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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines HEALTH CARE LEADERSHIP COMMITTEE 221 EAST CAPITOL AVENUE ADDRESS (number and street) Check if different than previously JEFFERSON CITY МО 65101 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00323576 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 07 0 1 2009 09 30 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Shanon M. Hawk Type or Print Name of Treasurer Electronically Filed by Shanon M. Hawk 10 12 2009 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

OF RECEIPTS AND DISBURSEMENTS

2/30

Write or Type Committee Name HEALTH CARE LEADERSHIP COMMITTEE

FEC Form 3X (Rev. 02/2003)

D [®]D 07 0 1 2009 0.9 3 0 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 24684.12 January 1 (b) Cash on Hand at 7820.69 Begining of Reporting Period 23450.00 23450.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 31270.69 48134.12 6(a) and 6(c) for Column B) 7770.00 24633.43 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 23500.69 23500.69 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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 (Rev. 06/2004) 3 / 30

Write or Type Committee Name

HEALTH CARE LEADERSHIP COMMITTEE

Report Covering the Period:

From: 0.7

D D 0 1

2009

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Y Y Y Y Y 2 0 0 9

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
(•	Than Political Committees (i) Itemized (use Schedule A)	23450.00	23450.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	23450.00	23450.00
(1	b) Political Party Committees	0.00	0.00
`	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23450.00	23450.00
	ransfers From Affiliated/Other	0.00	0.00
3. A	All Loans Received	0.00	0.00
4. L 5. C	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(I (I	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(I	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	23450.00	23450.00
	otal Federal Receipts subtract Line 18(c) from Line 19)	23450.00	23450.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/30

	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)	0.00	0.00
	(i) Federal Share		0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	2870.00	17733.43
	Expenditures(c) Total Operating Expenditures	2670.00	17733.43
	(add 21(a)(i), (a)(ii) and (b))	2870.00	17733.43
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	4900.00	6900.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
	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	0.00	0.00
	(such as PACs) (d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
00	Federal Election Activity (2 U.S.C 431(20))		
U.	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7770.00	24633.43
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	7770.00	24633.43

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 30

	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)	23450.00	23450.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	23450.00	23450.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2870.00	17733.43
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	2870.00	17733.43

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 30 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	HEALTH CARE LEADERSHIP COMM	MITTEE		
	Full Name (Last, First, Middle Initial) David Aplington			Date of Receipt
	Mailing Address 7441 York Drive			09 30 2009
	City Clayton	State MO	Zip Code 63105	Transaction ID: SA11AI.5320 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer BJC HealthCare	Occupatio Vice Pre		PAC Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Brenda Battle	Date of Receipt		
	Mailing Address 3886 DePaul Meadows Court			09 30 7 2009
	City State Zip Code			Transaction ID: SA11AI.5315
	Bridgeton	MO	63044-2122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Barnes-Jewish Hospital Occupation Director			100.00 PAC Contribution
			n	PAC CONTIDUCTOR
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		100.00	
	Full Name (Last, First, Middle Initial) Mary S. Beck			Date of Receipt
	Mailing Address 1417 Torrey Pines Dr	ive		09 04 2009
	City Columbia	State MO	Zip Code	Transaction ID: SA11AI.5277
	FEC ID number of contributing federal political committee.	C	65203	Amount of Each Receipt this Period 250.00
	Name of Employer Boone Hospital	Occupatio Vice Pre	n sident, Patient Care	PAC Contribution
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/30 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COMM		n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joanne P. Buttice Mailing Address 9101 Damson Drive City St. Louis FEC ID number of contributing federal political committee. Name of Employer St. Louis Children's Hospital Receipt For: Primary General Other (specify)	State Zip Code MO 63123 C Occupation Director Aggregate Year-to-Date 50.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9 / O 4 / 2 0 0 9 Transaction ID: SA11AI.5278 Amount of Each Receipt this Period 50.00 PAC Contribution
Full Name (Last, First, Middle Initial) Robert Cannon Mailing Address 4 Broadview Farm RD City St. Louis FEC ID number of contributing federal political committee. Name of Employer BJC HealthCare Receipt For: Primary General Other (specify)	State Zip Code MO 63141 C Occupation VP, Capital Asset Management Aggregate Year-to-Date 1500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Karen L. Canter-Koester Mailing Address 17136 Windsor Crest E City Wildwood FEC ID number of contributing federal political committee. Name of Employer BJC Medical Group Receipt For: Primary General Other (specify)	State Zip Code MO 63038-1392 C Occupation Vice President, Operations & Strategy Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1650.00

