

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) 221 EAST CAPITOL AVENUE
 Check if different than previously reported. (ACC)
JEFFERSON CITY MO 65101

2. **FEC IDENTIFICATION NUMBER** C00323576
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 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 (12G)
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 10 01 2009 through 12 31 2009

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 M. Hawk

Signature of Treasurer Electronically Filed by Shanon M. Hawk Date 01 25 2010

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. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
HEALTH CARE LEADERSHIP COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		24684.12
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	23500.69									
(c) Total Receipts (from Line 19)	650.00	24100.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24150.69	48784.12								
7. Total Disbursements (from Line 31)	9203.65	33837.08								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14947.04	14947.04								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
HEALTH CARE LEADERSHIP COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	650.00	24100.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	650.00	24100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	650.00	24100.00
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))	650.00	24100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	650.00	24100.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	6103.65	23837.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	6103.65	23837.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3100.00	10000.00
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 Activity (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))..	9203.65	33837.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9203.65	33837.08

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	650.00	24100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	650.00	24100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6103.65	23837.08
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6103.65	23837.08

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 10
(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

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 (Last, First, Middle Initial)
John D. Barenkamp

Mailing Address 108 Southgate

City State Zip Code
Belleville IL 62223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BJC Director, IS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2009

Transaction ID: SA11AI.5334

Amount of Each Receipt this Period
100.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)
Lee Fetter

Mailing Address 57 Joy Avenue

City State Zip Code
St. Louis MO 63119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. Louis Children's Hospital President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2009

Transaction ID: SA11AI.5339

Amount of Each Receipt this Period
500.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)
Steven Kutheis

Mailing Address 951 N Harrison Avenue

City State Zip Code
St. Louis MO 63122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Children's Hospital Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
MM / DD / YYYY
12 / 07 / 2009

Transaction ID: SA11AI.5349

Amount of Each Receipt this Period
50.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	650.00

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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 (Last, First, Middle Initial)
Leann Chilton

Transaction ID: SB21B.5337
Date of Disbursement

Mailing Address 6805 Kimmswick Court

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	0	9

City State Zip Code
Oak Village MO 63129

Amount of Each Disbursement this Period

2758.91

Purpose of Disbursement
Expense Reimbursement

003

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2009
 Primary General
 Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Lewis, Rice and Fingersh, LC

Transaction ID: SB21B.5347
Date of Disbursement

Mailing Address 500 North Broadway
Suite 2000

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	0	9

City State Zip Code
St. Louis MO 63102

Amount of Each Disbursement this Period

3197.19

Purpose of Disbursement
Professional Services

001

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Emmy McClelland

Transaction ID: SB21B.5335
Date of Disbursement

Mailing Address 455 Pasadena Avenue

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	0	9

City State Zip Code
St. Louis MO 63119

Amount of Each Disbursement this Period

117.55

Purpose of Disbursement
Expense Reimbursement

003

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2009
 Primary General
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

6073.65

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) US Bank</p> <p>Mailing Address P.O. Box 1800</p> <p>City Saint Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: SB21B.5345</p> <p>Date of Disbursement 10 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>001 Category/ Type</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) US Bank</p> <p>Mailing Address P.O. Box 1800</p> <p>City Saint Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: SB21B.5352</p> <p>Date of Disbursement 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>001 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) US Bank</p> <p>Mailing Address P.O. Box 1800</p> <p>City Saint Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: SB21B.5356</p> <p>Date of Disbursement 12 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>001 Category/ Type</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

30.00

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

6103.65

**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)

<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

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 (Last, First, Middle Initial) BLAINE FOR CONGRESS 2010	Transaction ID: SB23.5344 Date of Disbursement
	Mailing Address PO BOX 1526	<input type="text" value="11"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City COLUMBIA State MO Zip Code 65205	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="500.00"/>
	Candidate Name BLAINE FOR CONGRESS 2010	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CARNAHAN IN CONGRESS	Transaction ID: SB23.5355 Date of Disbursement
	Mailing Address 7370 Manchester Rd STE 20	<input type="text" value="12"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City St. Louis State MO Zip Code 63143	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1100.00"/>
	Candidate Name CARNAHAN IN CONGRESS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JAZZ PAC	Transaction ID: SB23.5351 Date of Disbursement
	Mailing Address 607 14th Street, NW, Suite 800 SUITE 800	<input type="text" value="12"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>
	Candidate Name JAZZ PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2600.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 10

<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

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 (Last, First, Middle Initial)
Team Emerson

Transaction ID: SB23.5346

Date of Disbursement

Mailing Address P.O. Box 822
P.O. Box 822

^M 1	^M /	^D 3	^D 0	/	^Y 2	^Y 0	^Y 0	^Y 9
----------------	----------------	----------------	----------------	---	----------------	----------------	----------------	----------------

City State Zip Code
Cape Girardeau MO 63702

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Political Contribution

011
Category/ Type

Candidate Name
Team Emerson

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MO District: 08

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

3100.00
