

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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** 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 Quarterly 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 (12G)

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 07 01 2009 through 09 30 2009

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

Type or Print Name of Treasurer Shanon M. Hawk

Signature of Treasurer Electronically Filed by Shanon M. Hawk Date 10 12 2009

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 Use Only								
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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
HEALTH CARE LEADERSHIP COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		24684.12
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	7820.69									
(c) Total Receipts (from Line 19)	23450.00	23450.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	31270.69	48134.12								
7. Total Disbursements (from Line 31)	7770.00	24633.43								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23500.69	23500.69								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
HEALTH CARE LEADERSHIP COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	23450.00	23450.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	23450.00	23450.00
(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)	23450.00	23450.00
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 Transfer (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))	23450.00	23450.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23450.00	23450.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2870.00	17733.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2870.00	17733.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4900.00	6900.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	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

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

**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 / 30
	<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.	Full Name (Last, First, Middle Initial) David Aplington	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 7441 York Drive	Transaction ID: SA11AI.5320
	City Clayton State MO Zip Code 63105	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer BJC HealthCare Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) Brenda Battle	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 3886 DePaul Meadows Court	Transaction ID: SA11AI.5315
	City Bridgeton State MO Zip Code 63044-2122	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Barnes-Jewish Hospital Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 100.00	

C.	Full Name (Last, First, Middle Initial) Mary S. Beck	Date of Receipt MM / DD / YYYY 09 / 04 / 2009
	Mailing Address 1417 Torrey Pines Drive	Transaction ID: SA11AI.5277
	City Columbia State MO Zip Code 65203	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Boone Hospital Occupation Vice President, Patient Care Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	850.00
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: PAGE 7 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Joanne P. Buttice

Mailing Address 9101 Damson Drive

City State Zip Code
St. Louis MO 63123

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

Name of Employer Occupation
St. Louis Children's Hospital Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 50.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2009

Transaction ID: SA11AI.5278

Amount of Each Receipt this Period
50.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Robert Cannon

Mailing Address 4 Broadview Farm RD

City State Zip Code
St. Louis MO 63141

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

Name of Employer Occupation
BJC HealthCare VP, Capital Asset Management

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 10 / 2009

Transaction ID: SA11AI.5280

Amount of Each Receipt this Period
1500.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Karen L. Canter-Koester

Mailing Address 17136 Windsor Crest Blvd.

City State Zip Code
Wildwood MO 63038-1392

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

Name of Employer Occupation
BJC Medical Group Vice President, Operations & Strategy

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 100.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.5329

Amount of Each Receipt this Period
100.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

1650.00

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: PAGE 8 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A. Full Name (Last, First, Middle Initial)
Ruth N. Castellano

Mailing Address 15040 Claymont Estates Drive

City State Zip Code
Chesterfield MO 63017-7732

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

Name of Employer Occupation
BJC HealthCare Vice President, Home Health

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 02 / 2009

Transaction ID: SA11AI.5245

Amount of Each Receipt this Period
250.00

PAC Contribution

B. Full Name (Last, First, Middle Initial)
Leann Chilton

Mailing Address 6805 Kimmswick Court

City State Zip Code
Oak Village MO 63129

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

Name of Employer Occupation
BJC Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2009

Transaction ID: SA11AI.5286

Amount of Each Receipt this Period
100.00

PAC Contribution

C. Full Name (Last, First, Middle Initial)
Steven Cockerham

Mailing Address 2115 Quaethem Drive

City State Zip Code
Chesterfield MO 63005-6631

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

Name of Employer Occupation
BJC Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.5319

Amount of Each Receipt this Period
250.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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:	PAGE 9 / 30
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A.	Full Name (Last, First, Middle Initial) Wm. Claiborne Dunagan		Date of Receipt
	Mailing Address 3 Warson Hills Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 02 / 2009
	City	State	Zip Code
	Saint Louis	MO	63124-1204
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5248
Name of Employer BJC Healthcare		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			PAC Contribution

B.	Full Name (Last, First, Middle Initial) Joseph C. Eason		Date of Receipt
	Mailing Address P.O. Box 164 513 Hawk Point Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 02 / 2009
	City	State	Zip Code
	St. Albans	MO	63073
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5252
Name of Employer BJC		Occupation Board Member	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			PAC Contribution