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	m 3x)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 30 (check only one)
Any information copied from such Re or for commercial purposes, other the	ports and Statements may an using the name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSH			
Full Name (Last, First, Middle Init Ruth N. Castellano	al)		Date of Receipt
Mailing Address 15040 Clayr	09 02 2009		
City Chesterfield	State MO	Zip Code 63017-7732	Transaction ID: SA11AI.5245 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	03017-7732	250.00
Name of Employer BJC HealthCare	Occupation Vice Pres	sident, Home Health	PAC Contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Init Leann Chilton	al)		Date of Receipt
Mailing Address 6805 Kimmswick Court			0 9 1 0 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.5286
Oak Village	MO	63129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer BJC	Occupation Director	1	PAC Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 100.00	
Full Name (Last, First, Middle Init Steven Cockerham	al)		Date of Receipt
Mailing Address 2115 Quaeth	nem Drive		0 9 3 0 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.5319
Chesterfield FEC ID number of contributing federal political committee.	MO C	63005-6631	Amount of Each Receipt this Period 250.00
Name of Employer BJC	Occupation Vice Pres		PAC Contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page	(ontional)		600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 30 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COMM	e name and ado	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Wm. Claiborne Dunagan Mailing Address 3 Warson Hills Lane City Saint Louis FEC ID number of contributing federal political committee. Name of Employer BJC Healtcare Receipt For: Primary General Other (specify)	State MO C Occupatio Vice Pres		Date of Receipt M M M / D D / 2009 Transaction ID: SA11AI.5248 Amount of Each Receipt this Period 500.00 PAC Contribution
Full Name (Last, First, Middle Initial) Joseph C. Eason Mailing Address P.O. Box 164 513 Hawk Point Drive City St. Albans FEC ID number of contributing federal political committee. Name of Employer BJC Receipt For: Primary General Other (specify)	State MO C Occupation Board Mo		Date of Receipt M M M / D D / Y Y Y Y Y O 9 O 2 Z 0 0 9 Transaction ID: SA11Al.5252 Amount of Each Receipt this Period 500.00 PAC Contribution
Full Name (Last, First, Middle Initial) Bradley A. Goacher Mailing Address 1618 Shadow Ridge City Columbia FEC ID number of contributing federal political committee. Name of Employer Alton Memorial Hospital Receipt For: Primary General Other (specify)	, '	Zip Code 62236 n of Finance e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y O 9
SUBTOTAL of Receipts This Page (optional) .)	1100.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 30 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COM		erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Margaret C. Gordin Mailing Address 4555 Forest Park Avenue Apt. 403A City Saint Louis FEC ID number of contributing federal political committee. Name of Employer St. Louis Children's Hospital Receipt For: Primary General Other (specify)	State Zip Code MO 63108-2174 C Occupation Chief Nurse Executive Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / 2009 Transaction ID: SA11AI.5300 Amount of Each Receipt this Period 250.00 PAC Contribution
Full Name (Last, First, Middle Initial) James L. Gray, III Mailing Address 2619 Briar Valley Co City St. Louis FEC ID number of contributing federal political committee. Name of Employer Barnes-Jewish Hospital Receipt For: Primary General Other (specify)	State Zip Code MO 63122-3341 C Occupation Director, Pharmacy Aggregate Year-to-Date ▼ 100.00	Date of Receipt 0 9 3 0 2 0 0 9 Transaction ID: SA11AI.5312 Amount of Each Receipt this Period 100.00 PAC Contribution
Full Name (Last, First, Middle Initial) Mary E. Grimes Mailing Address 801 S. Skinker City St. Louis FEC ID number of contributing federal political committee. Name of Employer BJC Receipt For: Primary General Other (specify)	State Zip Code MO 63105 C Occupation Director Aggregate Year-to-Date 100.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		450.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COMM	NITTEE	
Full Name (Last, First, Middle Initial) K. Scott Gronowski, Esq. Mailing Address 631 Valley Point Lane	3	Date of Receipt
City	State Zip Code	0 9 0 2 2 0 0 9 Transaction ID: SA11AI.5250
<u>Ballwin</u>	MO 63021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer BJC	Occupation Director	PAC Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Jane K. Gusmano		Date of Receipt
Mailing Address 10267 Hartshill Lane		09 / 02 / 7 7 9 9
City	State Zip Code	Transaction ID: SA11AI.5238
St. Louis	MO 63128-2621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer BJC Healthcare	Occupation Vice President, Finance	PAC Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Thomas Karl	1	Date of Receipt
Mailing Address 501 Smith Street		09 02 7 7 7 7 7
City	State Zip Code	Transaction ID: SA11AI.5242
Farmington	MO 63640	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Parkland Health Center	Occupation Assistant Administrator	PAC Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	1	750.00

