

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 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 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 / / 2017 through / / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Hancock, Jill, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Hancock, Jill, , ,* [Electronically Filed] Date / / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

HEALTH CARE LEADERSHIP COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		<input type="text" value="11410.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="38235.24"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="16450.00"/>	<input type="text" value="48450.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="54685.24"/>	<input type="text" value="59860.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20060.00"/>	<input type="text" value="25235.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="34625.24"/>	<input type="text" value="34625.24"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

HEALTH CARE LEADERSHIP COMMITTEE

Report Covering the Period: From: / / To: / /

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).....	16450.00	48450.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	16450.00	48450.00
(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)	16450.00	48450.00
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 Transfers (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)).....▶	16450.00	48450.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16450.00	48450.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	19560.00	23735.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	19560.00	23735.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	1500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	20060.00	25235.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20060.00	25235.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	16450.00	48450.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16450.00	48450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	19560.00	23735.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	19560.00	23735.00

**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 6 OF 16
<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. Aplington, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7441 York Drive
 City Clayton State MO Zip Code 63105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BJC HealthCare Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.6063
 Amount of Each Receipt this Period 3000.00
 Memo Item
 PAC Contribution

B. Bernstein, Jordan, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9336 Castle Hill Road
 City Springfield State VA Zip Code 22153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cassidy Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 11 / 14 / 2017
Transaction ID : SA11AI.6068
 Amount of Each Receipt this Period 1250.00
 Memo Item
 PAC Contribution

C. Chilton, Leann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6805 Kimmswick Court
 City Oak Village State MO Zip Code 63129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BJC Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.6065
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

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

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 7 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Fox, Jerome, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W226 S4405 Coopersmith Square
 City Waukesha State WI Zip Code 53189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BJC Occupation (for Individual) Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.6064
 Amount of Each Receipt this Period 3500.00
 Memo Item
 PAC Contribution

B. Glenn, Judith, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 665 Skinker Blvd. Apt. 11C
 City St. Louis State MO Zip Code 63105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Louis Children's Hospital Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.6066
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

C. Gordin, Margaret, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1007 Devonworth Manor Way
 City Town & Country State MO Zip Code 63017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Louis Children's Hospital Occupation (for Individual) Chief Nurse Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.6056
 Amount of Each Receipt this Period 100.00
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	4600.00
TOTAL This Period (last page this line number only).....	

**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 8 OF 16
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Kayser, Larry, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2017
Mailing Address 5802 Grandview Terrace		Transaction ID : SA11AI.6055
City Waterloo	State IL	Zip Code 62298
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) BJC Healthcare	Occupation (for Individual) Vice President, Finance	<input type="checkbox"/> Memo Item <input type="checkbox"/> PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kovac, Diane, M., ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2017
Mailing Address 6550 Delor Street		Transaction ID : SA11AI.6060
City St. Louis	State MO	Zip Code 63109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) BJC	Occupation (for Individual) Director	<input type="checkbox"/> Memo Item <input type="checkbox"/> PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lochner, Lisa, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2017
Mailing Address 527 Country Lane		Transaction ID : SA11AI.6059
City Sullivan	State MO	Zip Code 63080
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Missouri Baptist Hospital	Occupation (for Individual) Assistant Administrator	<input type="checkbox"/> Memo Item <input type="checkbox"/> PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

**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 9 OF 16
<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

A. Lynch, Melissa, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4134 Arsenal Street
 City St. Louis State MO Zip Code 63116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Barnes Jewish Hospital Occupation (for Individual) Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.6054
 Amount of Each Receipt this Period 100.00
 Memo Item
 PAC Contribution

B. Magruder, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14543 Debbenham Lane
 City Chesterfield State MO Zip Code 63017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Missouri Baptist Hospital Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.6061
 Amount of Each Receipt this Period 250.00
 Memo Item
 PAC Contribution

C. Mahler, Theresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4707 Candleglow Drive
 City St. Louis State MO Zip Code 63128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BJC Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 14 / 2017
Transaction ID : SA11AI.6077
 Amount of Each Receipt this Period 300.00
 Memo Item
 PAC Contribution

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

**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 10 OF 16
<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

A. Martin Murray, Jackie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 232 N Kingshighway Blvd.
 Apt. 1102
 City St. Louis State MO Zip Code 63108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Barnes Jewish Hospital Occupation (for Individual) VP, Perioperative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.6074
 Amount of Each Receipt this Period 250.00
 Memo Item
 PAC Contribution

B. Player, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 643 Ashmont Drive
 City St. Louis State MO Zip Code 63132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Barnes Jewish Hospital Occupation (for Individual) Dir of Diversity & Cultural Competence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.6072
 Amount of Each Receipt this Period 250.00
 Memo Item
 PAC Contribution

