11/29/2010 14:27

Image# 10991884309

## **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

|  | For Other I nan An Authorized Committee  | Office Use Only                                     |
|--|--|---|
| NAME OF COMMITTEE (in full)                                | USE FEC MAILING LABEL OR TYPE OR PRINT   Example: If typing, type over the lines |   |
| HEALTH CARE LEADERSI                                       | HIP COMMITTEE  |   |
| 1  |  |   |
|  |  |   |
| ADDRESS (number and street)                                | 221 EAST CAPITOL AVENUE  |   |
| Check if different than previously                         | JEFFERSON CITY   | ı MO ı ı 65101 ı ı ı                                |
| reported. (ACC)  |  |   |
| 2. FEC IDENTIFICATION NUI                                  | MBER ♥ CITY ▲  | STATE A ZIPCODE A                                   |
| C00323576  | 3. IS THIS REPORT X NEW (N) OR   | AMENDED (A)   |
| 4. TYPE OF REPORT (Choose One)                             | (b) Monthly Report Feb 20 (M2) May 20 (M5)                                       | ) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) |
| (a) Quarterly Reports:                                     | Due On: Mar 20 (M3) Jun 20 (M6)  | Dec 20 (M12)  |
| April 15   | Apr 20 (M4) Jul 20 (M7)  | Oct 20 (M10) Jan 31 (YE)                            |
| Quarterly Report(C   | Q1) (c) 12-Day Primary (12P)   | General (12G) Runoff (12R)                          |
| Quarterly Report(C   | Q2) PRE-Election Report for the: Convention (12C)                                | Special (12S)                                       |
| October 15 Quarterly Report(0                              |  |   |
| January 31<br>Quarterly Report(Y                           | /E) Election on  | in the<br>State of                                  |
| July 31 Mid-Year<br>Report(Non-election<br>Year Only) (MY) | Post -Election X General (30G)   | Runoff (30R) Special (30S)                          |
| Termination Repor  |  | 2010 in the MO                                      |
| (1211)   | Election on 11 02  | 2 0 1 0 State of MO                                 |
| 5. Covering Period 1                                       | 0 14 2010 through 11   | 22 2010   |
| I certify that I have examined this                        | Report and to the best of my knowledge and belief it is true, correct            | t and complete.                                     |
| Type or Print Name of Treasurer                            | Shanon M. Hawk   |   |
|  |  |   |
| Signature of Treasurer Electro                             | onically Filed by Shanon M. Hawk   | Date 11 29 2010                                     |
| NOTE : Submission of false, erro                           | oneous, or incomplete information may subject the person signing th              | his Report to the penalties of 2 U.S.C 437g.        |
| Office<br>Use  |  | FEC FORM 3X<br>(Rev. 12/2004)                       |
| Only FE6AN026  |  |   |

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 2/9 Write or Type Committee Name HEALTH CARE LEADERSHIP COMMITTEE <sup>®</sup> D 22 2010 10 14 2010 11 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 14947.04 January 1 (b) Cash on Hand at 28049.11 Begining of Reporting Period ..... 500.00 26550.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 28549.11 41497.04 6(a) and 6(c) for Column B) ..... 6020.00 18967.93 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 22529.11 22529.11 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed 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 OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 9

Write or Type Committee Name

HEALTH CARE LEADERSHIP COMMITTEE

Report Covering the Period:

From:

м м 1 0 D D 14

<sup>Y</sup> 2010

та.

м°м 1 1 D D 22

Y Y Y Y 2 0 1 0

| I. Receipts |  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------|--|-------------------------------|-----------------------------------|
| 11.         | Contributions (other than loans) From: (a) Individuals/Persons Other                           |                               |                                   |
|             | Than Political Committees (i) Itemized (use Schedule A)  | 500.00                        | 26550.00                          |
|             | (ii) Unitemized  | 0.00                          | 0.00                              |
|             | (iii) TOTAL (add<br>Lines 11(a)(i) and (ii)  | 500.00                        | 26550.00                          |
|             | (b) Political Party Committees   | 0.00                          | 0.00                              |
|             | (c) Other Political Committees (such as PACs)  | 0.00                          | 0.00                              |
|             | 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)                                      | 500.00                        | 26550.00                          |
| 2.          | Transfers From Affiliated/Other Party Committees   | 0.00                          | 0.00                              |
| 3.          | All Loans Received   | 0.00                          | 0.00                              |
|             | Loan Repayments Received Offsets To Operating Expenditures                                     | 0.00                          | 0.00                              |
| 6.          | (Refunds, Rebates, etc.)<br>(Carry Totals to Line 37, page 5)<br>Refunds of Contributions Made | 0.00                          | 0.00                              |
|             | to Federal candidates and Other Political Committees   | 0.00                          | 0.00                              |
| 7.          | Other Federal Receipts (Dividends, Interest, etc.)   | 0.00                          | 0.00                              |
| 8.          | 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                              |
| 9.          | Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))                            | 500.00                        | 26550.00                          |
|             | Total Federal Receipts (subtract Line 18(c) from Line 19)                                      | 500.00                        | 26550.00                          |