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	·m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/30 (check only one)
Any information copied from such Re or for commercial purposes, other that	ports and Statements may an using the name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSH	<u> </u>		
Full Name (Last, First, Middle Initi Larry Kayser	al)		Date of Receipt
Mailing Address 5802 Grandy	0 9 1 0 2 0 0 9		
City	State	Zip Code	Transaction ID: SA11AI.5284
Waterloo FEC ID number of contributing federal political committee.	C	62298	Amount of Each Receipt this Period 250.00
Name of Employer BJC Healthcare	Occupation Vice Pres	n sident, Finance	PAC Contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initi Kimberly A. Kitson	al)		Date of Receipt
Mailing Address 6411 Winona Avenue			0 9 1 8 2 0 0 9
City State Zip Code St. Louis MO 63109-2126			Transaction ID: SA11AI.5291
FEC ID number of contributing federal political committee.	C	03103-2120	Amount of Each Receipt this Period
Name of Employer BJC	Occupation Director	n	PAC Contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 100.00	
Full Name (Last, First, Middle Initi David L. Knocke	al)		Date of Receipt
Mailing Address 14535 Foxha	ım Court		09 02 2009
City Chesterfield	State MO	Zip Code 63017	Transaction ID: SA11AI.5239
FEC ID number of contributing federal political committee.	C	63017	Amount of Each Receipt this Period 300.00
Name of Employer BJC	Occupation Vice Pres		PAC Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page			650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 30 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COM	ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Diane M. Kovac Mailing Address 6550 Delor Street			Date of Receipt
City St. Louis	State MO	Zip Code 63109	Transaction ID: SA11AI.5314 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00 PAC Contribution
Name of Employer BJC Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mark H. Krieger Mailing Address 14855 Brook Hill Driv	/e		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chesterfield	State MO	Zip Code 63017-7939	Transaction ID: SA11AI.5304 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer BJC	Occupation Finance	n	PAC Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Melanie S. Lapidus			Date of Receipt
Mailing Address 11 High Acres Drive			09 / 30 / 4 2009
City St. Louis	State MO	Zip Code 63132	Transaction ID: SA11AI.5308 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00102	700.00
Name of Employer BJC Healthcare		sident, Managed Care	PAC Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (optional)			1800.00
TOTAL This Period (last page this line number	er only))	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 30 (check only one) X	
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	I Statements may he name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions	
HEALTH CARE LEADERSHIP COM	MITTEE			
Full Name (Last, First, Middle Initial) Ronald Lehmann Mailing Address 1612 Fahrpark Court	t		Date of Receipt 0 9 0 2 2 0 0 9	
City St. Louis	State MO	Zip Code 63146	Transaction ID: SA11AI.5243 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		100.00 PAC Contribution	
Name of Employer BJC Receipt For:	Occupation Director,		PAC Contribution	
Primary General Other (specify) ▼	riggregate	100.00		
Full Name (Last, First, Middle Initial) Nancy Lemaster Mailing Address 127 Pointer Lane	-		Date of Receipt	
Mailing Address 127 Pointer Lane	09 02 2009			
City	•			
St. Louis FEC ID number of contributing federal political committee.	C	63124	Amount of Each Receipt this Period	
Name of Employer BJC Healthcare	Occupation Executive	n e Vice President	PAC Contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 150.00		
Full Name (Last, First, Middle Initial) Richard J. Liekweg Mailing Address 2055 Via Sinalda			Date of Receipt 0 9 3 0 2 0 0 9	
City	State	Zip Code	Transaction ID: SA11AI.5325	
<u>La Jolla</u>	CA	92037-6949	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		1000.00 PAC Contribution	
Name of Employer Barnes-Jewish Hospital	Occupation President	t	— Ac contribution	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional)			1250.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COM	MMITTEE		
Full Name (Last, First, Middle Initial) Lisa Lochner			Date of Receipt
Mailing Address 527 Country Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sullivan	State MO	Zip Code 63080	Transaction ID: SA11AI.5287 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	03000	100.00
Name of Employer Missouri Baptist Hospital	Occupation Assistant	n Administrator	PAC Contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 100.00	
Full Name (Last, First, Middle Initial) Joan Magruder			Date of Receipt
Mailing Address 14543 Debbenham	Lane		09 02 7 9 9
City Chesterfield	State MO	Zip Code 63017	Transaction ID: SA11AI.5244 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	03017	1000.00
Name of Employer Missouri Baptist Hospital	Occupation President		PAC Contribution
Receipt For: Primary General Other (specify)	- 	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Rick Majzun			Date of Receipt
Mailing Address 400 North Benton A	Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City St. Charles	State MO	Zip Code 63301	Transaction ID: SA11AI.5288 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00001	250.00
