

**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) PO BOX 270496
Check if different than previously reported. (ACC) ST LOUIS MO 63127

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00323576

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
	July 15 Quarterly Report(Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)	
	October 15 Quarterly Report(Q3)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
	January 31 Quarterly Report(YE)	Convention (12C)	Special (12G)			
	July 31 Mid-Year Report(Non-election Year Only) (MY)	Election on			in the State of	
	Termination Report (TER)	(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
		Election on			in the State of	

5. Covering Period 07 01 2003 through 12 31 2003

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 John J. Sharamitara, CPA

Signature of Treasurer Electronically Filed by John J. Sharamitara, CPA Date 01 28 2004

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							
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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
HEALTH CARE LEADERSHIP COMMITTEE

Report Covering the Period: From: ^M07 ^D01 ^Y2003 To: ^M12 ^D31 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003		16513.65
(b) Cash on Hand at Beginning of Reporting Period	5610.50	
(c) Total Receipts (from Line 19)	13015.00	13015.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	16625.50	29528.65
<hr/>		
7. Total Disbursements (from Line 31)	9802.00	20505.15
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9023.50	9023.50
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
<hr/>		
10. Debts and Obligations owed BY 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: ^M07 ^Y01 ^Y2003 To: ^M12 ^Y31 ^Y2003

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)	8050.00	
(ii) Unitemized	3965.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12015.00	12015.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1000.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13015.00	13015.00
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))	13015.00	13015.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13015.00	13015.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	627.00	1650.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	627.00	1650.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	6180.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9175.00	12675.00
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))..	9802.00	20505.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	9802.00	20505.15

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)	13015.00	13015.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13015.00	13015.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	627.00	1650.15
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	627.00	1650.15

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 15	
	(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

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) A. David Aplington		Date of Receipt M / D / Y 09 / 18 / 2003
Mailing Address 7441 York Drive		Transaction ID: SA11A1.4602
City Clayton	State MO	Zip Code 63105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer BJC HealthCare	Occupation Associate General Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Velinda J. Block		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 849 Castle Pines Drive		Transaction ID: SA11A1.4632
City Ballwin	State MO	Zip Code 63021-4456
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer St. Louis Children's Hospital	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Richard Conklin		Date of Receipt M / D / Y 10 / 22 / 2003
Mailing Address 4753 Qual Run Road		Transaction ID: SA11A1.4495
City Farmington	State MO	Zip Code 63640
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer BJC HealthCare	Occupation President, Parkland Health Center	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	950.00
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 7 / 15	
	(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

Full Name (Last, First, Middle Initial) A. John T. Elena		Date of Receipt M / D / Y 09 / 30 / 2003
Mailing Address 2 East Walinca Walk		Transaction ID: SA11A1.4627
City Clayton	State MO	Zip Code 63105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BJC HealthCare	Occupation Medical Director, BJC Medical Group	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. W. Frank Ekton		Date of Receipt M / D / Y 09 / 18 / 2003
Mailing Address 501 Hatteras Drive		Transaction ID: SA11A1.4600
City Ballwin	State MO	Zip Code 63011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BJH Foundation	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Gary LaBlanc		Date of Receipt M / D / Y 09 / 18 / 2003
Mailing Address 1917 Mapleview Ct.		Transaction ID: SA11A1.4595
City Belleville	State IL	Zip Code 62228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St. Louis Children's Hospital	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 / 15	
	(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

Full Name (Last, First, Middle Initial) A. Bruce M. Lane		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 938 Barnard College Lane		Transaction ID: SA11A1.4639
City	State	Zip Code
University City	MO	63130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer BJC HealthCare	Occupation Associate General Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Melania Lapidus		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 11 High Acres Dr.		Transaction ID: SA11A1.4639
City	State	Zip Code
St. Louis	MO	63132
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer BJC HealthCare	Occupation Vice President, General Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Paul Maczek		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 13 Dunbridge		Transaction ID: SA11A1.4637
City	State	Zip Code
Glen Carbon	IL	62034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Christian Hospital Northe- ast	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 9 / 15	
	(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

Full Name (Last, First, Middle Initial) A. Joan Magruder		Date of Receipt M / D / Y 09 / 18 / 2003
Mailing Address 14543 Debbenham Lane		Transaction ID: SA11A1.4603
City Chesterfield	State MO	Zip Code 63017
FEC ID number of contributing federal political committee. C		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	

Full Name (Last, First, Middle Initial) B. Terry L. Mabejka		Date of Receipt M / D / Y 09 / 30 / 2003
Mailing Address 2708 Diekamp Farm Trl.		Transaction ID: SA11A1.4622
City Saint Charles	State MO	Zip Code 63303-5476
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Vice President	Occupation Christian Hospital	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ronald McMullen		Date of Receipt M / D / Y 09 / 30 / 2003
Mailing Address 5204 Dover		Transaction ID: SA11A1.4623
City Godfrey	State IL	Zip Code 62035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer Alton Memorial Hospital	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
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 10 / 15	
	(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

