

# John J. Sharamitaro, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

11648 Gravois, Suite 235 • Saint Louis, Missouri 63126 • 314-842-7755 • Fax: 314-842-7705

November 1, 2001

Federal Election Commission  
Washington, D.C. 20463

RE: HEALTH CARE LEADERSHIP COMMITTEE  
ID: C00323576

RECEIVED  
FEC MAIL ROOM  
2001 DEC 11 A 10:35

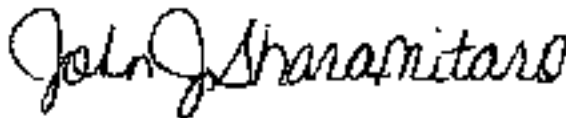
Gentlemen:

We are writing this letter in response to your letter dated October 24, 2001, a copy of which is attached.

Your notice indicates a discrepancy in the total of Schedule B itemized disbursements. We believe that you failed to include information on Schedule B, Page 2 of 2. We have enclosed a copy of this schedule for your review.

If additional information is required, please advise.

Very truly yours,



John J. Sharamitaro  
Treasurer



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RECEIVED  
FEC MAIL ROOM

2000 DEC 11 A 10:35 RQ-2

John Sharamitaro, Treasurer  
Health Care Leadership Committee  
P.O. Box 270496  
St. Louis, MO 63127

OCT 24 2001

Identification Number: C00323576

Reference: October Quarterly Report (7/1/00-9/30/00)

Dear Mr. Sharamitaro:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Line 23 of the Detailed Summary Page of your report discloses a total of \$7,025.00 in Contributions to Federal Candidates/Committees. The sum of the entries itemized on Schedule B, however, indicates the total to be \$1,300.00. Please amend your report to clarify the discrepancy.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,

Angel L. Williamson  
Senior Reports Analyst  
Reports Analysis Division

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 30

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)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR DAUNER 1601 S. 169 HWY, SUITE E PO BOX 83E SMITHVILLE, MO 64089	DONATION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/00	250.00
ASHCROFT FOR SENATE 507 CAPITOL COURT NE #100 WASHINGTON, DC 20002	DONATION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/16/00	1500.00
AHA PAC 410 MHA P.O. BOX 60 JEFFERSON CITY, MO 65102	DONATION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/00	3,775.00
COSTELLO FOR CONGRESS 327 W MAIN ST BELLEVILLE, IL 62220	DONATION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/00	200.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

5725.00

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

8442.07

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 11-1-01
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Sei</i>	10-11-01
PREPARER	DATE PREPARED