

**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

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

X 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

07

01

2004

through

09

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

10

12

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

FEC FORM 3X  
(Rev. 02/2003)

**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: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>09 <sup>D</sup>30 <sup>Y</sup>2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004 <sup>M</sup> <sup>D</sup>		9023.50
(b) Cash on Hand at Beginning of Reporting Period .....	14261.50	
(c) Total Receipts (from Line 19) .....	6650.00	14700.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	20911.50	23723.50
<hr/>		
7. Total Disbursements (from Line 31) .....	15749.93	18561.93
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5161.57	5161.57
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
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: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>09 <sup>D</sup>30 <sup>Y</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) .....	5250.00	
(ii) Unitemized .....	400.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	5650.00	13200.00
(b) Political Party Committees .....	0.00	500.00
(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) .....	6650.00	14700.00
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)) .....	6650.00	14700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6650.00	14700.00

**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.....	0.00	937.00
(ii) Non-Federal Share.....	7162.93	7162.93
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	7162.93	8099.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8587.00	10482.00
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))..	15749.93	18561.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	8587.00	11399.00

**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) .....	6650.00	14700.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6650.00	14700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	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) .....	0.00	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 / 17

(check only one)  
 11a  11b  11c  12  
 13  14  15  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) <b>A. Richard Conkin</b>		Date of Receipt M / D / Y 07 / 14 / 2004
Mailing Address 4753 Quail Run Road		Transaction ID: SA11A1.4171
City Farmington	State MO	Zip Code 63640
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. June Fowler</b>		Date of Receipt M / D / Y 07 / 13 / 2004
Mailing Address 8225 Pershing		Transaction ID: SA11A1.4175
City St. Louis	State MO	Zip Code 63130
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen Hadelma</b>		Date of Receipt M / D / Y 07 / 14 / 2004
Mailing Address 1115 Highland Point Drive		Transaction ID: SA11A1.4189
City St. Louis	State MO	Zip Code 63131
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</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 7 / 17  
(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. Bruce Lane</b>		Date of Receipt M / D / Y Y Y Y 07 / 14 / 2004
Mailing Address 834D Clayton Road #106-E		Transaction ID: SA11A1.4173
City	State	Zip Code
St. Louis	MO	63117
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer	Occupation	Contribution
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Paul Marek</b>		Date of Receipt M / D / Y Y Y Y 08 / 11 / 2004
Mailing Address 13 Dunbridge		Transaction ID: SA11A1.4179
City	State	Zip Code
Glen Carbon	IL	62034
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer	Occupation	Contribution
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Cheryl Matajka</b>		Date of Receipt M / D / Y Y Y Y 08 / 10 / 2004
Mailing Address 2708 Diekamp Farm Trl.		Transaction ID: SA11A1.4181
City	State	Zip Code
St. Charles	MO	63303
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer	Occupation	Contribution
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>1750.00</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 8 / 17

(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. Carmelo Mocerì</b>		Date of Receipt M / D / Y 07 / 21 / 2004
Mailing Address 16201 Wynncrest Ridge Court		Transaction ID: SA11A1.4177
City Wildwood	State MO	Zip Code 63005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. David Weiss</b>		Date of Receipt M / D / Y 07 / 14 / 2004
Mailing Address 5911 Oakville Woods Place		Transaction ID: SA11A1.4165
City St. Louis	State MO	Zip Code 63129
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	2000.00
TOTAL This Period (last page this line number only) .....	▶	5250.00



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

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

FOR LINE NUMBER: PAGE 9 / 17

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. Sonnenschein PAC		Date of Receipt MM / DD / YYYY 07 / 07 / 2004
Mailing Address 1301 K Street NW Suite 600 East Tower		Transaction ID: SA11C.4158
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	<b>1000.00</b>

**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 10 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HEALTH CARE LEADERSHIP COMMITTEE

Full Name (Last, First, Middle Initial)

A. Citizens for Dolan

Mailing Address #3 Rudder Court

City State Zip Code  
Lake St. Louis MO 63367

Purpose of Disbursement  
Contribution

Candidate Name  
Citizens for Dolan

Office Sought: House  
Senate  
President

State: MO District

Disbursement For: 2004  
Primary X General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.4189