C. Rainford, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5921 Highfield Road
 City St. Louis State MO Zip Code 63109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rainford & Associates Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.6062
 Amount of Each Receipt this Period 1250.00
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

**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 11 OF 16
	<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

A. Roberts, Kevin, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4545 Lindell Blvd., Ste. 21
 City St. Louis State MO Zip Code 63108-2037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BJC Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 14 / 2017
Transaction ID : SA11AI.6069
 Amount of Each Receipt this Period 1500.00
 Memo Item
 PAC Contribution

B. Schwarm, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 Cortez Road
 City Sullivan State MO Zip Code 63080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MO Baptist Hospital - Sullivan Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.6057
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

C. Stevens, Ricky, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2192 White Lane Drive
 City Chesterfield State MO Zip Code 63017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Christian Hospital Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 11 / 14 / 2017
Transaction ID : SA11AI.6070
 Amount of Each Receipt this Period 100.00
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	2600.00
TOTAL This Period (last page this line number only).....	

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 12 OF 16
<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

A. Todd, Greta, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 621 Simmons Avenue

City St. Louis	State MO	Zip Code 63122
-------------------	-------------	-------------------

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

Name of Employer (for Individual) St. Louis Children's Hospital	Occupation (for Individual) Exec. Dir. of Diversity & Inclusion
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2017

Transaction ID : SA11AI.6067

Amount of Each Receipt this Period
100.00

Memo Item
 PAC Contribution

B. Vantrease, Sandra, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Overbrook Drive

City St. Louis	State MO	Zip Code 63124-1482
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Barnes-Jewish Hospital	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2017

Transaction ID : SA11AI.6058

Amount of Each Receipt this Period
1000.00

Memo Item
 PAC Contribution

C. Wasserman, Steven, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 123 Slocum Avenue

City Webster Groves	State MO	Zip Code 63119
------------------------	-------------	-------------------

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

Name of Employer (for Individual) BJC	Occupation (for Individual) VP Risk Management
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2017

Transaction ID : SA11AI.6076

Amount of Each Receipt this Period
250.00

Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	16450.00

**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"/> 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. AT Government Strategies

Mailing Address 7700 Forsyth Blvd.
Suite 1800

City St. Louis State MO Zip Code 63105

Purpose of Disbursement
Professional Service

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
10 / 02 / 2017

FEC Identification Number
C
Transaction ID : SB21B.6032
Amount of Each Disbursement this Period
3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Katie Stuart

Mailing Address P.O. Box 591

City Edwardsville State IL Zip Code 62025

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: IL District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement
MM / DD / YYYY
10 / 23 / 2017

FEC Identification Number
C
Transaction ID : SB21B.6043
Amount of Each Disbursement this Period
150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of LaToya N. Greenwood

Mailing Address 5111 West Main Street

City Belleville State IL Zip Code 62226

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: IL District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
10 / 23 / 2017

FEC Identification Number
C
Transaction ID : SB21B.6041
Amount of Each Disbursement this Period
150.00

Memo Item

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

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

3300.00

**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"/> 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. HealthPAC

Mailing Address P.O. Box 60

City Jefferson City State MO Zip Code 65102-0060

Purpose of Disbursement
PAC Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.6033
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Illinois Democratic Heartland

Mailing Address P.O. Box 1383

City Champaign State IL Zip Code 61824

Purpose of Disbursement
Political Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.6037
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Illinois Hospital Association PAC

Mailing Address 1151 E. Warrenville Road
P.O. Box 3015

City Naperville State IL Zip Code 60566

Purpose of Disbursement
PAC Contribution

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.6038
Amount of Each Disbursement this Period

Memo Item

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

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"/> 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. US Bank

Mailing Address P.O. Box 1800

City Saint Paul State MN Zip Code 55101

Purpose of Disbursement
Bank Charge

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B.6039
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. US Bank

Mailing Address P.O. Box 1800

City Saint Paul State MN Zip Code 55101

Purpose of Disbursement
Bank Charge

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B.6045
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. US Bank

Mailing Address P.O. Box 1800

City Saint Paul State MN Zip Code 55101

Purpose of Disbursement
Bank Charge

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B.6046
Amount of Each Disbursement this Period

Memo Item

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

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

A. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement Contribution

Candidate Name MCCASKILL SENATE FUND

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MO District: 00

Date of Disbursement: 12 / 11 / 2017

FEC Identification Number: C 00544056
Transaction ID : SB23.6044

Amount of Each Disbursement this Period: 500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	500.00