Full Name (Last, First, Middle Initial) A. David Ross		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 114B5 State Route F		Transaction ID: SA11A1.4488
City	State	Zip Code
Rolla	MO	65401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Barnes-Jewish St. Peters Hospital	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Thomas Ryan		Date of Receipt M / D / Y 11 / 12 / 2003
Mailing Address 9 Lake Forest Drive		Transaction ID: SA11A1.4502
City	State	Zip Code
St. Louis	MO	63117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Joann Shaw		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 136 Ladue Oaks Drive		Transaction ID: SA11A1.4631
City	State	Zip Code
Creve Coeur	MO	63141
FEC ID number of contributing federal political committee. C		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)	▶	1400.00
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 11 / 15	
	(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"/> 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. David Weiss		Date of Receipt M / D / Y 09 / 25 / 2009
Mailing Address 5911 Oakville Woods Place		Transaction ID: SA11A1.4488
City State Zip Code St. Louis MO 63129	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer BJC Healthcare	Occupation BJC Home Care Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	8050.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 15	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

Full Name (Last, First, Middle Initial) A. SONNENSCHN NATH & ROSENTHAL LLP POLITICAL ACTION COMMITTEE (SONNENSCHN PAC)		Date of Receipt M / D / Y 10 / 31 / 2008
Mailing Address 1301 K STREET NW SUITE 600 EAST TOWER		Transaction ID: SA11C.4697
City State Zip Code WASHINGTON DC 20005	FEC ID number of contributing federal political committee. C C00216127	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

**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 13 / 15
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input 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. CPA John J. Sharamitaro		Transaction ID: SB21B.4470 Date of Disbursement 08 / 19 / 2003		
Mailing Address 11648 Gravois, Ste 235		Amount of Each Disbursement this Period 175.00		
City St. Louis	State MO			Zip Code 63126
Purpose of Disbursement bookkeeping				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. CPA John J. Sharamitaro		Transaction ID: SB21B.4473 Date of Disbursement 12 / 15 / 2003		
Mailing Address 11648 Gravois, Ste 235		Amount of Each Disbursement this Period 175.00		
City St. Louis	State MO			Zip Code 63126
Purpose of Disbursement bookkeeping				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	350.00
TOTAL This Period (last page this line number only)	▶	350.00

**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 14 / 15	
	<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. AMERICAN HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE (AHAPAC)		Transaction ID: SB23.4481 Date of Disbursement 12 / 02 / 2003
Mailing Address 325 SEVENTH STREET NW SUITE 700		Amount of Each Disbursement this Period 2875.00
City WASHINGTON	State DC Zip Code 20004	
Purpose of Disbursement		
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) B. Clay Jr. for Congress		Transaction ID: SB23.4482 Date of Disbursement 11 / 17 / 2003
Mailing Address P.O. Box 4544		Amount of Each Disbursement this Period 500.00
City St. Louis	State MO Zip Code 63108	
Purpose of Disbursement		
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) C. Gephardt for President		Transaction ID: SB23.4479 Date of Disbursement 09 / 10 / 2003
Mailing Address 7777 Bonhomme, Ste 121D		Amount of Each Disbursement this Period 3000.00
City St. Louis	State MO Zip Code 63105	
Purpose of Disbursement		
Candidate Name		
Office Sought: House Senate X President	Disbursement For: Primary General Other (specify) ▼	
State: District		

SUBTOTAL of Disbursements This Page (optional)	6175.00
TOTAL 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 15 / 15	
	<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. MISSOURIANS FOR KIT BOND		Transaction ID: SB23.4476 Date of Disbursement 08 / 22 / 2003	
Mailing Address 147 N MERAMEC SUITE 100		Amount of Each Disbursement this Period 1000.00	
City CLAYTON	State MO		Zip Code 63105
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary General Other (specify) ▼		
State: MO	District: D0		

Full Name (Last, First, Middle Initial) B. POLITICAL ACTION COMMITTEE OF THE MISSOURI HOSPITAL ASS-OC		Transaction ID: SB23.4483 Date of Disbursement 10 / 08 / 2003	
Mailing Address 4712 COUNTRY CLUB PO BOX 80		Amount of Each Disbursement this Period 1500.00	
City JEFFERSON CITY	State MO		Zip Code 65102
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. VOLUNTEERS FOR SHIMKUS		Transaction ID: SB23.4480 Date of Disbursement 09 / 22 / 2003	
Mailing Address P.O. Box 5458 PO BOX 5458		Amount of Each Disbursement this Period 500.00	
City Springfield	State IL		Zip Code 62705
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: IL	District: 19		

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	9175.00