REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED FEDERAL ELECTION COMMISSION

OCT 16 3 07 PM '98

1. NAME OF COMMITTEE (in full)
Health Care Leadership Committee

ADDRESS (number and street) ☐ Check if different than previously reported
PO Box 270496

CITY, STATE and ZIP CODE
St. Louis, MO 63127

2. FEC IDENTIFICATION NUMBER
C00323576

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☒ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7-1-98 through 9-30-98		
6. (a) Cash on Hand January 1, 1998		$ 2638.99
(b) Cash on Hand at Beginning of Reporting Period	$ 6161.01	
(c) Total Receipts (from Line 19)	$ 2,500.00	$ 22,625.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 8661.01	$ 25,263.99
7. Total Disbursements (from Line 30)	$ 1154.69	$ 17,757.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 7506.32	$ 7506.32
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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. Sharamitaro

Signature of Treasurer [signature]

Date 10/13/98

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

FEC FORM 3X
(revised 9/93)

FEBAN064

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM 7/1/98 TO 9/30/98

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	500.00	20625.00	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) ➤	500.00	20625.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	500.00	20,625.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	2000.00	2000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	2500.00	22625.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	2500.00	22625.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	754.69	3507.67	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	754.69	3507.67	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	400.00	14,250.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(d)] (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1154.69	17757.67	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	1154.69	17757.67	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	500.00	20625.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	500.00	20625.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	754.69	3507.67	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	754.69	3507.67	37

FE6A/06+

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11(a)(i)

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)

HealthCare Leadership Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code Gerard Probst 39 Powder Creek Dr. Belleville, IL 62223	Name of Employer: MO Baptist Medical Center Occupation: Vice President	Date (month, day, year): 9-25-98	Amount of Each Receipt this Period: 250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
C. Full Name, Mailing Address and ZIP Code Peter Ambrose, Jr. 1116 Edward Terrace St. Louis, MO 63117	Name of Employer: BJC Health System Occupation: VP-Behavioral Health	Date (month, day, year): 9-25-98	Amount of Each Receipt this Period: 250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 750.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) 2000.00

FEBAN064

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 16

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NAME OF COMMITTEE (in Full)

HEALTHCARE LEADERSHIP COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. NIXON CAMPAIGN FUND P.O. BOX 143 JEFFERSON CITY, MO 65102 Receipt For: [X] Primary [ ] General [X] Other (specify): REFUND EXCESS	Occupation: COMMITTEE Aggregate Year-to-Date > $ 2,000.00	9/25/98	2,000.00
B. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) 2,000.00

FE\AND94

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Health Care Leadership Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Phelps for Congress 209 N. Vine Harrisburg, IL 62946	Donation Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7-21-98	100.00
B. Costello for Congress PO Box 8250 Belleville, IL 62222	Donation Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/29/98	100.00
C.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Committee to Elect Tony Heckemeyer PO Box 830 Sikeston, MO 63801	Donation Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9-10-98	100.00
E. Volunteers for Shimkus PO Box 5458 Springfield, IL 62705	Donation Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9-10-98	100.00
F.	Disbursement for: [ ] Primary [ ] General [X] Other (specify)		
G.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) 400.00

FEBANX04

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 21(b)

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NAME OF COMMITTEE (In Full)

HEALTHCARE LEADERSHIP COMMITTEE

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code POSTMASTER ST. LOUIS, MO	POSTAGE Disbursement for: ☐ Primary ☐ General ☒ Other (specify) EXPENSE	8-21-98	29.00
B. Full Name, Mailing Address and ZIP Code JOHN J. SHARAMITARO, CPA PC 11648 GRAVOIS, STE 235 ST. LOUIS, MO 63126	Purpose of Disbursement BOOKKEEPING/ACCOUNTING Disbursement for: ☐ Primary ☐ General ☒ Other (specify) EXPENSE	9-18-98	681.00
C. Full Name, Mailing Address and ZIP Code MERCANTILE BANK PO BOX 524 ST. LOUIS, MO 63166	Purpose of Disbursement BANK CHARGES Disbursement for: ☐ Primary ☐ General ☒ Other (specify) EXPENSE	7/1/98 – 9/30/98	44.69
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	754.69

FE6AN094

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 10/14/98
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

AA
PREPARER

10/18/98
DATE PREPARED

(4/98)