

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2017 JAN -5 PM 2:13
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

HEALTH, EDUCATION, AND LEARNING POLITICAL
ACTION COMMITTEE

ADDRESS (number and street) 230 WEST MCCARTY STREET

Check if different than previously reported. (ACC) JEFFERSON CITY MO 65101

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 0 0 4 7 8 3 6 2

3. IS THIS REPORT NEW (N) OR AMENDED (A) AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM/DD/YYYY in the State of


- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM/DD/YYYY in the State of

5. Covering Period 07/01/2015 through 12/31/2015

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 Charles W. Hatfield

Signature of Treasurer  Date 12/27/2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HEALTH EDUCATION AND LEARNING POLITICAL ACTION COMMITTEE - FEDERAL

Report Covering the Period:

From:

07 / 01 / 2015

To:

12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	2015	3097554
(b) Cash on Hand at Beginning of Reporting Period.....	2324754	
(c) Total Receipts (from Line 19).....	1360000	1360000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3684754	4457554
7. Total Disbursements (from Line 31).....	661630	1434430
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3023124	3023124
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on 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)

Page 3

Write or Type Committee Name

HEALTH EDUCATION AND LEARNING POLITICAL ACTION COMMITTEE - FEDERAL

Report Covering the Period:

From:

0 7 / 0 1 / 2 0 1 5

To:

1 2 / 3 1 / 2 0 1 5

I. Receipts

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

	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).....		
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1 3 6 0 0 0 0	1 3 6 0 0 0 0
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	1 3 6 0 0 0 0	1 3 6 0 0 0 0
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1 3 6 0 0 0 0	1 3 6 0 0 0 0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1 3 6 0 0 0 0	1 3 6 0 0 0 0

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	9 3 7 3 0	3 1 6 5 3 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	9 3 7 3 0	3 1 6 5 3 0
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	5 6 7 9 0 0	1 1 1 7 9 0 0
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6 6 1 6 3 0	1 4 3 4 4 3 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	6 6 1 6 3 0	1 4 3 4 4 3 0

NON-FEDERAL SHARE

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1 3 6 0 0 0 0	1 3 6 0 0 0 0
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1 3 6 0 0 0 0	1 3 6 0 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9 3 7 3 0	3 1 6 5 3 0
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9 3 7 3 0	3 1 6 5 3 0

NON-QUALIFIED PLAN CONTRIBUTION

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

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

FOR LINE NUMBER: PAGE 6 OF 10
(check only one)
 11a 11b 11c 12
 13 14 15 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 Education and Learning Political Action Committee - Federal

A. Howard, Chris
 Full Name (Last, First, Middle Initial)
 Mailing Address
 16 Terrace Gardens
 City State Zip Code
 St Louis MO 63131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SSM Healthcare Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3 0 0 0 0 0

Date of Receipt
 0 8 / 1 2 / 2 0 1 5
 Amount of Each Receipt this Period
 3 0 0 0 0 0

B. Hoven, Steve
 Full Name (Last, First, Middle Initial)
 Mailing Address
 645 Huntley Heights Dr
 City State Zip Code
 St Louis MO 63021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SSM Health Care Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1 5 0 0 0 0

Date of Receipt
 0 8 / 1 2 / 2 0 1 5
 Amount of Each Receipt this Period
 1 5 0 0 0 0

C. Panicola, Michael
 Full Name (Last, First, Middle Initial)
 Mailing Address
 4100 Forest Park Avenue
 City State Zip Code
 St Louis MO 63108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SSM Health Care Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3 0 0 0 0 0

Date of Receipt
 0 8 / 2 8 / 2 0 1 5
 Amount of Each Receipt this Period
 3 0 0 0 0 0

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

7 5 0 0 0 0
 0 0 0 0 0 0

ADDITIONAL INFORMATION

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 10
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Education and Learning Political Action Committee - Federal

Full Name (Last, First, Middle Initial)
A. Zimmer, Kris

Mailing Address
 1108 Sara Matthews Lane

City State Zip Code
 Wildwood MO 63005

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

Name of Employer Occupation
 SSM Healthcare Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 3 0 0 0 0 0

Date of Receipt
 09 / 17 / 2015

Amount of Each Receipt this Period
 3 0 0 0 0 0

Full Name (Last, First, Middle Initial)
B. Peng, Shane

Mailing Address
 50 Portland Drive

City State Zip Code
 St Louis MO 63131

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

Name of Employer Occupation
 SSM Health Care President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 3 0 0 0 0 0

Date of Receipt
 09 / 21 / 2015

Amount of Each Receipt this Period
 3 0 0 0 0 0

Full Name (Last, First, Middle Initial)
C. Durbin, David

Mailing Address
 3604 Darice Lane

City State Zip Code
 Jefferson City MO 65109

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

Name of Employer Occupation
 Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 1 0 0 0 0 0

Date of Receipt
 09 / 24 / 2015

Amount of Each Receipt this Period
 1 0 0 0 0 0

SUBTOTAL of Receipts This Page (optional).....▶ **6 1 0 0 0 0**

TOTAL This Period (last page this line number only).....▶ **1 3 6 0 0 0 0**

**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 EDUCATION AND LEARNING POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. UMB Bank

Mailing Address
PO Box 419226

City: Kansas City State: MO Zip Code: 64141-6226

Purpose of Disbursement
Transaction Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

09 / 17 / 2015

Amount of Each Disbursement this Period

23730

Category/Type

Full Name (Last, First, Middle Initial)

