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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	
☐ 26	☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29

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NAME OF COMMITTEE (In Full)
HEALTH CARE LEADERSHIP COMMITTEE

A.

Full Name (Last, First, Middle Initial)
TALENT FOR SENATE COMMITTEE

Mailing Address
9378 OLIVE BLVD #206

City: ST LOUIS
State: MO
Zip Code: 63132

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: MO District: 00

Disbursement For: Primary / General / Other (specify) ▼ Special-General

Date of Disbursement
10 / 20 / 2002

Amount of Each Disbursement this Period
250.00

Transaction ID: SB23.4385

B.

C.

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