C.	Full Name (Last, First, Middle Initial) Bradley A. Goacher		Date of Receipt
	Mailing Address 1618 Shadow Ridge		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 02 / 2009
	City	State	Zip Code
	Columbia	IL	62236
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5246
Name of Employer Alton Memorial Hospital		Occupation Director of Finance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
			PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A.	Full Name (Last, First, Middle Initial) Margaret C. Gordin		Date of Receipt
	Mailing Address 4555 Forest Park Avenue Apt. 403A		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 10 / 2009
	City	State	Zip Code
	Saint Louis	MO	63108-2174
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5300
Name of Employer St. Louis Children's Hospital		Occupation Chief Nurse Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			PAC Contribution

B.	Full Name (Last, First, Middle Initial) James L. Gray, III		Date of Receipt
	Mailing Address 2619 Briar Valley Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2009
	City	State	Zip Code
	St. Louis	MO	63122-3341
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5312
Name of Employer Barnes-Jewish Hospital		Occupation Director, Pharmacy	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
			PAC Contribution

C.	Full Name (Last, First, Middle Initial) Mary E. Grimes		Date of Receipt
	Mailing Address 801 S. Skinker		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 02 / 2009
	City	State	Zip Code
	St. Louis	MO	63105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5240
Name of Employer BJC		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
			PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 450.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A. Full Name (Last, First, Middle Initial)
K. Scott Gronowski, Esq.
Mailing Address 631 Valley Point Lane

City State Zip Code
Ballwin MO 63021

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

Name of Employer Occupation
BJC Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 02 / 2009
Transaction ID: SA11AI.5250
Amount of Each Receipt this Period: 250.00
PAC Contribution

B. Full Name (Last, First, Middle Initial)
Jane K. Gusmano
Mailing Address 10267 Hartshill Lane

City State Zip Code
St. Louis MO 63128-2621

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

Name of Employer Occupation
BJC Healthcare Vice President, Finance

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 02 / 2009
Transaction ID: SA11AI.5238
Amount of Each Receipt this Period: 250.00
PAC Contribution

C. Full Name (Last, First, Middle Initial)
Thomas Karl
Mailing Address 501 Smith Street

City State Zip Code
Farmington MO 63640

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

Name of Employer Occupation
Parkland Health Center Assistant Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 02 / 2009
Transaction ID: SA11AI.5242
Amount of Each Receipt this Period: 250.00
PAC Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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: PAGE 12 / 30
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Larry Kayser

Mailing Address 5802 Grandview

City Waterloo State IL Zip Code 62298

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

Name of Employer BJC Healthcare Occupation Vice President, Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 10 / 2009

Transaction ID: SA11AI.5284

Amount of Each Receipt this Period 250.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)
Kimberly A. Kitson

Mailing Address 6411 Winona Avenue

City St. Louis State MO Zip Code 63109-2126

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

Name of Employer BJC Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 09 / 18 / 2009

Transaction ID: SA11AI.5291

Amount of Each Receipt this Period 100.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)
David L. Knocke

Mailing Address 14535 Foxham Court

City Chesterfield State MO Zip Code 63017

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

Name of Employer BJC Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 02 / 2009

Transaction ID: SA11AI.5239

Amount of Each Receipt this Period 300.00

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: PAGE 13 / 30
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Diane M. Kovac

Mailing Address 6550 Delor Street

City State Zip Code
St. Louis MO 63109

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

Name of Employer Occupation
BJC Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: SA11AI.5314

Amount of Each Receipt this Period
100.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)
Mark H. Krieger

Mailing Address 14855 Brook Hill Drive

City State Zip Code
Chesterfield MO 63017-7939

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

Name of Employer Occupation
BJC Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: SA11AI.5304

Amount of Each Receipt this Period
1000.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)
Melanie S. Lapidus

Mailing Address 11 High Acres Drive

City State Zip Code
St. Louis MO 63132

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

Name of Employer Occupation
BJC Healthcare Vice President, Managed Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: SA11AI.5308

Amount of Each Receipt this Period
700.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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 14 / 30
	<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.	Full Name (Last, First, Middle Initial) Ronald Lehmann	Date of Receipt MM / DD / YYYY 09 / 02 / 2009
	Mailing Address 1612 Fahrpark Court	Transaction ID: SA11AI.5243
	City State Zip Code St. Louis MO 63146	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer BJC Occupation Director, IS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 100.00	

B.	Full Name (Last, First, Middle Initial) Nancy Lemaster	Date of Receipt MM / DD / YYYY 09 / 02 / 2009
	Mailing Address 127 Pointer Lane	Transaction ID: SA11AI.5236
	City State Zip Code St. Louis MO 63124	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer BJC Healthcare Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 150.00	

