



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

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

DEC 2 1998

Identification Number: C00323576

Reference: Amended Mid-Year (1/1/97-6/30/97), dated 10/6/97 and Year End (7/1/97-12/31/97) Reports

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 reports (pertinent portions attached) disclose receipts of \$4,500 and \$6,500 from the *Health Care Leadership Committee - State Account*. You have stated "funds that were collected for the federal committee were inadvertently deposited into the state committee account." However, you have failed to report the ORIGINAL date of deposit(s), the ORIGINAL contributor, as well as the ORIGINAL amount(s) from each contributor of these funds. Please amend your report(s) accordingly.

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

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,

A handwritten signature in cursive script that reads "A. L. Kitchen". The signature is written in black ink and has a long horizontal flourish extending to the right.

Antoinette Kitchen
Reports Analyst
Reports Analysis Division

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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 HEALTH CARE LEADERSHIP COMMITTEE STATE ACCOUNT	Name of Employer N/A	Date (month, day, year) 6-27-97	Amount of Each Receipt this Period 4500.00
	Occupation	Aggregate Year-to-Date \$ 4500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): TRANSFER			

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	4500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2 FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

HEALTH CARE LEADERSHIP COMMITTEE

OK

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 27096 ST. LOUIS, MO 63127	NA	9/20/97	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: \$ 6,000.00	
B. 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 27096 ST. LOUIS, MO 63127	NA	11/4/97	5000.00
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: \$ 11,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD L. COJANIN 4785 QUAIL ROAD FARMINGTON, MO 65640	PARKLAND HEALTH CENTER	10/15/97	325.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: PRESIDENT	Aggregate Year-to-Date: \$ 325.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. DOUGLAS HUTCHINGS 17670 LASIANDRA DR CHESTERFIELD, MO. 63005	ST. LOUIS CHILDRENS HOSPITAL	9/22/97	2500.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: VICE-PRESIDENT	Aggregate Year-to-Date: \$ 2500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAY B. PASANAS 12173 BENT BROOK RD. ST. LOUIS, MO 63122	BTC HEALTH SYSTEM	11/14/97	100.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: VICE-PRESIDENT	Aggregate Year-to-Date: \$ 1000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. DOUGLAS HUTCHINGS 17670 LASIANDRA DR CHESTERFIELD, MO 63005	ST. LOUIS CHILDRENS HOSPITAL	12/31/97	250.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: VICE-PRESIDENT	Aggregate Year-to-Date: \$ 2500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRIS GUCKLEY 16847 WESTGLEN FARMS WILMINGTON, MO 63011	BTC HEALTH SYSTEM	12/31/97	250.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: VICE PRESIDENT	Aggregate Year-to-Date: \$ 250.00	
SUBTOTAL of Receipts This Page (optional)			7675.00
TOTAL This Period (last page this line number only)			