

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special. (d) 30-Day Post -Election Report for the: General, Runoff, Special. Election on 11/07/2006 in the State of MO

5. Covering Period 10/01/2006 through 10/18/2006

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 03/25/2007

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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

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; border-collapse: collapse;"><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 .....	13682.47									
(c) Total Receipts (from Line 19) .....	15675.00	27555.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	29357.47	49456.68								
7. Total Disbursements (from Line 31) .....	6655.38	26754.59								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	22702.09	22702.09								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

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	15675.00	27530.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	15675.00	27530.00
(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) .....	15675.00	27530.00
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 .....	0.00	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)) .....	15675.00	27555.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15675.00	27555.00

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	2155.38	15254.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2155.38	15254.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	11500.00
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))..	6655.38	26754.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6655.38	26754.59

**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) .....	15675.00	27530.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15675.00	27530.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2155.38	15254.59
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2155.38	15254.59

**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 / 17
	<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 D. Antes

Mailing Address 16108 Applerock Drive

City State Zip Code  
O'Fallon MO 63366

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

Name of Employer Occupation  
Progress West Health Care President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.4799

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
David Aplington

Mailing Address 7441 York Drive

City State Zip Code  
Clayton MO 63105

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

Name of Employer Occupation  
BJC HealthCare Associate General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.4800

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Kevin Bayless

Mailing Address 4063 Magnolia Avenue

City State Zip Code  
Saint Louis MO 63110

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 Y  
1 0 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.4817

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: (check only one)	PAGE 7 / 17
	<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) <b>A.</b> Jordan M. Bernstein		Date of Receipt MM / DD / YYYY 10 / 16 / 2006
Mailing Address 6226 Split Creek Lane		Transaction ID: SA11A1.4828
City Alexandria	State VA	Zip Code 22312
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cassidy	Occupation Lobbyist	Contribution
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>B.</b> Patrick Dupuis		Date of Receipt MM / DD / YYYY 10 / 16 / 2006
Mailing Address 1400 Greenway		Transaction ID: SA11A1.4801
City Elm Grove	State WI	Zip Code 53122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer BJC Healthcare	Occupation CFO	Contribution
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) <b>C.</b> Lee Fetter		Date of Receipt MM / DD / YYYY 10 / 16 / 2006
Mailing Address 57 Joy Avenue		Transaction ID: SA11A1.4802
City St. Louis	State MO	Zip Code 63119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer BJC Healthcare	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3100.00
<b>TOTAL</b> 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 / 17
	<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) <b>A. James Gorman</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 52 Wingfield		Transaction ID: SA11A1.4793	
City St. Louis	State MO	Zip Code 63122	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Hewitt & Assoc.	Occupation Vice 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>B. Mary E. Grimes</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 801 S. Skinker		Transaction ID: SA11A1.4805	
City St. Louis	State MO	Zip Code 63105	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer BJC	Occupation Administrative		
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>C. K. Scott Gronowski, Esq.</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 631 Valley Point Lane		Transaction ID: SA11A1.4808	
City Ballwin	State MO	Zip Code 63021	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer BJC	Occupation Attorney at Law		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> 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: (check only one)	PAGE 9 / 17
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Kimberly A. Kitson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 6411 Winona Avenue		<b>Transaction ID:</b> SA11A1.4809	
City State Zip Code St. Louis MO 63109-2126	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. <b>C</b>	Contribution		
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mark H. Krieger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 14855 Brook Hill Drive		<b>Transaction ID:</b> SA11A1.4824	
City State Zip Code Chesterfield MO 63017-7939	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>	Contribution		
Name of Employer Occupation BJC Finance	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Steven Lipstein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 10 Carrswold Drive		<b>Transaction ID:</b> SA11A1.4832	
City State Zip Code Clayton MO 63105	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>	Contribution		
Name of Employer Occupation BJC Healthcare CEO	Aggregate Year-to-Date ▼ 4500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3075.00
<b>TOTAL</b> 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 10 / 17
	(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**

**A.** Full Name (Last, First, Middle Initial)  
Paul Macek

Mailing Address 13 Dunbridge

City State Zip Code  
Glen Carbon IL 62034

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

Name of Employer Christian Hospital Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 6

**Transaction ID:** SA11A1.4810

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Debra L. Mays

Mailing Address 8151 Pheasant Drive

City State Zip Code  
Barnhart MO 63012

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

Name of Employer BJC Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 6

**Transaction ID:** SA11A1.4831

Amount of Each Receipt this Period  
100.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Ronald B. McMullen

Mailing Address 5204 Dover Drive

City State Zip Code  
Godfrey IL 62035

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

Name of Employer Alton Memorial Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 6