C.	Full Name (Last, First, Middle Initial) Richard J. Liekweg	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 2055 Via Sinalda	Transaction ID: SA11AI.5325
	City State Zip Code La Jolla CA 92037-6949	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Barnes-Jewish Hospital Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 15 / 30
	<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.	Full Name (Last, First, Middle Initial) Lisa Lochner	Date of Receipt MM / DD / YYYY 09 / 10 / 2009
	Mailing Address 527 Country Lane	Transaction ID: SA11AI.5287
	City State Zip Code Sullivan MO 63080	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation Missouri Baptist Hospital Assistant Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

B.	Full Name (Last, First, Middle Initial) Joan Magruder	Date of Receipt MM / DD / YYYY 09 / 02 / 2009
	Mailing Address 14543 Debbenham Lane	Transaction ID: SA11AI.5244
	City State Zip Code Chesterfield MO 63017	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation Missouri Baptist Hospital President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Rick Majzun	Date of Receipt MM / DD / YYYY 09 / 10 / 2009
	Mailing Address 400 North Benton Avenue	Transaction ID: SA11AI.5288
	City State Zip Code St. Charles MO 63301	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation BJC Healthcare Vice President, BJC Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
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: PAGE 16 / 30
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Linda Martinez

Mailing Address 1517 Washington Avenue, #8

City State Zip Code
St. Louis MO 63103

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

Name of Employer Occupation
Bryan Cave LLP Attorney at Law

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: SA11AI.5307

Amount of Each Receipt this Period
250.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)
Thomas O. McCarthy

Mailing Address 13522 Weston Park Drive

City State Zip Code
St. Louis MO 63131-1044

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

Name of Employer Occupation
McMahon, Berger, et al. Attorney at Law

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: SA11AI.5282

Amount of Each Receipt this Period
1000.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)
Emmy McClelland

Mailing Address 455 Pasadena Avenue

City State Zip Code
St. Louis MO 63119

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

Name of Employer Occupation
St. Louis Children's Hospital Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: SA11AI.5285

Amount of Each Receipt this Period
100.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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 17 / 30
	<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.	Full Name (Last, First, Middle Initial) David L. McCune		Date of Receipt
	Mailing Address 20 Wynnbrooke Manor Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2009
	City	State	Zip Code
	St. Charles	MO	63301
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5317
Name of Employer BJC		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
			PAC Contribution

B.	Full Name (Last, First, Middle Initial) Brian McKenna		Date of Receipt
	Mailing Address 509 Pointe Essex Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 18 / 2009
	City	State	Zip Code
	Kirkwood	MO	63122-3644
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5292
Name of Employer BJC		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			PAC Contribution

C.	Full Name (Last, First, Middle Initial) Ronald B. McMullen		Date of Receipt
	Mailing Address 5204 Dover Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2009
	City	State	Zip Code
	Godfrey	IL	62035
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5321
Name of Employer Alton Memorial		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 800.00
			PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1400.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mark L. Melliere		Date of Receipt
	Mailing Address 1845 Summitview Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 04 / 2009
	City	State	Zip Code
	St. Charles	MO	63303
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer BJC		Occupation Executive Director	Transaction ID: SA11AI.5275
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 100.00
		<input type="text"/> 100.00	PAC Contribution

B.	Full Name (Last, First, Middle Initial) Greta Moorhead		Date of Receipt
	Mailing Address 1028 N Taylor Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 10 / 2009
	City	State	Zip Code
	Kirkwood	MO	63122
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer St. Louis Children's Hospital		Occupation Director	Transaction ID: SA11AI.5283
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 100.00
		<input type="text"/> 100.00	PAC Contribution

C.	Full Name (Last, First, Middle Initial) Kevin V. Roberts		Date of Receipt
	Mailing Address 5593 High Point Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 18 / 2009
	City	State	Zip Code
	Solon	OH	44139
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer BJC		Occupation Chief Financial Officer	Transaction ID: SA11AI.5289
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 2500.00
		<input type="text"/> 2500.00	PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2700.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A. Full Name (Last, First, Middle Initial)
David Ross

Mailing Address 284 Fairway Green Drive

City State Zip Code
O' Fallon MO 63368-4270

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

Name of Employer BarnesJewish St.Peters Hos-
pital Occupation
President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.5306

Amount of Each Receipt this Period
1000.00

PAC Contribution

B. Full Name (Last, First, Middle Initial)
Donald Ross

Mailing Address 2870 South Lindbergh

City State Zip Code
St. Louis MS 63131

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

Name of Employer Enterprise Occupation
Executive

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.5309

Amount of Each Receipt this Period
1000.00

PAC Contribution

C. Full Name (Last, First, Middle Initial)
Dan Rothery

Mailing Address 53 Woodcrest

City State Zip Code
St. Louis MO 63124

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

Name of Employer Boone Hospital Occupation
President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 02 / 2009