Name of Employer BJC Healthcare	Occupation Vice Pres	n sident, BJC Strategic Plannir	PAC Contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			1350.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP C	and Statements may not be sold or used by any persing the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Linda Martinez Mailing Address 1517 Washington	<u> </u>	Date of Receipt 0 9 3 0 2 0 0 9
City St. Louis FEC ID number of contributing	State Zip Code MO 63103	Transaction ID: SA11AI.5307 Amount of Each Receipt this Period
federal political committee. Name of Employer Bryan Cave LLP	Occupation Attorney at Law	PAC Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Thomas O. McCarthy Mailing Address 13522 Weston Page 13522	ark Drive	Date of Receipt 0 9 1 0 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.5282
St. Louis	MO 63131-1044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer McMahon, Berger, et al.	Occupation Attorney at Law	PAC Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Emmy McClelland	-	Date of Receipt
Mailing Address 455 Pasadena Av		09 10 2009
City <u>S</u> t. Louis	State Zip Code MO 63119	Transaction ID: SA11AI.5285
FEC ID number of contributing federal political committee.	C 63119	Amount of Each Receipt this Period
Name of Employer St. Louis Children's Hosp- ital	Occupation Director	PAC Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	
SUBTOTAL of Receipts This Page (optic	nal)	1350.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	*tatamanta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 30 (check only one) X 11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COMM	e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) David L. McCune			Date of Receipt
	Mailing Address 20 Wynnbrooke Mano	r Drive		09 30 2009
	City	State	Zip Code	Transaction ID: SA11AI.5317
	St. Charles	MO	63301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer BJC	Occupation Director	n	PAC Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 100.00	
_ В.	Full Name (Last, First, Middle Initial) Brian McKenna			Date of Receipt
	Mailing Address 509 Pointe Essex Cou	rt		09 18 2009
	City	State	Zip Code	Transaction ID: SA11AI.5292
	Kirkwood	MO	63122-3644	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer BJC	Occupation Vice Pre		PAC Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) Ronald B. McMullen Mailing Address 5204 Dover Drive			Date of Receipt
				09 30 2009
	City Godfrey	State IL	Zip Code 62035	Transaction ID: SA11AI.5321 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02033	800.00
	Name of Employer Alton Memorial	Occupation Presiden		PAC Contribution
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 800.00	
	SUBTOTAL of Receipts This Page (optional)	1		1400.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 30 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COM	the name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark L. Melliere Mailing Address 1845 Summitview F	Note to		Date of Receipt
City	State	Zip Code	Transaction ID: SA11AI.5275
St. Charles FEC ID number of contributing federal political committee.	C	63303	Amount of Each Receipt this Period 100.00
Name of Employer BJC Receipt For:	Occupation Executive		PAC Contribution
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 100.00]
Full Name (Last, First, Middle Initial) Greta Moorhead Mailing Address 1028 N Taylor Aven	nue		Date of Receipt
City	State	Zip Code	0 9 1 0 2 0 0 9 Transaction ID: SA11Al.5283
Kirkwood	MO	63122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer St. Louis Children's Hosp- ital	Occupation Director		PAC Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 100.00	
Full Name (Last, First, Middle Initial) Kevin V. Roberts	l		Date of Receipt
Mailing Address 5593 High Point Dri	ve		09 18 2009
City	State	Zip Code	Transaction ID: SA11AI.5289
Solon FEC ID number of contributing federal political committee.	ОН	44139	Amount of Each Receipt this Period 2500.00
Name of Employer BJC	Occupation Chief Fin	n ancial Officer	PAC Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optiona	l)		2700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COMI	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Ross Mailing Address 284 Fairway Green D City O' Fallon FEC ID number of contributing federal political committee. Name of Employer BarnesJewsh St.Peters Hospital Receipt For: Primary General Other (specify)	State Zip Code MO 63368-4270 C Occupation President Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Donald Ross Mailing Address 2870 South Lindberg City St. Louis FEC ID number of contributing federal political committee. Name of Employer Enterprise Receipt For: Primary General Other (specify)	h State Zip Code MS 63131 C Occupation Executive Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dan Rothery Mailing Address 53 Woodcrest City St. Louis FEC ID number of contributing federal political committee. Name of Employer Boone Hospital Receipt For: Primary General Other (specify)	State Zip Code MO 63124 C Occupation President Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	2250.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	SX)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 30 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may ng the name and add	I y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