Date of Disbursement

09 / 13 / 2004

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Vicki Schneider

Mailing Address 429 Main Street

City State Zip Code  
O'Fallon MO 63301

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: House  
Senate  
President

State: MO District

Disbursement For: 2004  
Primary X General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.4191

Date of Disbursement

09 / 13 / 2004

Amount of Each Disbursement this Period

237.00

Full Name (Last, First, Middle Initial)

C. Committee to Re-Elect Neal St. Onge

Mailing Address 281 Geremms Drive

City State Zip Code  
Ballwin MO 63011

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: House  
Senate  
President

State: MO District

Disbursement For: 2004  
Primary X General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.4197

Date of Disbursement

09 / 13 / 2004

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional) ▶

587.00

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 11 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HEALTH CARE LEADERSHIP COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Friends of Roy Blunt</b>		Transaction ID: SB23.4223 Date of Disbursement 07 / 15 / 2004	
Mailing Address PO Box 50100 PO Box 50100		Amount of Each Disbursement this Period 1000.00	
City Springfield State MO Zip Code 65805	Purpose of Disbursement Contribution Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO      District: D7	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kinder for Lt. Governor</b>		Transaction ID: SB23.4187 Date of Disbursement 09 / 13 / 2004	
Mailing Address P.O. Box 738		Amount of Each Disbursement this Period 500.00	
City Cape Girardeau State MO Zip Code 63702	Purpose of Disbursement Contribution Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO      District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Koster for Senate</b>		Transaction ID: SB23.4195 Date of Disbursement 09 / 13 / 2004	
Mailing Address P.O. Box 9		Amount of Each Disbursement this Period 300.00	
City Harrisonville State MO Zip Code 64701	Purpose of Disbursement Contribution Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO      District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1800.00</b>
<b>TOTAL</b> 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 12 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HEALTH CARE LEADERSHIP COMMITTEE

Full Name (Last, First, Middle Initial)  
A. McNary for St. Louis County

Mailing Address P.O. Box 16657

City St. Louis State MO Zip Code 63105

Purpose of Disbursement  
Contribution

Candidate Name

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

Category/  
Type

Transaction ID: SB23.4193  
Date of Disbursement

09 / 24 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)  
B. MISSOURIANS FOR KIT BOND

Mailing Address 147 N MERAMEC SUITE 100

City ST LOUIS State MO Zip Code 63105

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼  
State: MO District 00

Category/  
Type

Transaction ID: SB23.4226  
Date of Disbursement

08 / 24 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)  
C. Missourians for Matt Blunt

Mailing Address P.O. Box 685

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement  
Contribution

Candidate Name

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

Category/  
Type

Transaction ID: SB23.4199  
Date of Disbursement

09 / 13 / 2004

Amount of Each Disbursement this Period

1200.00

SUBTOTAL of Disbursements This Page (optional) ▶

2200.00

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 13 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HEALTH CARE LEADERSHIP COMMITTEE

Full Name (Last, First, Middle Initial)  
A. Russ Camahan for Congress

Mailing Address 7370 Manchester Rd STE 20

City State Zip Code  
St. Louis MO 63143

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
Senate  
President  
State: MO District: D3

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.4219  
Date of Disbursement

07 / 15 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. Russ Camahan for Congress

Mailing Address 7370 Manchester Rd STE 20

City State Zip Code  
St. Louis MO 63143

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
Senate  
President  
State: MO District: D3

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.4220  
Date of Disbursement

09 / 24 / 2004

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

8587.00

**DISBURSEMENT SCHEDULE H4 (FEC Form 3X)**  
**JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE**

NAME OF COMMITTEE (In Full)  
 HEALTH CARE LEADERSHIP COMMITTEE

A. Full Name (Last, First, Middle Initial) John Sharamitaro			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support Event Year-To-Date 1112.00	
Mailing Address 11848 Gravois, Suite 235				
City	State	Zip Code	001	
St. Louis	MO	63126		
Purpose/Event: Administrative			Category/ Type	
Description: Professional Services			Date MM / DD / YYYY 07 / 07 / 2004	
			Transaction ID: H4.4132	
FEDERAL SHARE		+	NON-FEDERAL SHARE	
0.00			175.00	
			=	TOTAL AMOUNT 175.00

