

**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)

Z21 EAST CAPITOL AVENUE

Check if different than previously reported. (ACC)

JEFFERSON CITY

MO

65101

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00323576

3. IS THIS REPORT

NEW (N) OR

X

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- X 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 (12S)

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

04

01

2004

through

06

30

2004

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 Hawk

Signature of Treasurer

Electronically Filed by Shanon Hawk

Date

02

05

2005

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
HEALTH CARE LEADERSHIP COMMITTEE

Report Covering the Period: From: <sup>M</sup>04 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2004

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004 <sup>Y</sup>		9023.50
(b) Cash on Hand at Beginning of Reporting Period .....	7448.50	
(c) Total Receipts (from Line 19) .....	11400.00	11400.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	18848.50	20423.50
<hr/>		
7. Total Disbursements (from Line 31) .....	1237.00	2812.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	17611.50	17611.50
<hr/>		
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

HEALTH CARE LEADERSHIP COMMITTEE

Report Covering the Period: From: <sup>M</sup>04 <sup>-</sup>01 <sup>-</sup>2004 To: <sup>M</sup>06 <sup>-</sup>30 <sup>-</sup>2004

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		
(i) Itemized (use Schedule A) .....	10900.00	
(ii) Unitemized .....	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	10900.00	10900.00
(b) Political Party Committees .....	500.00	500.00
(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) .....	11400.00	11400.00
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	0.00
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)) .....	11400.00	11400.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11400.00	11400.00

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	362.00	937.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	362.00	937.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	675.00	1675.00
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 ActMty (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))..	1237.00	2812.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1237.00	2812.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	11400.00	11400.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11400.00	11400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	362.00	937.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	362.00	937.00

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

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

FOR LINE NUMBER: PAGE 6 / 23

(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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) <b>A. David Aplington</b>		Date of Receipt M / D / Y 06 / 17 / 2004
Mailing Address 7441 York Drive		Transaction ID: SA11A1.4298
City Clayton	State MO	Zip Code 63105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer BJC HealthCare	Occupation Associate General Counsel	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Christopher Baer</b>		Date of Receipt M / D / Y 06 / 08 / 2004
Mailing Address 10124 Bauer Road		Transaction ID: SA11A1.4421
City St. Louis	State MO	Zip Code 63128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>C. Bob Bex</b>		Date of Receipt M / D / Y 06 / 04 / 2004
Mailing Address 1255 Arch Terrace		Transaction ID: SA11A1.4408
City St. Louis	State MO	Zip Code 63117
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<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 7 / 23

(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"/>	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. Alex Berger</b>		Date of Receipt M / D / Y 06 / 21 / 2004
Mailing Address 8025 Venetian Drive		Transaction ID: SA11A1.4463
City Clayton	State MO	Zip Code 63105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. Velinda J. Block</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address 849 Castle Pines Drive		Transaction ID: SA11A1.4240
City Ballwin	State MO	Zip Code 63021-4456
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer St. Louis Children's Hospital	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Buer</b>		Date of Receipt M / D / Y 06 / 03 / 2004
Mailing Address 17 Oak Tree Drive		Transaction ID: SA11A1.4406
City St. Louis	State MO	Zip Code 63119
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

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: PAGE 8 / 23

(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"/> 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. Robert Cannon</b>		Date of Receipt M / D / Y 06 / 08 / 2004
Mailing Address 4 Broadview Farm RD		Transaction ID: SA11A1.4242
City St. Louis	State MO	Zip Code 63141
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer BJC HealthCare	Occupation VP, Capital Asset Management	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Crystal N. Dryden</b>		Date of Receipt M / D / Y 06 / 14 / 2004
Mailing Address 19 Statesmen		Transaction ID: SA11A1.4437
City O'Fallon	State MO	Zip Code 63366
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>C. Wm. Clebome Dunagan</b>		Date of Receipt M / D / Y 05 / 30 / 2004
Mailing Address 18 Clermont Lane		Transaction ID: SA11A1.4244
City Saint Louis	State MO	Zip Code 63124-1348
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer BJC Healthcare	Occupation Vice President	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1600.00</b>
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)

<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. Patrick Dupuis</b>		Date of Receipt M / D / Y 06 / 17 / 2004
Mailing Address 1400 Greenway		Transaction ID: SA11A1.4433
City Elm Grove	State WI	Zip Code 53122
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. W. Frank Ekton</b>		Date of Receipt M / D / Y 06 / 24 / 2004
Mailing Address 501 Hatteras Drive		Transaction ID: SA11A1.4459
City Ballwin	State MO	Zip Code 63011
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>C. Terr Gilbert</b>		Date of Receipt M / D / Y 06 / 06 / 2004
Mailing Address 6144 Pershing Avenue		Transaction ID: SA11A1.4410
City St. Louis	State MO	Zip Code 63112
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2200.00</b>
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 10 / 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