HEALTH CARE LEADERSHIP CO	OMMITTEE		
Full Name (Last, First, Middle Initial) Julia S. Ruvelson Mailing Address 359 Pebble Acres	Drive		Date of Receipt
City St. Louis	State MO	Zip Code 63141-8035	0 9 3 0 2 0 0 9 Transaction ID: SA11AI.5310
FEC ID number of contributing federal political committee.	C	03141-0033	Amount of Each Receipt this Period 250.00
Name of Employer Barnes-Jewish Hospital	Occupation Vice Pres		PAC Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) William Jay Savan	<u>'</u>		Date of Receipt
Mailing Address 324 White House	Farm Lane		09 30 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5327
Chesterfield	MO	63017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00 PAC Contributions
Name of Employer Towers Perrin	Occupation Principle		PAC COntributions
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Lori Schreiner			Date of Receipt
Mailing Address 846 Summit Glen	Court		09 / 04 / 2009
City <u>Fenton</u>	State MO	Zip Code 63026	Transaction ID: SA11AI.5276
FEC ID number of contributing federal political committee.	C	63026	Amount of Each Receipt this Period 500.00
Name of Employer Barnes-Jewish Hospital	Occupation Controlle		PAC Contribution
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)		1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21/30 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP CO	MMITTEE		
Full Name (Last, First, Middle Initial) Tony Schwarm			Date of Receipt
Mailing Address 124 Cortez Drive			09 30 7 9 9
City Sullivan	State MO	Zip Code 63080	Transaction ID: SA11AI.5311 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer MO Baptist Hospital - Sul- livan	Occupation Presiden		PAC Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Julie Siebert			Date of Receipt
Mailing Address 4645 Cecil Place			0 9 0 4 2 0 0 9
City St. Louis	State MO	Zip Code	Transaction ID: SA11AI.5274
FEC ID number of contributing federal political committee.	C	63116	Amount of Each Receipt this Period 100.00
Name of Employer BJC	Occupation Director	n	PAC Contribution
Receipt For: Primary General Other (specify) ▼	+	Year-to-Date ▼ 100.00	
Full Name (Last, First, Middle Initial) Angela R. Standish			Date of Receipt
Mailing Address 4063 Magnolia Ave	enue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City St. Louis	State MO	Zip Code 63110	Transaction ID: SA11AI.5313 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30110	100.00
Name of Employer BJC	Occupation Director	n	PAC Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 100.00	
SUBTOTAL of Receipts This Page (options	-1)		950.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 30 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COMMITTEE (In Full)	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark E. Stansberry Mailing Address 5324 Lode Avenue City Affton FEC ID number of contributing federal political committee. Name of Employer BJC Receipt For: Primary General Other (specify)	State Zip Code MO 63123-3640 C Occupation Director Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Larry A. Tracy, Jr. Mailing Address P.O. Box 130 City Wadsworth FEC ID number of contributing federal political committee. Name of Employer Barnes-Jewish West Receipt For: Primary General Other (specify)	State Zip Code IL 60083-0130 C Occupation Administrator Aggregate Year-to-Date 100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Charles E. Valier Mailing Address 714 Locust City St. Louis FEC ID number of contributing federal political committee. Name of Employer Lashley Baer Receipt For: Primary General Other (specify)	State Zip Code MO 63101 C Occupation Attorney Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		850.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 30 (check only one) X
Ar	y information copied from such Reports and for commercial purposes, other than using th NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COMM	e name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\angle	Full Name (Last, First, Middle Initial)	VIII I LL		
۱.	Sandra A. Vantrease Mailing Address 1721 Kenmont Road			Date of Receipt 0 9 1 8 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.5293
	St. Louis	MO	63124-1021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Barnes-Jewish Hospital	Occupation President		PAC Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Debra H. Victor			Date of Receipt
	Mailing Address 13036 Walnutway Ma	anor		09 02 7 9 9
	City	State	Zip Code	Transaction ID: SA11AI.5237
	St. Louis FEC ID number of contributing federal political committee.	MO C	63146	Amount of Each Receipt this Period
	Name of Employer Missouri Baptist	Occupation Vice Pres		PAC Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 150.00	
_	Full Name (Last, First, Middle Initial) Patricia S. Wahl			Date of Receipt
	Mailing Address 1228 Arbor Bluff Circ	le		09 10 2009
	City	State	Zip Code	Transaction ID: SA11AI.5281
	Ballwin FEC ID number of contributing federal political committee.	C	63021	Amount of Each Receipt this Period 100.00
	Name of Employer BJC Health Care	Occupation Director,	n Managed Care	PAC Contribution
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
	UBTOTAL of Receipts This Page (optional)	1		1250.00

