

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM
2001 JUL 18 P 12:58

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**

000323576 460601 P 232

JOHN SHARAMITARO
HEALTH CARE LEADERSHIP COMMITTEE
EE
PO BOX 270476
ST LOUIS MO 63167

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER **C00323576**

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

CITY STATE ZIP CODE

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 Year-End 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:

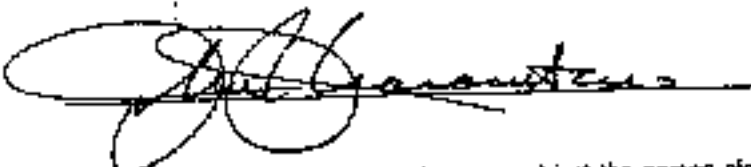
General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period **01 01 2001** through **06 30 2001**

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  Date **07 12 2001**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

HEALTHCARE LEADERSHIP COMMITTEE

Report Covering the Period:

From:

01 01 2001

To:

06 30 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2001	1,959.16	1,959.16
(b) Cash on Hand at Beginning of Reporting Period	1,959.16	
(c) Total Receipts (from Line 19)	1,400.00	1,400.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3,359.16	3,359.16
7. Total Disbursements (from Line 30)	1,193.85	1,193.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2,165.31	2,165.31
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 (Revised 1/01)

Page 3

Write or Type Committee Name

BALTIMORE LEADERSHIP COMMITTEE

Report Covering the Period:

From:

01/01/2001

To:

03/30/2001

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)	1,400.00	
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii))	1,400.00	1,400.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	1,400.00	1,400.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	1,400.00	1,400.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	1,400.00	1,400.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	19385	19385
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	19385	19385
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	100000	100000
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	119385	119385
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)		

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from Line 11(d), page 3)	140000	140000
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	140000	140000
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	19385	19385
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)	19385	19385

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 2	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 (Last, First, Middle Initial)
SEGRAVES, KEITH

Mailing Address
1039 TIMBERIDGE

City **ST. LOUIS** State **MO** Zip Code **63103**

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

Name of Employer: **BTC HEALTHCARE** Occupation: **DIRECTOR, INFORMATION SYSTEMS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
06 15 2001

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
LEHMANN, RUN

Mailing Address
11012 FAIR PARK CT

City **ST. LOUIS** State **MO** Zip Code **63114**

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

Name of Employer: **BTC HEALTHCARE** Occupation: **DIRECTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
06 29 2001

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MAGRUDER, JOAN

Mailing Address
11012 FAIR PARK CT

City **ST. LOUIS** State **MO** Zip Code **63114**

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

Name of Employer: **BTC Health SYSTEM** Occupation: **VP MARKETING & DEVELOPMENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 29 2001

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) **700.00**

TOTAL This Period (last page this line number only) **700.00**

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

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

FOR LINE NUMBER: PAGE 2 OF 2
(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)

HEALTHCARE LEADERSHIP COMMITTEE

A. Full Name (Last, First, Middle Initial)
HANDSHEAR, NORMAN

Mailing Address
14361 RAINLEY LAKE DR.

City State Zip Code
St. Louis MO 63017

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
BJC HEALTH SYSTEM DIRECTOR HUMAN RESOURCES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

06 25 2001

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
GLEICH, JAMES G.

Mailing Address
4966 Chapel Hill

City State Zip Code
St. Louis MO 63128

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
BJC HEALTH SYSTEM DIR SUPPLY MGMT MNG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

06 25 2001

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
FIELDS, HARRY

Mailing Address
5154 WESTMINSTER PLACE

City State Zip Code
St. Louis MO 63108

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
BJC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

06 25 2001

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

1400.00

**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 1 OF 1

21b 22 23 24 25
 26 27 28a 28b 28c 29

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

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

JOHN J. SHARAMITARO

05 34 2001

Mailing Address

11648 GRANDIS, STE 235

Amount of Each Disbursement this Period

City

ST. LOUIS MO 63126

175.00

Purpose of Disbursement

ACCOUNTING

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) EXPENSE

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

FIRSTAR BANK

06 02 2001

Mailing Address

P.O. Box 524

Amount of Each Disbursement this Period

City

ST. LOUIS MO 63106

18.85

Purpose of Disbursement

SERVICE CHARGES

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) EXPENSE

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

City

State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

193.85
193.85

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

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 (Last, First, Middle Initial) **JEAN CARNAHAN FOR MISSOURI COMMITTEE**

Date of Disbursement **03/13/2001**

Mailing Address **P.O. BOX 23398**

City **St. Louis** State **MO** Zip Code **63156**

Purpose of Disbursement

Amount of Each Disbursement this Period **1,000.00**

Candidate Name **JEAN CARNAHAN** Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) **1,000.00**

TOTAL This Period (last page this line number only) **1,000.00**

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 7-16-01
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>LS</i> PREPARER	7-18-01 DATE PREPARED