B. Full Name (Last, First, Middle Initial) Leann Chilton			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support Event Year-To-Date 4011.77	
Mailing Address 6805 Kimmswick Court				
City	State	Zip Code	001	
Oak Village	MO	63129		
Purpose/Event: Administrative			Category/ Type	
Description: PAC Event			Date MM / DD / YYYY 07 / 09 / 2004	
			Transaction ID: H4.4144	
FEDERAL SHARE		+	NON-FEDERAL SHARE	
0.00			2899.77	
			=	TOTAL AMOUNT 2899.77

C. Full Name (Last, First, Middle Initial) Erin Jurens			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support Event Year-To-Date 4091.77	
Mailing Address 8813 State Street				
City	State	Zip Code	001	
Quincy	IL	62305		
Purpose/Event: Administrative			Category/ Type	
Description: Reception and Registration Services			Date MM / DD / YYYY 07 / 13 / 2004	
			Transaction ID: H4.4139	
FEDERAL SHARE		+	NON-FEDERAL SHARE	
0.00			50.00	
			=	TOTAL AMOUNT 50.00

<b>SUBTOTAL</b> of Joint Federal and Non-Federal Activity This Page				
FEDERAL SHARE		+	NON-FEDERAL SHARE	
0.00			3124.77	
			=	TOTAL AMOUNT 3124.77
<b>TOTAL</b> This Period (last page for each line only)(Federal share to 21(a)(i) and non-Federal share to 21(a)(ii))				
FEDERAL SHARE			TOTAL AMOUNT	
			NON-FEDERAL SHARE	
<b>TOTAL</b> This Period for the Non-Federal Share (used for line 31 of the detailed summary page)				

**DISBURSEMENT SCHEDULE H4 (FEC Form 3X)**  
**JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE**

NAME OF COMMITTEE (In Full)  
 HEALTH CARE LEADERSHIP COMMITTEE

A. Full Name (Last, First, Middle Initial) Katharine Aplington			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support Event Year-To-Date 4111.77	
Mailing Address 7441 York Drive				
City	State	Zip Code	001	
Clayton	MO	63105		
Purpose/Event: Administrative			Category/ Type	
Description: Reception and Registration Services			Date MM / DD / YYYY 07 / 13 / 2004	
			Transaction ID: H4.4141	

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
0.00		50.00		50.00

B. Full Name (Last, First, Middle Initial) John Sharamitaro			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support Event Year-To-Date 4286.77	
Mailing Address 11648 Gravois, Suite 235				
City	State	Zip Code	001	
St. Louis	MO	63126		
Purpose/Event: Administrative			Category/ Type	
Description: Professional Services			Date MM / DD / YYYY 07 / 26 / 2004	
			Transaction ID: H4.4133	

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
0.00		175.00		175.00

C. Full Name (Last, First, Middle Initial) John Sharamitaro			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support Event Year-To-Date 4461.77	
Mailing Address 11648 Gravois, Suite 235				
City	State	Zip Code	001	
St. Louis	MO	63126		
Purpose/Event: Administrative			Category/ Type	
Description: Professional Services			Date MM / DD / YYYY 06 / 10 / 2004	
			Transaction ID: H4.4134	

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
0.00		175.00		175.00

<b>SUBTOTAL</b> of Joint Federal and Non-Federal Activity This Page				
FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
0.00		400.00		400.00
<b>TOTAL</b> This Period (last page for each line only)(Federal share to 21(a)(i) and non-Federal share to 21(a)(ii))				
FEDERAL SHARE		NON-FEDERAL SHARE		TOTAL AMOUNT
<b>TOTAL</b> This Period for the Non-Federal Share (used for line 31 of the detailed summary page)				