FOR LINE NUMBER: PAGE 24/30 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 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 Full Name (Last, First, Middle Initial) David Weiss Date of Receipt Mailing Address 5911 Oakville Woods Place 09 18 2009 City State Zip Code Transaction ID: SA11AI.5290 St. Louis MO 63129 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. **PAC Contribution** Name of Employer BJC Healthcare Occupation Sr. Vice President and CIO Receipt For: Aggregate Year-to-Date Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	23450.00

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 25 / 30
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COMMITTE	E		
Full Name (Last, First, Middle Initial) Citizens for Beiser Mailing Address 2206 Krug Place			Transaction ID: SB21B.5253 Date of Disbursement O 8
•	State Zip Code IL 62002-4232		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name		011 Category/	250.00
· H	ment For: 2010 Primary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) Citizens for Colona Mailing Address 3927 Hartford			Transaction ID: SB21B.5269 Date of Disbursement M B M / D 2 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	State Zip Code MO 63116		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name	WC 03110	011 Category/ Type	100.00
Office Sought: X House Senate President State: MO District: 67	ment For: 2010 Primary General Other (specify)	.,,,,,,	
Full Name (Last, First, Middle Initial) Citizens for Jake Zimmerman			Transaction ID: SB21B.5272 Date of Disbursement
Mailing Address 9046 Old Bonhomme Roa	ad		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & R \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ D & Q & Q & Y \end{bmatrix}$
Olivette	State Zip Code MO 63132		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Contribution Candidate Name		011 Category/ Type	230.00
Office Sought: X House Senate President State: MO District: 83	ment For: 2010 Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			600.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				NE NUMBER: PAGE 26 / 30 only one)								
ITEMIZED DISBURSEMENTS	For each category of the Detailed Summary Page To Detailed Summary Page				22 23 24 25 28c 29								
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				ny persoi		the pu	rpos	e of so	oliciting	ontri	butions	30b	
NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COMMITTE	Ε												
Full Name (Last, First, Middle Initial) Citizens to Elect Jamilah Nasheed						Date of					267 Ž 0 Ď 9	Y	
Mailing Address 4710 Lee Apt. 1						0.8		2	4	2	2009	9	
Saint Louis	State MO	Zip Code 63115				Amou	nt of	Each	Disburs				
Purpose of Disbursement Contribution				011			_			- 2	250.00)	
Candidate Name				tegory/ ype									
Senate X President	ment For: Primary Other (spe	2010 General											
State: MO District: 60 Full Name (Last, First, Middle Initial)						Trane	actio	n ID:	SB21	B 5	 271		
Committee to Elect Kenny Jones						Date o	of Dis	sburse	ement			V	
Mailing Address 324 W Row						8 ^M 0	M /	^D 2	4 /	Y 2	ž 0 ŏ 9	e [*]	
•	State MO	Zip Code 65046				Amou	nt of	Each	Disburs	emer	nt this I	Period	
Purpose of Disbursement		00010		244						2	250.00)	
Contribution Candidate Name			Ca	011 tegory/ Type									
X Senate X President	ment For: Primary Other (spe	2010 General											
State: MO District: 06 Full Name (Last, First, Middle Initial)						Trans	actio	on ID:	SB21	B.52	233		
Committee to Elect Reed						Date o	of Dis	sburse	ement			V	
Mailing Address 2925 Russell						0 7		0	8 /	2	žoŏs	9	
	State MO	Zip Code 63104				Amou	nt of	Each	Disburs	-			
Purpose of Disbursement Contribution				011						5	500.00)	
Candidate Name Committee to Elect Reed			Ca	tegory/ ype									
Senate X	Primary	2010 General	•	7,00									
President State: MO District:	Other (spe	:ciiy) ▼											
SUBTOTAL of Disbursements This Page (optional)				▶						10	00.00		