Transaction ID: SA11AI.5241

Amount of Each Receipt this Period
250.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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 20 / 30
	<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.	Full Name (Last, First, Middle Initial) Julia S. Ruvelson	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 359 Pebble Acres Drive	Transaction ID: SA11AI.5310
	City State Zip Code St. Louis MO 63141-8035	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation Barnes-Jewish Hospital Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) William Jay Savan	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 324 White House Farm Lane	Transaction ID: SA11AI.5327
	City State Zip Code Chesterfield MO 63017	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	PAC Contributions
	Name of Employer Occupation Towers Perrin Principle	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Lori Schreiner	Date of Receipt MM / DD / YYYY 09 / 04 / 2009
	Mailing Address 846 Summit Glen Court	Transaction ID: SA11AI.5276
	City State Zip Code Fenton MO 63026	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation Barnes-Jewish Hospital Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 21 / 30
	<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.	Full Name (Last, First, Middle Initial) Tony Schwarm		Date of Receipt MM / DD / YYYY 09 / 30 / 2009		
	Mailing Address 124 Cortez Drive		Transaction ID: SA11AI.5311		
	City Sullivan	State MO	Zip Code 63080	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C		PAC Contribution		
	Name of Employer MO Baptist Hospital - Sullivan	Occupation President	Aggregate Year-to-Date 750.00		

B.	Full Name (Last, First, Middle Initial) Julie Siebert		Date of Receipt MM / DD / YYYY 09 / 04 / 2009		
	Mailing Address 4645 Cecil Place		Transaction ID: SA11AI.5274		
	City St. Louis	State MO	Zip Code 63116	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		PAC Contribution		
	Name of Employer BJC	Occupation Director	Aggregate Year-to-Date 100.00		

C.	Full Name (Last, First, Middle Initial) Angela R. Standish		Date of Receipt MM / DD / YYYY 09 / 30 / 2009		
	Mailing Address 4063 Magnolia Avenue		Transaction ID: SA11AI.5313		
	City St. Louis	State MO	Zip Code 63110	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		PAC Contribution		
	Name of Employer BJC	Occupation Director	Aggregate Year-to-Date 100.00		

SUBTOTAL of Receipts This Page (optional)	▶	950.00
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:	PAGE 22 / 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mark E. Stansberry	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 5324 Lode Avenue	Transaction ID: SA11AI.5318
	City State Zip Code Affton MO 63123-3640	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation BJC Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Larry A. Tracy, Jr.	Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address P.O. Box 130	Transaction ID: SA11AI.5298
	City State Zip Code Wadsworth IL 60083-0130	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation Barnes-Jewish West Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

C.	Full Name (Last, First, Middle Initial) Charles E. Valier	Date of Receipt MM / DD / YYYY 09 / 02 / 2009
	Mailing Address 714 Locust	Transaction ID: SA11AI.5235
	City State Zip Code St. Louis MO 63101	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation Lashley Baer Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	850.00
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: PAGE 23 / 30
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Sandra A. Vantrese

Mailing Address 1721 Kenmont Road

City State Zip Code
St. Louis MO 63124-1021

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

Name of Employer Occupation
Barnes-Jewish Hospital President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: SA11AI.5293

Amount of Each Receipt this Period
1000.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)
Debra H. Victor

Mailing Address 13036 Walnutway Manor

City State Zip Code
St. Louis MO 63146

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

Name of Employer Occupation
Missouri Baptist Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 02 / 2009

Transaction ID: SA11AI.5237

Amount of Each Receipt this Period
150.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)
Patricia S. Wahl

Mailing Address 1228 Arbor Bluff Circle

City State Zip Code
Ballwin MO 63021

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

Name of Employer Occupation
BJC Health Care Director, Managed Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2009

Transaction ID: SA11AI.5281

Amount of Each Receipt this Period
100.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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:	PAGE 24 / 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A.	Full Name (Last, First, Middle Initial) David Weiss		Date of Receipt
	Mailing Address 5911 Oakville Woods Place		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	St. Louis	MO	63129
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer BJC Healthcare	Occupation Sr. Vice President and CIO	Transaction ID: SA11AI.5290
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="1000.00"/>	
Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		PAC Contribution	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="23450.00"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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.	Full Name (Last, First, Middle Initial) Citizens for Beiser Mailing Address 2206 Krug Place City Alton State IL Zip Code 62002-4232 Purpose of Disbursement Contribution 011 Candidate Name Citizens for Beiser Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District:	Transaction ID: SB21B.5253 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period 250.00
B.	Full Name (Last, First, Middle Initial) Citizens for Colona Mailing Address 3927 Hartford City Saint Louis State MO Zip Code 63116 Purpose of Disbursement Contribution 011 Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 67	Transaction ID: SB21B.5269 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period 100.00
C.	Full Name (Last, First, Middle Initial) Citizens for Jake Zimmerman Mailing Address 9046 Old Bonhomme Road City Olivette State MO Zip Code 63132 Purpose of Disbursement Contribution 011 Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 83	Transaction ID: SB21B.5272 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period 250.00

