

**FEC
FORM 3X**

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

RECEIVED
2011 DEC 16 AM 11:45
FEC MAIL CENTER
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 - Federal

ADDRESS (number and street) 230 W. McCarty
Jefferson City MO 65101
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 00478362

3. IS THIS REPORT NEW (N) OR X 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:
 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 (12S)
 Election on: M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
 Election on: M M / D D / Y Y Y Y in the State of

5. Covering Period 07^M 01^D / 2010^Y through 09^M 30^D / 2010^Y

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 Nicholas G. Frey
 Signature of Treasurer Nicholas G. Frey Date 12 15 2011

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										FEC FORM 3X Rev. 12/2004
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11030694510

**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 2010 To: 09 30 2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2010		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	7,673.50	
(c) Total Receipts (from Line 19).....	2,850.00	17,570.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	10,523.50	17,570.00
7. Total Disbursements (from Line 31).....	3,579.25	10,625.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6,944.25	6,944.25
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

11030694511

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: 07th / 01st / 2010 To: 09th / 30th / 2010

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).....	2,850.00	17,570.00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2,850.00	17,570.00
(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)	2,850.00	17,570.00
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)).....▶	2,850.00	17,570.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2,850.00	17,570.00

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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	4,254.25	4,300.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	(675.00)	6,325.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 (2 U.S.C. §431(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))..	3,579.25	10,625.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3,579.25	10,625.75

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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)	2,850.00	17,570.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2,850.00	17,570.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3,579.25	10,625.75
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3,579.25	10,625.75

11030694514

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 1 OF 4

<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 Education and Learning Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. Vanconia, R. Brent		Date of Receipt 08 / 09 / 2010
Mailing Address 3525 Gettysburg Place		Amount of Each Receipt this Period 500.00
City Jefferson City, MO 65109	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SSM Health Care	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Abrams, Catherine		Date of Receipt 09 / 2010 / 2010
Mailing Address 5922 Sterling Ridge Road		Amount of Each Receipt this Period 250.00
City Jefferson City, MO 65101	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Mary's Health Center	Occupation Exe. VP/COO/CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Rosenblat, Michael		Date of Receipt 09 / 10 / 2010
Mailing Address 14414 Ladue Road		Amount of Each Receipt this Period 500.00
City Chesterfield, MO 63017	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SSM Health Care	Occupation Information Requested	
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).....▶	1,250.00
TOTAL This Period (last page this line number only).....▶	

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**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 2 OF 4	
<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 Education and Learning Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Walkenhorst, Debbie

Mailing Address
857 AJ Farm Lane

City State Zip Code
Washington, MO 63090-6312

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SSM Health Care HR Health Care

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

09 / 14 / 2010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Hogan, Sean

Mailing Address
4859 Crosswood Drive

City State Zip Code
St. Louis, MO 63129

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SSM Health Care Information Requested

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

Date of Receipt

09 / 17 / 2010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Horn, Heidi

Mailing Address
16945 Riverdale Drive

City State Zip Code
Chesterfield, MO 63005

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SSM Health Care VP - Health Care

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

09 / 16 / 2010

Amount of Each Receipt this Period

100.00

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

600.00

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

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**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 3 OF 4

<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 Education and Learning Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Trescott, Catherine

Mailing Address
821 Longview Drive

City State Zip Code
St. Charles, MO 63301

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SSM Home Care Nursing Administrator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

09 / 16 / 2010

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Cross, Kevin

Mailing Address
2839 Claypool

City State Zip Code
St. Louis, MO 63125

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SSM Health Care Information Technology

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

09 / 29 / 2010

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Rector, Drew

Mailing Address
2 Shelbourne Wood Court

City State Zip Code
Weldon Spring, MO 63304

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SSM Health Care Hospital President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

09 / 27 / 2010

Amount of Each Receipt this Period

250.00

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

450.00

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

11030694517

**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 4 OF 4

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

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NAME OF COMMITTEE (In Full)

Health Education and Learning Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. Ruehl, Alison		Date of Receipt 09 / 24 / 2010
Mailing Address 1645 Carman Manor Ct.		Amount of Each Receipt this Period 250.00
City Manchester, MO	State Zip Code 63021	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SSM Health Care	Occupation President, SSM Home Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Paasch, Mike		Date of Receipt 09 / 17 / 2010
Mailing Address 112 Rosebrook Drive		Amount of Each Receipt this Period 300.00
City Florissant, MO	State Zip Code 63031	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer SSM Health Care	Occupation VP, Regional CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	2,850.00