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 27/30
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	X 21b 27	22
Any Information copied from such Reports and Statem			
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any politica	I committee to sol	icit contributions from such committee
HEALTH CARE LEADERSHIP COMMITTE	ΕE		
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.5254
Committee to Elect Tom Holbrook			Date of Disbursement
Mailing Address 117 Echo Ridge			08
City Collinsville	State Zip Code IL 62234		Amount of Each Disbursement this Period
Purpose of Disbursement			250.00
Contribution Candidate Name		011 Category/	
Committee to Elect Tom Holbrook		Type	
	ement For: 2010 Primary General		
President	Other (specify)		
State: IL District:			
Full Name (Last, First, Middle Initial) Friends of Shoemyer			Transaction ID: SB21B.5255 Date of Disbursement
Mailing Address P.O. Box 192			08 24 2009
Mailing Address P.O. Box 192			2, 2,00
City Paris	State Zip Code MO 65275		Amount of Each Disbursement this Period
Purpose of Disbursement			500.00
Contribution Candidate Name		011 Category/	
Friends of Shoemyer		Type	
v	ement For: 2010 Primary General		
President	Other (specify)		
State: MO District: 16			
Full Name (Last, First, Middle Initial) Jill Schupp for State Representative			Transaction ID: SB21B.5266 Date of Disbursement
Mailing Address 418 North Mosley			$\begin{bmatrix}\begin{smallmatrix}M & 8 & M \\ 0 & 8 & M \end{smallmatrix}\end{bmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}D & 2 & 0 \\ 2 & 4 \end{smallmatrix}\end{bmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}Y & Y & Y & 0 & 9 \\ 2 & 0 & 0 & 9 \end{smallmatrix}\end{bmatrix}$
City Creve Coeur	State Zip Code MO 63141		Amount of Each Disbursement this Period
Purpose of Disbursement			250.00
Contribution Candidate Name		O11	
Jill Schupp for State Representative		Category/ Type	
	ement For: 2010 Primary General		
President	Other (specify)		
State: MO District: 82			
SUBTOTAL of Disbursements This Page (optional)		>	1000.00

