



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-3

April 23, 1998

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

Identification Number: C00323576

Reference: Year End Report (7/1/97-12/31/97)

Dear Mr. Sharamitaro:

This letter is to inform you that as of April 22, 1998, the Commission has not received your response to our request for additional information, dated April 1, 1998. This notice requests information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to this request (copy enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact Melissa Hurd on our toll-free number (800) 424-9530 or our local number (202) 694-1130.

Sincerely,

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosure



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

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

APR 1 1998

Identification Number: C00323576

Reference: Year End Report (7/1/97-12/31/97)

Dear Mr. Sharamitaro:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a receipt(s) of \$6,500 from the Health Care Leadership Committee - State Account. Please clarify whether this transfer(s) is from an account maintained by your committee for non-federal activity. If so, be advised that such a transfer is prohibited by 11 CFR §102.5(a)(1)(i) and the full amount of the transfer(s) should be returned to the non-federal account. Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out. In addition, the transfer-out should be disclosed on Schedule B supporting Line 22 of your next report.

If this transaction represents an "internal transfer" of funds from one federal account to another, and the source(s) of such funds has been identified in previous reports of receipts and disbursements, please note that such transfers should not be itemized as doing so inflates total receipts and cash on hand. If this is the case, please amend your report accordingly.

Although the Commission may take further legal action regarding the acceptance of funds from a non-federal account, your prompt transfer-out of the impermissible funds or clarification of the transaction, will be taken into consideration.

HEALTH CARE LEADERSHIP COMMITTEE

PAGE 2

-Schedule B supporting Line 23 of your report discloses a contribution(s) to the Missouri Victory Fund. Please clarify whether this is a federal committee(s), as there does not appear to be a committee(s) registered with the Commission under this name(s). In the event this is a non-federal committee(s), please disclose it on Schedule B supporting Line 29 of the Detailed Summary Page.

-Your report discloses limited payments for administrative expenses. Administrative expenses are payments made for the purpose of operating a political committee including, but not limited to, rent, utilities, salaries, telephone service, office equipment and supplies. Any such payments to a person aggregating in excess of \$200 in a calendar year must be disclosed on Schedule B, supporting Line 21(b) of the Detailed Summary Page. 2 U.S.C. §434(b)(5) If these expenses are being paid by a connected organization, your Statement of Organization must be amended to reflect this relationship. 2 U.S.C. §433(b)(2) In addition, if expenses have been incurred but not paid in a reporting period, the activity should be disclosed as a debt on Schedule D, if the obligation is \$500 or more, or outstanding for sixty days or more. 11 CFR §104.11

Any goods or services provided to your committee by a person, except volunteer activity (i.e., a person's time), would be considered an in-kind contribution from that person, and would be subject to the disclosure requirements of 2 U.S.C. §434(b)(3) and 11 CFR §104.13, and the limitations and prohibitions of 2 U.S.C. §§441a and 441b.

Clarification regarding administrative expenses should be disclosed during each two year election cycle beginning with the first report filed in the non-election year. Please verify that all expenses referenced above (i.e., rent, salaries, utilities, etc.) have been adequately disclosed. If these services have been provided by volunteers, please confirm this in writing.

-For your information, each category on the Detailed Summary Page for which your committee discloses activity must have a separate schedule. Please note this for future filings.

HEALTH CARE LEADERSHIP COMMITTEE
PAGE 3

-For your information, all contributions received that aggregate \$200 or less per individual for the calendar year should be reported on Line 11(a)(ii). Contributions received aggregating over \$200 per individual for the calendar year should be reported on Line 11(a)(i) and itemized on Schedule A.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,



Melissa Hurd
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HEALTH CARE LEADERSHIP COMMITTEE - STATE ACCOUNT P.O. BOX 270496 ST. LOUIS, MO 63127	NA	9/30/97	1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): SEE ATTACHED LETTER	Occupation: NA	Aggregate Year-to-Date: 1 6,000.00	
B. Full Name, Mailing Address and ZIP Code HEALTH CARE LEADERSHIP COMMITTEE - STATE ACCOUNT P.O. BOX 270496 ST. LOUIS, MO 63127	NA	11/4/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): SEE ATTACHED LETTER	Occupation: NA	Aggregate Year-to-Date: 2 11,000.00	
C. Full Name, Mailing Address and ZIP Code RICHARD L. COOKMAN 4765 DWAIG RD FARMINGTON, MO 63640	PARKLAND HEALTH CENTER	10/15/97	325.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	Aggregate Year-to-Date: 3 325.00	
D. Full Name, Mailing Address and ZIP Code S. DOUGLAS HUTCHINGS 17670 LASIANDRA DR CHESTERFIELD, MO. 63005	ST. LOUIS CHILDREN'S HOSPITAL	9/22/97	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VICE-PRESIDENT	Aggregate Year-to-Date: 4 250.00	
E. Full Name, Mailing Address and ZIP Code MARY B. PASARAS 12173 BONT BROOK RD. ST. LOUIS, MO 63122	BTC HEALTH SYSTEM	11/14/97	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VICE-PRESIDENT	Aggregate Year-to-Date: 5 100.00	
F. Full Name, Mailing Address and ZIP Code S. DOUGLAS HUTCHINGS 17670 LASIANDRA DR CHESTERFIELD, MO 63005	ST. LOUIS CHILDREN'S HOSPITAL	12/31/97	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VICE-PRESIDENT	Aggregate Year-to-Date: 6 500.00	
G. Full Name, Mailing Address and ZIP Code CHRIS BACKGREN 16947 WESTGLEN FARMS WILLOWOOD, MO 63011	BTC HEALTH SYSTEM	12/31/97	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VICE PRESIDENT	Aggregate Year-to-Date: 7 250.00	

SUBTOTAL of Receipts This Page (optional) 7675.00

TOTAL This Period (last page this line number only)

