y Information copied from such Reports and Statem												
or	or commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and addre	ss of any politica	con	imittee to s	solicit cont	ribution	is tro	m such d	committ	lee		
\rangle	HEALTH CARE LEADERSHIP COMMITTE	E											
<u>د</u>	Full Name (Last, First, Middle Initial)					Trans	actior	DID:	SB21B.	4702			
Α.	Friends of Ryan McKenna						of Disb					_	
	Mailing Address 3 Briarwood Court					0 ^M 7	M /	□3	1	20	٥́6	Y	
	,	State MO	Zip Code 63019			Amou	int of E	ach	Disburse				
	Purpose of Disbursement Contribution									35	50.0	0	
	Candidate Name Friends of Ryan McKenna				011 ategory/ Type								
	X Senate President	ment For: Primary Other (spe	2006 X General ecify) ▼		71								
	State: MO District: 22 Full Name (Last, First, Middle Initial)												
В.	House Democratic Campaign Committee						of Dist	ourse	D /)		Y	Y	
	Mailing Address P.O. Box 2235					0 8		້2	3	20	ò 6		
	City Jefferson City			Amou	int of E	ach	Disburse						
	Purpose of Disbursement Contribution				011					50	0.00	0	
	Candidate Name				ategory/ Type								
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	2006 X General ecify) ▼										
	State: District:												
C.	Full Name (Last, First, Middle Initial) Hubbard 4 State Representative						of Disb	ourse					
	Mailing Address 1546 Biddle Street					0 8	M /	0	1	20	ό́6	Ť	
		State MO	Zip Code 63106			Amou	int of E	ach	Disburse				
	Purpose of Disbursement Contribution			Γ	011					3:	50.0	0	
	Candidate Name Hubbard 4 State Representative				ategory/ Type								
	Office Sought: X House Disburse Senate President State: MO District: 58	ment For: Primary Other (spe	2006 X General ecify) ▼										
s	JBTOTAL of Disbursements This Page (optional) .				►					120	0.0	0	
	OTAL This Period (last page this line number only)												