11030694518

**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 1 OF 2				
	<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

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

Full Name (Last, First, Middle Initial) A. Hoven, Steve		Date of Disbursement 07 / 06 / 2010
Mailing Address 645 Huntley Heights Drive		Amount of Each Disbursement this Period 96.00
City St. Louis, MO 63021	State Zip Code	
Purpose of Disbursement Expense Reimbursement	Candidate Name	Category/ Type
Office Sought: House Senate President		
State: District:		

Full Name (Last, First, Middle Initial) B. Kepper of the Stationery		Date of Disbursement 09 / 23 / 2010
Mailing Address		Amount of Each Disbursement this Period 848.25
City	State Zip Code	
Purpose of Disbursement Purchase of Flag	Candidate Name	Category/ Type
Office Sought: House Senate President		
State: District:		

Full Name (Last, First, Middle Initial) C. Stinson Morrision Hecker LLP		Date of Disbursement 08 / 17 / 2010
Mailing Address 230 W. McCarty		Amount of Each Disbursement this Period 3,000.00
City Jefferson City, MO 65101	State Zip Code	
Purpose of Disbursement Attorneys' Fees	Candidate Name	Category/ Type
Office Sought: House Senate President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3,944.25
TOTAL This Period (last page this line number only).....▶	

11030694519

**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 2 OF 2	
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. La De Da		Date of Disbursement 09 / 28 / 2010
Mailing Address 3867 Hempline Road		Amount of Each Disbursement this Period 155.00
City St. Louis, MO 63129	State Zip Code	
Purpose of Disbursement Reception Entertainment	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. La De Da		Date of Disbursement 09 / 28 / 2010
Mailing Address 3867 Hempline Road		Amount of Each Disbursement this Period 155.00
City St. Louis, MO 63129	State Zip Code	
Purpose of Disbursement Reception Entertainment	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	310.00
TOTAL This Period (last page this line number only).....▶	4,254.25

11030694520

**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 1 OF 2
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

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

Full Name (Last, First, Middle Initial) A. Graves for Congress		Date of Disbursement 07 / 27 / 2010
Mailing Address 1900 Frederick Blvd.		Amount of Each Disbursement this Period 1,000.00
City St. Joseph, MO 64501	State Zip Code	
Purpose of Disbursement Campaign Contribution	Candidate Name Sam Graves	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District: 06	

Full Name (Last, First, Middle Initial) B. American Hospital Association - Political Action Committee		Date of Disbursement 08 / 02 / 2010
Mailing Address 325 Seventh Street NW, Suite 700		Amount of Each Disbursement this Period (5,500.00)
City Washington, D.C. 20004	State Zip Code	
Purpose of Disbursement Returned Check	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. Gatschenberger 4 Representative		Date of Disbursement 08 / 10 / 2010
Mailing Address 17 Lake Forest Ct.		Amount of Each Disbursement this Period 325.00
City Lake St. Louis, MO 63367	State Zip Code	
Purpose of Disbursement Campaign Contribution	Candidate Name Chuck Gatschenberger	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District: 13	

SUBTOTAL of Disbursements This Page (optional).....▶	(4,175.00)
TOTAL This Period (last page this line number only).....▶	

11030694521

**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 2 OF 2	
<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 - Federal

Full Name (Last, First, Middle Initial) A. Robin Carnahan for Congress		Date of Disbursement 08 / 27 / 2010
Mailing Address P.O. Box 50378		Amount of Each Disbursement this Period 2,000.00
City St. Louis, MO 63105	State Zip Code	
Purpose of Disbursement Campaign Contribution	Category/Type	
Candidate Name Robin Carnahan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Friends of Roy Blunt		Date of Disbursement 09 / 08 / 2010
Mailing Address P.O. Box 50100		Amount of Each Disbursement this Period 1,500.00
City Springfield, MO 65805	State Zip Code	
Purpose of Disbursement Campaign Contribution	Category/Type	
Candidate Name Roy Blunt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3,500.00
TOTAL This Period (last page this line number only).....▶	(675.00)

11030694522

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark


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