**DISBURSEMENT SCHEDULE H4 (FEC Form 3X)**  
**JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE**

NAME OF COMMITTEE (In Full)  
 HEALTH CARE LEADERSHIP COMMITTEE

A. Full Name (Last, First, Middle Initial) Lewis, Rice and Fingersh, LC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support Event Year-To-Date 5201.77	
Mailing Address 500 North Broadway   Suite 2000				
City	State	Zip Code	001	
St. Louis	MO	63102		
Purpose/Event: Administrative			Category/ Type	
Description: Professional Services			Date   M / N / E E ' Y Y ( / ) 09 / 07 / 2004	
			Transaction ID: H4.4147	
FEDERAL SHARE		+	NON-FEDERAL SHARE	
0.00			740.00	
			= TOTAL AMOUNT 740.00	

B. Full Name (Last, First, Middle Initial) Brent Hemphill & Associates, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support Event Year-To-Date 7128.77	
Mailing Address 1225 West High Street				
City	State	Zip Code	001	
Jefferson City	MO	65109		
Purpose/Event: Administrative			Category/ Type	
Description: Professional Services			Date   M / N / E E ' Y Y ( / ) 09 / 07 / 2004	
			Transaction ID: H4.4149	
FEDERAL SHARE		+	NON-FEDERAL SHARE	
0.00			1925.00	
			= TOTAL AMOUNT 1925.00	

C. Full Name (Last, First, Middle Initial) Penman and Winton Consulting, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support Event Year-To-Date 7921.93	
Mailing Address P.O. Box 684				
City	State	Zip Code	003	
Jefferson City	MO	65102		
Purpose/Event: Administrative			Category/ Type	
Description: Professional Services			Date   M / N / E E ' Y Y ( / ) 09 / 07 / 2004	
			Transaction ID: H4.4151	
FEDERAL SHARE		+	NON-FEDERAL SHARE	
0.00			795.16	
			= TOTAL AMOUNT 795.16	

<b>SUBTOTAL</b> of Joint Federal and Non-Federal Activity This Page					
FEDERAL SHARE		+	NON-FEDERAL SHARE		
0.00			3460.16		
			= TOTAL AMOUNT 3460.16		
<b>TOTAL</b> This Period (last page for each line only)(Federal share to 21(a)(i) and non-Federal share to 21(a)(i))					
FEDERAL SHARE			TOTAL AMOUNT		
			NON-FEDERAL SHARE		
<b>TOTAL</b> This Period for the Non-Federal Share (used for line 31 of the detailed summary page)					



**DISBURSEMENT SCHEDULE H4 (FEC Form 3X)**  
**JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE**

NAME OF COMMITTEE (In Full)  
 HEALTH CARE LEADERSHIP COMMITTEE

A. Full Name (Last, First, Middle Initial) LMB			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support Event Year-To-Date <div style="text-align: right;">7924.93</div>	
Mailing Address P.O. Box 1800				
City	State	Zip Code	Date MM / DD / YYYY 09 / 18 / 2004	
Saint Paul	MN	55101		
Purpose/Event: Administrative			Category/ Type D01	
Description: Service Charge			Transaction ID: H4.4154	

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
0.00		3.00		3.00

B. Full Name (Last, First, Middle Initial) John Sharamitaro			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support Event Year-To-Date <div style="text-align: right;">8099.93</div>	
Mailing Address 11848 Gravois, Suite 235				
City	State	Zip Code	Date MM / DD / YYYY 09 / 24 / 2004	
St. Louis	MO	63126		
Purpose/Event: Administrative			Category/ Type D01	
Description: Professional Services			Transaction ID: H4.4135	

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
0.00		175.00		175.00

<b>SUBTOTAL</b> of Joint Federal and Non-Federal Activity This Page				
FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
0.00		175.00		175.00
<b>TOTAL</b> This Period (last page for each line only)(Federal share to 21(a)(i) and non-Federal share to 21(a)(ii))				
FEDERAL SHARE				TOTAL AMOUNT
0.00				7162.93
		NON-FEDERAL SHARE		
		7162.93		
<b>TOTAL</b> This Period for the Non-Federal Share (used for line 31 of the detailed summary page)				
		7162.93		