S	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)			IE NUMBER: PAGE 20 / 23							
IT	EMIZED DISBURSEMENTS	for each	category of the	, 	(check or	ć í		~ [05		
		Detailed	Summary Page		X 21b	22 28a	H_2^2	3 8b	24 28c		25 29	26 30b	
	y Information copied from such Reports and Statem											<u> </u>	
or 1	or commercial purposes, other than using the name	e and addres	ss of any political	l con	nmittee to s	solicit cont	ributior	ns fro	m such o	commi	ttee		
\mathbb{N}	NAME OF COMMITTEE (In Full)	-											
	HEALTH CARE LEADERSHIP COMMITTE	:E											
<u> </u>	Full Name (Last, First, Middle Initial)					Trans	action	י חו י	SB21B	1715	:		
Α.	Judy Baker for State Rep						of Disk		-	. 47 13			
	Mailing Address P.O. Box 1998					0 ^M 8	M /	^D 2	^D / `	ź	٥ Å 6	Y	
	,	State MO	Zip Code 65205			Amou	unt of E	Each	Disburse	ement	this P	eriod	
	Purpose of Disbursement		00200	_						2	250.0	00	
	Contribution				011		0						
	Candidate Name Judy Baker for State Rep			С	ategory/								
	· · · · · · · · · · · · · · · · · · ·	ment For:	2006		Туре								
	Senate	Primary	X General										
	President	Other (spe	ecify) 🔻										
	State: MO District: 25												
В.	Full Name (Last, First, Middle Initial)								SB21B	.4722	2		
υ.	Lewis, Rice and Fingersh, LC					Date	of Disk	Durse	ment	× ×	v	V	
	Mailing Address 500 North Broadway Suite 2000					0 8		ຶ2	3´´	20	0 ở 6		
		State	Zip Code			Amou	unt of E	Each	Disburse	ement	this P	eriod	
	St. Louis								2				
	Purpose of Disbursement Professional Services				001					3	341.9		
	Candidate Name			C	ategory/								
					Туре								
	3	ment For:	2006										
	Senate President	Primary Other (spe	X General										
	State: District:		(ony)										
	Full Name (Last, First, Middle Initial)					Trans	sactior	ו ID:	SB21B	.4719)		
C.	Robinson for Representative						of Disk	ourse	ment				
	Mailing Address 416 Trevor Court					0 ^M 8	M /	^D 2	3 / `	ź) ð 6	Y	
	City	State	Zip Code			Amo	unt of E	lach	Disburse	mont	thic D	Poriod	
		MO	63628			Amo		ach	Disbuise			enou	
	Purpose of Disbursement Contribution				011		0			3	300.0	0	
	Candidate Name			C	ategory/								
	Robinson for Representative				Туре								
		ment For:	2006										
	Senate President	Primary Other (spe	X General										
	State: MO District:		····) V										
										-	• • •		
s	JBTOTAL of Disbursements This Page (optional) .				🕨					. 8	91.9	U	
_т	OTAL This Period (last page this line number only)				•					v			
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IT	EMIZED DISBURSEMENTS	for each cated	gory of the	,	(check X 21b		ne) 22		23	24		25	26
_					27		28a		28b	28c		29	30b
	y Information copied from such Reports and Statem or commercial purposes, other than using the name												S
	NAME OF COMMITTEE (In Full)												
\langle	HEALTH CARE LEADERSHIP COMMITTE	E											
Α.	Full Name (Last, First, Middle Initial) Senate Majority Fund						Trans Date c			SB21B ement	.469	9	
	Mailing Address P.O. Box 921						0 ^M 7	M /	^D 3	^D /	Ý Ž	0 ò e	5 ^Y
	,		o Code 5102				Amou	nt of	Each	Disburs			
	Purpose of Disbursement Contribution			_	011]	L.					1000.0	00
	Candidate Name				tegory/ Гуре								
	Senate X President	ment For: Primary Other (specify)	2006 General ▼										
	State: District: Full Name (Last, First, Middle Initial)									000/0			
В.	US Bank						Date c		sburse			-	Y
	Mailing Address P.O. Box 1800						07			^D 7		0 ò e	
	Saint Paul		o Code 5101				Amou	nt of	Each	Disburs	emen	t this F 5.0	
	Purpose of Disbursement Service Charge Candidate Name			_	001]	L.					5.	50
	Candidate Name				tegory/ Гуре								
	Office Sought: House Disburse Senate President	ment For: Primary Other (specify)	2006 X General										
	State: District:												
C.	Full Name (Last, First, Middle Initial) US Bank						Date c	of Dis	sburse				X
	Mailing Address P.O. Box 1800						08	M /	□1	^D 4	°2	0 ò e	5 [°]
	Saint Paul		o Code 5101				Amou	nt of	Each	Disburs	emen	t this F 5.0	
	Purpose of Disbursement Bank Charge				001	1						5.	50
	Candidate Name			Ca	tegory/ Гуре								
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (specify)	2006 X General ▼										
s	JBTOTAL of Disbursements This Page (optional) .				1	•					1	010.0	00
	OTAL This Period (last page this line number only)					•							

SCHEDULE B (FEC Form 3X)		LINE NUMBER: PAGE 22 / 23
ITEMIZED DISBURSEMENTS	for each category of the	ck only one) 1b 22 23 24 25 26 7 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COMMITTE	E	
Full Name (Last, First, Middle Initial) A. US Bank Mailing Address P.O. Box 1800		Transaction ID: SB21B.4739 Date of Disbursement
2	State Zip Code MN 55101	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Charge	001	5.00
Candidate Name	Category Type	(/
Office Sought: House Disburse Senate President	nent For: 2006 Primary X General Other (specify) ▼	
State: District:		

1		
SUBTOTAL of Disbursements This Page (optional)	►	5.00
TOTAL This Period (last page this line number only)	•	5931.90
FEC Schedule B (Form 3X) Rev. 02/2003		

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS			-	Use seperate schedule(s) for each category of the Detailed Summary Page			OR LIN check o 21b 27	nly one	e)	: X 23 28t		PA 24 28c	GE	23 / 2 25 29	2	6 0b
Any Info							•			;						
		AITTEE (In Full) E LEADERSHIP CO	OMMITTE	E												
A. TAI		First, Middle Initial) SENATE COMMIT 9467 DIELMAN		LAND IN	D DR			D		Disbu		323.4 ent		0 ð 6	Y	
	LOUIS	rsement	-	State MO	Zip Code 63132			- A	moun	t of Ea	ch Dis	sburse		t this P]
Car	ntribution ndidate Name LENT FOR	SENATE COMMIT	TEE			Cate	11 egory/ /pe									
	ice Sought: te: MO	House X Senate President District: 00		ment For: Primary Other (spe	2006 X General ecify) ▼											

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	►	5000.00
FEC Schedule B (Form 3X) Rev. 02/2003		