**Transaction ID:** SA11A1.4794

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> 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 / 17
	<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) <b>A.</b> Sharon O'Keefe		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 12856 Topping Acres		Transaction ID: SA11A1.4811
City State Zip Code St. Louis MO 63131-1436	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Barnes-Jewish Hospital	Occupation COO	Contribution
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>B.</b> John W. Petito		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 220 Union Street		Transaction ID: SA11A1.4814
City State Zip Code Schenectady NY 12305	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer BJC	Occupation Intern	Contribution
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>C.</b> Kenneth J. Rothman, Living Trust, Esq.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 39 Ridgetop Drive		Transaction ID: SA11A1.4798
City State Zip Code St. Louis MO 63117	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Capes, et al.	Occupation Attorney at Law	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> 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 12 / 17
	<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) <b>A. Lori Schreiner</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 846 Summit Glen Court		Transaction ID: SA11A1.4815	
City State Zip Code Fenton MO 63026	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer BJC HealthCare	Occupation Phys Servs, VP, Chief Financial Offcr		
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>B. Sylvia D. Sharockman</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 1 Nantucket Harbor Court		Transaction ID: SA11A1.4816	
City State Zip Code Wildwood MO 63040	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Jill Skyles</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 860 Saratoga Heights		Transaction ID: SA11A1.4820	
City State Zip Code St. Charles MO 63304	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> 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 / 17
	<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) <b>A. Sandra A. Vantrese</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 1721 Kenmont Road		<b>Transaction ID: SA11A1.4818</b>	
City State Zip Code St. Louis MO 63124-1021	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Barnes-Jewish Hospital	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. David Weiss</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 5911 Oakville Woods Place		<b>Transaction ID: SA11A1.4819</b>	
City State Zip Code St. Louis MO 63129	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer BJC Healthcare	Occupation Sr. Vice President and CIO		
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>C. James G. Wiehl, Esq.</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 17672 Ailanthus Drive		<b>Transaction ID: SA11A1.4825</b>	
City State Zip Code Wildwood MO 63005-4282	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Sonnenschein, et al.	Occupation Attorney at Law		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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 14 / 17	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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

**A.** Full Name (Last, First, Middle Initial)  
Michael Zychinski

Mailing Address 11 Holiday Lane

City State Zip Code  
Frontenac MO 63131-3238

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

Name of Employer Occupation  
Deloitte Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

Transaction ID: SA11A1.4795

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	15675.00

**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 15 / 17

<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) <b>A. Leann Chilton</b>		Transaction ID: SB21B.4787 Date of Disbursement 10 / 02 / 2006	
Mailing Address 6805 Kimmswick Court		Amount of Each Disbursement this Period 750.06	
City Oak Village State MO Zip Code 63129	Purpose of Disbursement Reimbursement for Fundraiser Expenses Candidate Name	003 Category/ Type	
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>B. Lewis, Rice and Fingersh, LC</b>		Transaction ID: SB21B.4791 Date of Disbursement 10 / 18 / 2006	
Mailing Address 500 North Broadway Suite 2000		Amount of Each Disbursement this Period 264.40	
City St. Louis State MO Zip Code 63102	Purpose of Disbursement Professional Services Candidate Name	001 Category/ Type	
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>C. Penman and Winton Consulting, Inc.</b>		Transaction ID: SB21B.4792 Date of Disbursement 10 / 18 / 2006	
Mailing Address P.O. Box 684		Amount of Each Disbursement this Period 1085.92	
City Jefferson City State MO Zip Code 65102	Purpose of Disbursement Fundraising Services & Expenses Candidate Name	003 Category/ Type	
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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2100.38</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 17

<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) <b>A. US Bank</b>		<b>Transaction ID: SB21B.4788</b> Date of Disbursement																					
Mailing Address 11685 Gravois Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	3		2	0	0	6														
City St. Louis	State MO	Zip Code 63126	Amount of Each Disbursement this Period																				
Purpose of Disbursement Returned Check from Hubbard		<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type	<table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00																	
001																							
Category/ Type																							
25.00																							
Candidate Name																							
Office Sought:	Disbursement For: 2006																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial) <b>B. US Bank</b>		<b>Transaction ID: SB21B.4789</b> Date of Disbursement																					
Mailing Address 11685 Gravois Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	3		2	0	0	6														
City St. Louis	State MO	Zip Code 63126	Amount of Each Disbursement this Period																				
Purpose of Disbursement Returned Check Charge - Hubbard		<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type	<table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00																	
001																							
Category/ Type																							
25.00																							
Candidate Name																							
Office Sought:	Disbursement For: 2006																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial) <b>C. US Bank</b>		<b>Transaction ID: SB21B.4790</b> Date of Disbursement																					
Mailing Address 11685 Gravois Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	5		2	0	0	6														
City St. Louis	State MO	Zip Code 63126	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service Charge		<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type	<table border="1"> <tr> <td>5.00</td> </tr> </table>	5.00																	
001																							
Category/ Type																							
5.00																							
Candidate Name																							
Office Sought:	Disbursement For: 2006																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>55.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>2155.38</b>



**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 / 17

<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) <b>A. ARCH Leadership PAC</b>		<b>Transaction ID: SB23.4784</b> Date of Disbursement
Mailing Address 906 Olive Street, Suite 1212		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City St. Louis	State MO	Zip Code 63101
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" 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:		
		Amount of Each Disbursement this Period <input type="text" value="1500.00"/>

Full Name (Last, First, Middle Initial) <b>B. Missouri Victory 2006</b>		<b>Transaction ID: SB23.4786</b> Date of Disbursement
Mailing Address P.O. Box 73		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Jefferson City	State MO	Zip Code 65102
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name Missouri Victory 2006		
Office Sought: <input type="checkbox"/> House <input checked="" 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: MO District:		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. Russ Carnahan for Congress</b>		<b>Transaction ID: SB23.4785</b> Date of Disbursement
Mailing Address 7370 Manchester Rd STE 20		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City St. Louis	State MO	Zip Code 63143
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name Russ Carnahan for Congress		
Office Sought: <input checked="" 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: MO District: 03		
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="4500.00"/>