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/9

|     | II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>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   | 0.00                          | 0.00                              |
|     | (b) Other Federal Operating                                    | 20.00                         | 4717.93                           |
|     | Expenditures(c) Total Operating Expenditures                   | 20.00                         | 4717.93                           |
|     | (add 21(a)(i), (a)(ii) and (b))                                | 20.00                         | 4717.93                           |
| 22. | Transfers to Affiliated/Other Party                            | 0.00                          | 0.00                              |
| 3.  | Contributions to   | 0.00                          | 0.00                              |
|     | Federal Candidates/Committeesand Other Political Committees    | 6000.00                       | 14250.00                          |
| 4.  | Independent Expenditure  | 0.00                          | 0.00                              |
| 5.  | (use Schedule E)   | 0.00                          | 0.00                              |
|     | Committees (2 U.S.C. 441a(d))<br>(use Schedule F)              | 0.00                          | 0.00                              |
| 6.  | Loan Repayments Made   | 0.00                          | 0.00                              |
| 7   | Loans Made   | 0.00                          | 0.00                              |
|     | Refunds of Contributions To:                                   | 0.00                          | 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 (add Lines 28(a), (b), and (c)) | 0.00                          | 0.00                              |
|     | (add Lines 20(a), (b), and (c))                                |                               |                                   |
| 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)   | 0.00                          | 0.00                              |
|     | (i) Federal Share  |                               |                                   |
|     | (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                       | 0.00                          | 0.00                              |
|     | 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))                       | 6020.00                       | 18967.93                          |
| 32. | Total Federal Disbursements                                    |                               |                                   |
|     | (subtract Line 21(a)(ii) and Line 30(a)(ii)                    |                               |                                   |
|     | from Line 31)  | 6020.00                       | 18967.93                          |

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 9

| III. Net Contributions/Operating<br>Expenditures |  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |  |
|--|--|-------------------------------|-----------------------------------|--|
|  | utions (other than loans) d), page 3)        | 500.00                        | 26550.00                          |  |
| 34. Total Contribution (from Line 28)            | ution Refunds<br>(d))                        | 0.00                          | 0.00                              |  |
|  | ons (other than loans)<br>e 34 from Line 33) | 500.00                        | 26550.00                          |  |
|  | Operating Expenditures a)(i) and Line 21(b)) | 20.00                         | 4717.93                           |  |
| -  | erating Expenditures<br>, page 3)            | 0.00                          | 0.00                              |  |
| 38. Net Operating (subtract Line                 | Expenditures<br>37 from Line 36)             | 20.00                         | 4717.93                           |  |

FE6AN026

A.

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

FOR LINE NUMBER: PAGE 6/9 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COMMITTEE Full Name (Last, First, Middle Initial) Date of Receipt Lee Fetter Mailing Address 430 Oakwood Avenue 16 2010 City State Zip Code Transaction ID: SA11AI.5456 St. Louis MO 63119 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. **PAC Contribution** Name of Employer St. Louis Children's Hosp-Occupation President ital Receipt For: Aggregate Year-to-Date Primary General 500.00 Other (specify)

| SUBTOTAL of Receipts This Page (optional)           | <b>&gt;</b> | 500.00 |
|---|-------------|--------|
| TOTAL This Period (last page this line number only) | <b>•</b>    | 500.00 |

A.

В.

# SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 7/9 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b 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) Transaction ID: SB21B.5457 US Bank Date of Disbursement 15 2010 Mailing Address P.O. Box 1800 City State Zip Code Amount of Each Disbursement this Period Saint Paul MN 55101 10.00 Purpose of Disbursement Bank Service Charge 001 Candidate Name Category/ Type Office Sought: Disbursement For: 2010 House X General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.5458 US Bank Date of Disbursement 15 2010 Mailing Address P.O. Box 1800 City State Zip Code Amount of Each Disbursement this Period Saint Paul 55101 MN 10.00 Purpose of Disbursement Bank Service Charge 001 Candidate Name Category/ Type Office Sought: 2010 House Disbursement For:

X General

| SUBTOTAL of Disbursements This Page (optional)      |          | 20.00 |
|---|----------|-------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 20.00 |

Primary

Other (specify)

State:

| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s)                           | FOR LINE N        |  |
|---|--|-------------------|--|
| ITEMIZED DISBURSEMENTS  | for each category of the Detailed Summary Page     | (check only o     | 22 X 23 24 25 26<br>28a 28b 28c 29 30  |
| 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   | •  |                   |  |
| Full Name (Last, First, Middle Initial) BILLY LONG FOR CONGRESS   |  |                   | Transaction ID: SB23.5454 Date of Disbursement   |
| Mailing Address 1675-F E SEMINOLE   |  |                   | $\begin{bmatrix} \begin{smallmatrix} M & 0 & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & 0 \\ 2 & 6 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & & Y & 0 & Y & 0 \\ & & 2 & 0 & 1 & 0 \end{bmatrix}$ |
| •   | State Zip Code<br>MO 65804                         |                   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement Political Contribution Candidate Name   |  | 011               | 500.00   |
| BILLY LONG FOR CONGRESS   |  | Category/<br>Type |  |
| Office Sought:  X House Senate President State: MO District: 07   | ment For: 2010 Primary X General Other (specify) ▼ |                   |  |
| State: MO District: 07  Full Name (Last, First, Middle Initial)  CARNAHAN IN CONGRESS                     |  |                   | Transaction ID: SB23.5452 Date of Disbursement   |
| Mailing Address 7370 Manchester Rd STE  | 20   |                   | $\begin{bmatrix} \begin{smallmatrix} M & 0 & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$           |
| •   | State Zip Code<br>MO 63143                         |                   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement Political Contribution Candidate Name   |  | 011<br>Category/  | 3000.00  |
| CARNAHAN IN CONGRESS  |  | Type              |  |
| Office Sought:  X House Senate President State: MO District: 03   | ment For: 2010 Primary X General Other (specify) ▼ |                   |  |
| Full Name (Last, First, Middle Initial) ROBIN CARNAHAN FOR SENATE   |  |                   | Transaction ID: SB23.5451 Date of Disbursement   |
| Mailing Address PO BOX 50378  |  |                   |  |
|   | State Zip Code<br>MO 63105                         |                   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement<br>Political Contribution   |  | 011               | 1000.00  |
| Candidate Name<br>ROBIN CARNAHAN FOR SENATE   |  | Category/<br>Type |  |
| Office Sought:    House   Disburser     X   Senate   President  | ment For: 2010 Primary X General Other (specify)   |                   |  |
| State: MO District: 00  |  |                   |  |
| SUBTOTAL of Disbursements This Page (optional)  |  | <u></u>           | 4500.00  |
| TOTAL This Period (last page this line number only)   |  |                   |  |

| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS  | for each category of the Detailed Summary Page (check or 21b 27 | 22 X 23 24 25 26<br>28a 28b 28c 29 30b               |
|--|---|--|
| Any Information copied from such Reports and Statemor for commercial purposes, other than using the name | ,                         | ' '  |
| NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COMMITTE  | E   |  |
| Full Name (Last, First, Middle Initial) TODD AKIN FOR CONGRESS  Mailing Address PO BOX 31222             |   | Transaction ID: SB23.5448 Date of Disbursement     M |
| ST LOUIS   | State Zip Code<br>MO 63131                                      | Amount of Each Disbursement this Period              |
| Purpose of Disbursement Political Contribution   | 011   | 1300.00  |
| Candidate Name TODD AKIN FOR CONGRESS  | Category/<br>Type   |  |
| Office Sought:  Senate President  State: MO  Disburser  Senate   | ment For: 2010 Primary X General Other (specify)                |  |

| SUBTOTAL of Disbursements This Page (optional)      |          | 1500.00 |
|---|----------|---------|
| TOTAL This Period (last page this line number only) | <b>—</b> | 6000.00 |