



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-3

December 24, 1998

John Sharamitaro, Treasurer
Health Care Leadership Committee
P.O. Box 270496
St. Louis, MO 63127

Identification Number: C00323576

Reference: Amended Mid-Year (1/1/97-6/30/97), dated 10/6/97 and Year End
(7/1/97-12/31/97) Reports

Dear Mr. Sharamitaro:

This letter is to inform you that as of December 23, 1998 the Commission has not received your response to our requests for additional information dated December 2, 1998. These notices request information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to these requests (copies enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact Antoinette Kitchen on our toll-free number (800) 424-9530 or our local number (202) 694-1130.

Sincerely,

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosures



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

John Sharamitaro, Treasurer
Health Care Leadership Committee
P.O. Box 270496
St. Louis, MO 63127

DEC 2 1998

Identification Number: C00323576

Reference: Amended Mid-Year (1/1/97-6/30/97), dated 10/6/97 and Year End
(7/1/97-12/31/97) Reports

Dear Mr. Sharamitaro:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

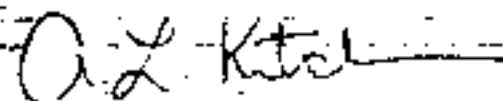
-Schedule A of your reports (pertinent portions attached) disclose receipts of \$4,500 and \$6,500 from the *Health Care Leadership Committee - State Account*. You have stated "funds that were collected for the federal committee were inadvertently deposited into the state committee account." However, you have failed to report the ORIGINAL date of deposit(s), the ORIGINAL contributor, as well as the ORIGINAL amount(s) from each contributor of these funds. Please amend your report(s) accordingly.

Although the Commission may take further legal action regarding the acceptance of funds from a non-federal account, your prompt transfer-out of any impermissible funds or clarification of the transaction, will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our

toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,



Antoinette Kitchen
Reports Analyst
Reports Analysis Division

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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

ok

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HEALTH CARE LEADERSHIP COMMITTEE STATE ACCOUNT	N/A	6-27-97	4500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input checked="" type="checkbox"/> Other (specify): TRANSFER	Aggregate Year-to-Date	\$ 4500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number of)

4500.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

HEALTH CARE LEADERSHIP COMMITTEE

OK

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HEALTH CARE LEADERSHIP COMMITTEE - STATE ACCOUNT P.O. BOX 270496 ST. LOUIS, MO 63127 Receipt For: <input type="checkbox"/> Other (specify): SEE ATTACHED LETTER	NA Occupation: NA Aggregate Year-to-Date: \$ 6,000.00	9/30/97	1500.00
B. Full Name, Mailing Address and ZIP Code HEALTH CARE LEADERSHIP COMMITTEE - STATE ACCOUNT P.O. BOX 270496 ST. LOUIS, MO 63127 Receipt For: <input type="checkbox"/> Other (specify): SEE ATTACHED LETTER	NA Occupation: NA Aggregate Year-to-Date: \$ 11,000.00	11/4/97	5000.00
C. Full Name, Mailing Address and ZIP Code RICHARD L. COOKMAN 4763 QUAIN RUN FARMINGTON, MO 63640 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	PARKLAND HEALTH CENTER Occupation: PRESIDENT Aggregate Year-to-Date: \$ 325.00	10/5/97	325.00
D. Full Name, Mailing Address and ZIP Code S. DOUGLAS HITCHINGS 17670 LASIANDRA DR CHESTERFIELD, MO 63005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	ST. LOUIS CHILDRENS HOSPITAL Occupation: VICE-PRESIDENT Aggregate Year-to-Date: \$ 250.00	9/22/97	250.00
E. Full Name, Mailing Address and ZIP Code MARY G. CASARAS 12173 BENT BROOK RD. ST. LOUIS, MO 63122 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	BTC HEALTH SYSTEM Occupation: VICE-PRESIDENT Aggregate Year-to-Date: \$ 100.00	11/4/97	100.00
F. Full Name, Mailing Address and ZIP Code S. DOUGLAS HITCHINGS 17670 LASIANDRA DR CHESTERFIELD, MO 63005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	ST. LOUIS CHILDRENS HOSPITAL Occupation: VICE-PRESIDENT Aggregate Year-to-Date: \$ 500.00	12/31/97	250.00
G. Full Name, Mailing Address and ZIP Code CHRIS BUCKLEY 11947 WESTLAKEN FARMS WILMWOOD, MO 65011 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	BTC HEALTH SYSTEM Occupation: VICE PRESIDENT Aggregate Year-to-Date: \$ 250.00	12/31/97	250.00

SUBTOTAL of Receipts This Page (optional) 7675.00

TOTAL This Period (last page this line number only)