Full Name (Last, First, Middle Initial) <b>A. James Gorman</b>		Date of Receipt M / D / Y Y Y Y 06 / 23 / 2004
Mailing Address 52 Wingfield		Transaction ID: SA11A1.4248
City	State	Zip Code
St. Louis	MO	63122
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Health & Assoc.	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mary Ellen Hawf</b>		Date of Receipt M / D / Y Y Y Y 06 / 18 / 2004
Mailing Address 315 North 11th Street, No. 1101		Transaction ID: SA11A1.4447
City	State	Zip Code
St. Louis	MO	63101
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>C. David J. Joerges</b>		Date of Receipt M / D / Y Y Y Y 06 / 19 / 2004
Mailing Address 203B Woodmoor Ridge Drive		Transaction ID: SA11A1.4448
City	State	Zip Code
Wildwood	MO	63011
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<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 11 / 23

(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"/>	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. Judith A. Johnston		Date of Receipt M / D / Y 06 / 11 / 2004	
Mailing Address 215 Whitehurst Manor Court		Transaction ID: SA11A1.4420	
City St. Charles	State MO	Zip Code 63304	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	50.00	

Full Name (Last, First, Middle Initial) B. Thomas Karl		Date of Receipt M / D / Y 06 / 15 / 2004	
Mailing Address 501 Smith Street		Transaction ID: SA11A1.4434	
City Farmington	State MO	Zip Code 63640	Amount of Each Receipt this Period 100.00
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	

Full Name (Last, First, Middle Initial) C. Sharon Keefe		Date of Receipt M / D / Y 06 / 14 / 2004	
Mailing Address 12856 Topping Acres		Transaction ID: SA11A1.4422	
City St. Louis	State MO	Zip Code 63131	Amount of Each Receipt this Period 100.00
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	

SUBTOTAL of Receipts This Page (optional) .....	▶	250.00
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 12 / 23

(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"/>	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. Nancy A. Konieczny</b>		Date of Receipt M / D / Y 06 / 18 / 2004
Mailing Address 5771 Hoffman Ford Court		Transaction ID: SA11A1.4445
City St. Charles	State MO	Zip Code 63304
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. Steven Kutheis</b>		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address 1515 Rosewood Terrace Drive		Transaction ID: SA11A1.4461
City Ballwin	State MO	Zip Code 63021
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>C. Gary R. LaBlance</b>		Date of Receipt M / D / Y 06 / 12 / 2004
Mailing Address 1129 Greystoke Place		Transaction ID: SA11A1.4436
City Belleville	State IL	Zip Code 62228
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>300.00</b>
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 13 / 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

Full Name (Last, First, Middle Initial) <b>A. Doris M. Lehmann</b>		Date of Receipt M / D / Y Y Y Y 06 / 01 / 2004
Mailing Address 1812 Fahrpark Court		Transaction ID: SA11A1.4403
City	State	Zip Code
St. Louis	MO	63146
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. Nancy Lemaster</b>		Date of Receipt M / D / Y Y Y Y 05 / 30 / 2004
Mailing Address 127 Pointer Lane		Transaction ID: SA11A1.4411
City	State	Zip Code
St. Louis	MO	63124
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>C. Joan Magruder</b>		Date of Receipt M / D / Y Y Y Y 08 / 29 / 2004
Mailing Address 14543 Debbenham Lane		Transaction ID: SA11A1.4250
City	State	Zip Code
Chesterfield	MO	63017
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer BJC Healthcare	Occupation VP, Business Development & Planning	
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<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 14 / 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

Full Name (Last, First, Middle Initial) <b>A. Rick Majum</b>		Date of Receipt M / D / Y 06 / 20 / 2004
Mailing Address 400 North Benton Avenue		Transaction ID: SA11A1.4464
City St. Charles	State MO	Zip Code 63301
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. Emmy McClelland</b>		Date of Receipt M / D / Y 05 / 30 / 2004
Mailing Address 455 Pasadena Avenue		Transaction ID: SA11A1.4404
City St. Louis	State MO	Zip Code 63119
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer BJC Hospital	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>C. Mark L. Mellare</b>		Date of Receipt M / D / Y 06 / 19 / 2004
Mailing Address 1845 Summitview Drive		Transaction ID: SA11A1.4480
City St. Charles	State MO	Zip Code 63303
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>300.00</b>
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 15 / 23

(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"/> 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. James M. Miller</b>		Date of Receipt M / D / Y 06 / 15 / 2004
Mailing Address 1808 Colina Tierra Lane		Transaction ID: SA11A1.4435
City Fenton	State MO	Zip Code 63026
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. Fred Modl</b>		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address 2295 Federalist Place		Transaction ID: SA11A1.4444
City O'Fallon	State MO	Zip Code 63026
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>C. Sandra Morfeld</b>		Date of Receipt M / D / Y 06 / 03 / 2004
Mailing Address 14479 Britannia Drive		Transaction ID: SA11A1.4405
City Chesterfield	State MO	Zip Code 63017
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<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 16 / 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