B. Stinson Leonard Street LLP

Mailing Address
P.O. Box 843052

City: Kansas City State: MO Zip Code: 64184

Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

10 / 19 / 2015

Amount of Each Disbursement this Period

40000

Category/Type

Full Name (Last, First, Middle Initial)

C. Stinson Leonard Street LLP

Mailing Address
P.O. Box 843052

City: Kansas City State: MO Zip Code: 64184

Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

11 / 02 / 2015

Amount of Each Disbursement this Period

30000

Category/Type

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

93730

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

93730

2015-10-01 10:00:00

**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 EDUCATION AND LEARNING POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Billy Long for Congress

Mailing Address
3246 E. Ridgeview Street

City Springfield State MO Zip Code 65804

Purpose of Disbursement
Campaign Contribution

Candidate Name
Billy Long

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: MO District: 07

Date of Disbursement

09 / 23 / 2015

Amount of Each Disbursement this Period

100000

Full Name (Last, First, Middle Initial)

B. Friends of Roy Blunt

Mailing Address
P.O. Box 10178

City Columbia State MO Zip Code 65208

Purpose of Disbursement
Campaign Contribution

Candidate Name
Roy Blunt

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

Date of Disbursement

09 / 23 / 2015

Amount of Each Disbursement this Period

100000

Full Name (Last, First, Middle Initial)

C. Friends of Roy Blunt

Mailing Address
P.O. Box 10178

City Columbia State MO Zip Code 65208

Purpose of Disbursement
Campaign Contribution

Candidate Name
Roy Blunt

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

Date of Disbursement

10 / 20 / 2015

Amount of Each Disbursement this Period

100000

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

300000

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

300000

20150101 10:01:01 AM

**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 10 OF 10	
<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 EDUCATION AND LEARNING POLITICAL ACTION COMMITTEE

A. **Clay Jr. for Congress**
 Full Name (Last, First, Middle Initial)
 Mailing Address: P.O. Box 4544
 City: St. Louis, State: MO, Zip Code: 63108
 Purpose of Disbursement: Campaign Contribution
 Candidate Name: William Lacy Clay, Jr.
 Office Sought: House, Senate, President
 Disbursement For: Primary, General, Other (specify)
 State: MO, District: 01
 Date of Disbursement: 10 / 27 / 2015
 Amount of Each Disbursement this Period: 100000

B. **Mike Bost for Congress Committee**
 Full Name (Last, First, Middle Initial)
 Mailing Address: P.O. Box 1212
 City: Murphysboro, State: IL, Zip Code: 62966
 Purpose of Disbursement: Campaign Contribution
 Candidate Name: Mike Bost
 Office Sought: House, Senate, President
 Disbursement For: Primary, General, Other (specify)
 State: IL, District: 12
 Date of Disbursement: 11 / 17 / 2015
 Amount of Each Disbursement this Period: 50000

C. **American Hospital Association PAC**
 Full Name (Last, First, Middle Initial)
 Mailing Address: 800 Tenth Street, Suite 400
 City: Washington, State: DC, Zip Code: 20001
 Purpose of Disbursement: Contribution
 Candidate Name:
 Office Sought: House, Senate, President
 Disbursement For: Primary, General, Other (specify)
 State: , District:
 Date of Disbursement: 12 / 07 / 2015
 Amount of Each Disbursement this Period: 117900

SUBTOTAL of Disbursements This Page (optional).....▶	267900
TOTAL This Period (last page this line number only).....▶	267900

2017-01-01 01:00:00

Express

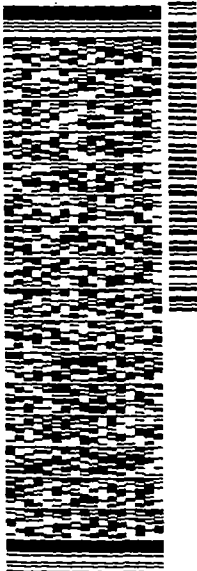
ORIGIN ID: JEEFA (573) 636-6231
BETHANY COX
STINSON LEONARD STREET, LLP
230 W MCCARTHY STREET
JEFFERSON CITY, MO 65101
UNITED STATES US

SHIP DATE: 04JAN17
ACTWGT: 0.10 LB
CAD: 109608441W/SX12750
BILL SENDER

TO

FEDERAL ELECTION COMMISSION
999 E ST NW

WASHINGTON DC 20463
(800) 424-9530 REF: STINSON/AB07305
INV. PO DEPT.

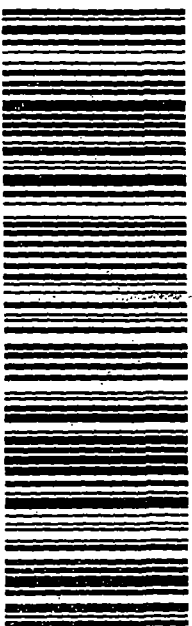


REL #
3785346

TRK# 7852 2329 8834
0201

THU - 05 JAN 3:00P
STANDARD OVERNIGHT

XCRDVA 20463
DC-US IAD



RT 677
FZ

6
16:00

8834
01.05

The

NO-N 04 01 01 01 00-11-00-00

544J11199714E8

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

NOTIFICATION OF RECEIPT

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked	
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>1/4/2017</i>
Next Business Day Delivery	<input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
PREPARER <i>MP</i>	<i>1/5/2017</i>
(3/2015)	DATE PREPARED