SUBTOTAL of Disbursements This Page (optional)	600.00
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)

PAGE 26 / 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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.	Full Name (Last, First, Middle Initial) Citizens to Elect Jamilah Nasheed	Transaction ID: SB21B.5267
	Mailing Address 4710 Lee Apt. 1	Date of Disbursement 08 / 24 / 2009
	City Saint Louis State MO Zip Code 63115	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 60	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Committee to Elect Kenny Jones	Transaction ID: SB21B.5271
	Mailing Address 324 W Row	Date of Disbursement 08 / 24 / 2009
	City Jamestown State MO Zip Code 65046	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Committee to Elect Reed	Transaction ID: SB21B.5233
	Mailing Address 2925 Russell	Date of Disbursement 07 / 08 / 2009
	City St. Louis State MO Zip Code 63104	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name Committee to Elect Reed	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1000.00
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)

PAGE 27 / 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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.	Full Name (Last, First, Middle Initial) Committee to Elect Tom Holbrook	Transaction ID: SB21B.5254 Date of Disbursement
	Mailing Address 117 Echo Ridge	<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Collinsville State IL Zip Code 62234	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="250.00"/>
	Candidate Name Committee to Elect Tom Holbrook	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Shoemyer	Transaction ID: SB21B.5255 Date of Disbursement
	Mailing Address P.O. Box 192	<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Paris State MO Zip Code 65275	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name Friends of Shoemyer	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 16	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jill Schupp for State Representative	Transaction ID: SB21B.5266 Date of Disbursement
	Mailing Address 418 North Mosley	<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Creve Coeur State MO Zip Code 63141	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="250.00"/>
	Candidate Name Jill Schupp for State Representative	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 82	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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"/> 24	<input type="checkbox"/> 25	<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.	Full Name (Last, First, Middle Initial) Parson for State Senate	Transaction ID: SB21B.5273 Date of Disbursement
	Mailing Address 940 N Redel Place	<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Bolivar State MO Zip Code 65613	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 28	<input type="text" value="011"/> Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) US Bank	Transaction ID: SB21B.5234 Date of Disbursement
	Mailing Address 11685 Gravois Road	<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City St. Louis State MO Zip Code 63126	Amount of Each Disbursement this Period
	Purpose of Disbursement Service Charge Candidate Name	<input type="text" value="10.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) US Bank	Transaction ID: SB21B.5331 Date of Disbursement
	Mailing Address 11685 Gravois Road	<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City St. Louis State MO Zip Code 63126	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge Candidate Name	<input type="text" value="10.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="270.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2870.00"/>

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

<p>A. Full Name (Last, First, Middle Initial) COSTELLO FOR CONGRESS COMMITTEE</p> <p>Mailing Address P. O. BOX 8250</p> <p>City BELLEVILLE State IL Zip Code 62222</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name COSTELLO FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 12</p>	<p>Transaction ID: SB23.5296</p> <p>Date of Disbursement 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC</p> <p>Mailing Address PO BOX 1000</p> <p>City DES MOINES State IA Zip Code 50304</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name GRASSLEY COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District: 00</p>	<p>Transaction ID: SB23.5257</p> <p>Date of Disbursement 08 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Russ Carnahan for Congress</p> <p>Mailing Address 7370 Manchester Rd STE 20</p> <p>City St. Louis State MO Zip Code 63143</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Russ Carnahan for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MO District: 03</p>	<p>Transaction ID: SB23.5231</p> <p>Date of Disbursement 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

<p>A. Full Name (Last, First, Middle Initial) Russ Carnahan for Congress</p> <p>Mailing Address 7370 Manchester Rd STE 20</p> <p>City St. Louis State MO Zip Code 63143</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Russ Carnahan for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5302</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Russ Carnahan for Congress</p> <p>Mailing Address 7370 Manchester Rd STE 20</p> <p>City St. Louis State MO Zip Code 63143</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Russ Carnahan for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5303</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) TODD AKIN FOR CONGRESS</p> <p>Mailing Address PO BOX 31222</p> <p>City ST LOUIS State MO Zip Code 63131</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name TODD AKIN FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5229</p> <p>Date of Disbursement 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3400.00

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

4900.00