Full Name (Last, First, Middle Initial) <b>A. Emily T. Niehaus</b>		Date of Receipt M / D / Y Y Y Y 06 / 05 / 2004
Mailing Address 82 Frederick Lane		Transaction ID: SA11A1.4425
City	State	Zip Code
St. Louis	MO	63122
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. Rick J. Ottoline</b>		Date of Receipt M / D / Y Y Y Y 06 / 01 / 2004
Mailing Address 2286 Mill Hill Road		Transaction ID: SA11A1.4424
City	State	Zip Code
St. Clair	MO	63077
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>C. David Ross</b>		Date of Receipt M / D / Y Y Y Y 06 / 15 / 2004
Mailing Address 1207 Applerock Dr		Transaction ID: SA11A1.4252
City	State	Zip Code
O' Fallon	MO	63368
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Barnes Jewish St. Peters Hos- pital	Occupation President	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<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 17 / 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

Full Name (Last, First, Middle Initial) <b>A. Lori Schreiner</b>		Date of Receipt M / D / Y 06 / 15 / 2004
Mailing Address 846 Summit Glen Court		Transaction ID: SA11A1.4254
City Fenton	State MO	Zip Code 63026
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer BJC HealthCare	Occupation Phys Servs, VP, Chief Financial Offcr	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Keith D. Segraves</b>		Date of Receipt M / D / Y 06 / 28 / 2004
Mailing Address 839 Timberidge		Transaction ID: SA11A1.4458
City St. Charles	State MO	Zip Code 63303
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	Aggregate Year-to-Date ▼ 100.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joann Shaw</b>		Date of Receipt M / D / Y 06 / 01 / 2004
Mailing Address 136 Ladue Oaks Drive		Transaction ID: SA11A1.4256
City Creve Coeur	State MO	Zip Code 63141
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer BJC Healthcare	Occupation Vice President	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1350.00</b>
<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 18 / 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

Full Name (Last, First, Middle Initial) <b>A. Eli R. Shuter</b>		Date of Receipt M / D / Y 06 / 10 / 2004	
Mailing Address 824D McPherson		Transaction ID: SA11A1.4448	
City St. Louis	State MO	Zip Code 63130	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

Full Name (Last, First, Middle Initial) <b>B. Stephanie D. Silver</b>		Date of Receipt M / D / Y 06 / 24 / 2004	
Mailing Address 7264 Northmoor Drive		Transaction ID: SA11A1.4462	
City St. Louis	State MO	Zip Code 63105	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

Full Name (Last, First, Middle Initial) <b>C. Jill Skyles</b>		Date of Receipt M / D / Y 06 / 04 / 2004	
Mailing Address 880 Saratoga Heights		Transaction ID: SA11A1.4409	
City St. Charles	State MO	Zip Code 63304	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶	<b>300.00</b>
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 10 / 23

(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"/>	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. Harvey Tettebaum</b>		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address 56285 Little Manibeau Rd		Transaction ID: SA11A1.4258
City California	State MO	Zip Code 65018
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Husch & Eppenger	Occupation Attorney	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dabra H. Victor</b>		Date of Receipt M / D / Y 06 / 15 / 2004
Mailing Address 13036 Walnutway Manor		Transaction ID: SA11A1.4423
City St. Louis	State MO	Zip Code 63146
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Dabra A. Wierclak</b>		Date of Receipt M / D / Y 06 / 13 / 2004
Mailing Address 1807 Mary Todd Lane		Transaction ID: SA11A1.4449
City O'Fallon	State MO	Zip Code 62269
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<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 20 / 23

(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"/>	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. Linda Word		Date of Receipt M / D / Y 06 / 04 / 2004	
Mailing Address 101D Treebop Village Drive		Transaction ID: SA11A1.4407	
City	State	Zip Code	Amount of Each Receipt this Period 100.00
Ballwin	MO	63021	
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	

Full Name (Last, First, Middle Initial) B. Carolyn York		Date of Receipt M / D / Y 06 / 08 / 2004	
Mailing Address 2022 Hickory Street		Transaction ID: SA11A1.4419	
City	State	Zip Code	Amount of Each Receipt this Period 100.00
St. Louis	MO	63104	
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	

SUBTOTAL of Receipts This Page (optional) .....	▶	200.00
TOTAL This Period (last page this line number only) .....	▶	10900.00

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

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

FOR LINE NUMBER: PAGE 21 / 23

(check only one)

<input type="checkbox"/> 11a	<input checked="" 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. STOLAR PARTNERSHIP FEDERAL POLITICAL ACTION COMMITTEE		Date of Receipt M / D / Y 06 / 08 / 2004
Mailing Address 911 WASHINGTON AVENUE		Transaction ID: SA11B.4280
City ST LOUIS	State MO	Zip Code 63101
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

**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 22 / 23

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
HEALTH CARE LEADERSHIP COMMITTEE

Full Name (Last, First, Middle Initial)  
A. CLAY JR FOR CONGRESS

Mailing Address PO BOX 4544  
SUITE 300

City ST LOUIS State MO Zip Code 63108

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB23.4282

Date of Disbursement

04 / 07 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)  
B. HULSHOF FOR CONGRESS

Mailing Address PO BOX 1621

City COLUMBIA State MO Zip Code 65205

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB23.4283

Date of Disbursement

06 / 16 / 2004

Amount of Each Disbursement this Period

375.00

SUBTOTAL of Disbursements This Page (optional) ▶

875.00

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

875.00

