

BRYAN CAVE LLP

ONE METROPOLITAN SQUARE, SUITE 3600

ST. LOUIS, MISSOURI 63102-2750

(314) 259-2000

FACSIMILE: (314) 259-2020

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STEPHANIE MORRISON
LEGAL ASSISTANT

October 1, 1996

VIA FEDERAL EXPRESS

Federal Election Commission
999 East N.W.
Washington, D.C. 20463

Oct 2 9 45 AM '96

FEDERAL ELECTION COMMISSION
999 EAST N.W.
WASHINGTON, D.C. 20463

Re: Health Care Leadership Committee

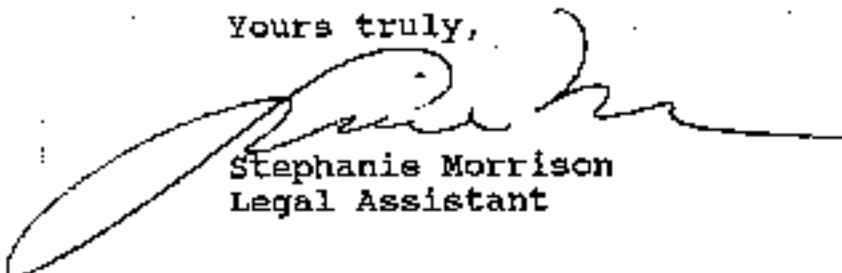
Gentlemen:

We enclose for filing a Statement of Organization for Health Care Leadership Committee.

So that I may know that this filing has been received, please file-stamp the extra copy of this letter and return it to me in the enclosed envelope.

If you have any questions or if there are any additional filing requirements, please call me.

Yours truly,



Stephanie Morrison
Legal Assistant

Enclosures

cc: Jonathan F. Dalton
(w/o enclosure)

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION COMMISSION
MAIL ROOM

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Health Care Leadership Committee	2. DATE OCT 2 9 45 AM '96
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) P. O. Box 270496	3. FEC IDENTIFICATION NUMBER OCT 2 9 45 AM '96
(c) City, State and ZIP Code St. Louis, Missouri 63127	4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
 - (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
 - (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
 - (e) This committee is a separate segregated fund.
 - (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
John Sharamitaro	11648 Gravois, Suite 235 St. Louis, MO 63126	Treasurer

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
John Sharamitaro	11648 Gravois, Suite 235 St. Louis, MO 63126	Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Mercantile Bank of St. Louis, NA	11685 Gravois St. Louis, MO 63126

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER John Sharamitaro	SIGNATURE OF TREASURER 	DATE 9-24-96
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT <i>10-2-96</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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
<i>SLB</i>	<i>10-2-96</i>
PREPARER	DATE PREPARED