В.

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LIN			R:		PAGE 28/30					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 21b 27	_ 2	;) !2 !8a	_	23 28b	24		25 29	26 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name						rpose	e of s				s	
NAME OF COMMITTEE (In Full) HEALTH CARE LEADERSHIP COMMITTE	ΞE											
Full Name (Last, First, Middle Initial) Parson for State Senate Mailing Address 940 N Redel Place				D	ate o		burs	SB2 ement	21B.	5273 Ž 0 Ŏ	9 ^Y	
,	State Zip Code MO 65613			A	mour	nt of	Each	Disbu	sem	ent this	Period	
Purpose of Disbursement Contribution Candidate Name	05015		011 tegory/							250.0	0	
	ement For: 2010 Primary General Other (specify)		Гуре									
Full Name (Last, First, Middle Initial) US Bank Mailing Address 11685 Gravois Road				D	ate o		burs	SB2 ement	21B.	5234 Ž 0 Ŏ	9 ^Y	
,	State Zip Code MO 63126			A	mour	nt of	Each	Disbu	sem	ent this	Period	
Purpose of Disbursement Service Charge	100 00120		001	L						10.0	0	
Candidate Name			tegory/ Гуре									
Office Sought: House Disburse Senate President State: District:	ement For: 2009 Primary X General Other (specify) ▼											
Full Name (Last, First, Middle Initial) US Bank				D	ate o	of Dis	burs	SB2	21B.			
Mailing Address 11685 Gravois Road				80	M /	^D 1	4 /	Y	ž 0 ŏ	9 [*]		
St. Louis	State Zip Code MO 63126			A	mour	nt of	Each	Disbu	sem	ent this		
Purpose of Disbursement Bank Service Charge		001	L	_					10.0	Ů,		
Candidate Name	2000		tegory/ Γype									
Senate President	ment For: 2009 Primary X General Other (specify)											
State: District:												
SUBTOTAL of Disbursements This Page (optional)			>	Ĺ						270.0	0	

2870.00

170	-	FEC Form 3	· U	se sepa	rate schedule(s)		OR LINE	-	1.		AGE 2		
111	EMIZED DISB	URSEMENT	'S fo	r each c	category of the Summary Page		check only 21b 27	22 28a	X 23 28b	24 280	25		
	Information copied from commercial purpos												_
	NAME OF COMMIT	TEE (In Full)											
	Full Name (Last, Firs COSTELLO FOR		OMMITTEE						action II of Disbur	D: SB23	3.5296		
i	Mailing Address				0 ^M 9	M / D	21	Ý Ž0	ŏ 9 [°]				
	City BELLEVILLE		State IL	9	Zip Code 62222			Amou	nt of Eac	ch Disburs		-	ioc
	Purpose of Disburser Contribution Candidate Name	ment 				0-	-				500	.00	-
	COSTELLO FOR	CONGRESS CO	DISBURSEMEN	t For	2010	Ty	gory/ pe						
		Senate President	X Prir		General								
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