



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**HEALTH CARE LEADERSHIP COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		22994.11
(b) Cash on Hand at Beginning of Reporting Period.....	6881.11	
(c) Total Receipts (from Line 19) .....	25175.00	25175.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	32056.11	48169.11
7. Total Disbursements (from Line 31).....	3012.00	19125.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	29044.11	29044.11
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

HEALTH CARE LEADERSHIP COMMITTEE

Report Covering the Period: From: 07 / 01 / 2011 To: 09 / 30 / 2011

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).....	25175.00	25175.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25175.00	25175.00
(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) .....	25175.00	25175.00
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 Transfers (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))..... ▶	25175.00	25175.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25175.00	25175.00

**DETAILED SUMMARY PAGE**

of Disbursements

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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	262.00	9875.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	262.00	9875.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2750.00	9250.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	3012.00	19125.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3012.00	19125.00

**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) .....	25175.00	25175.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25175.00	25175.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	262.00	9875.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	262.00	9875.00

**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 25
	(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"/> 12
		<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. David Aplington**  
Full Name (Last, First, Middle Initial)

Mailing Address 7441 York Drive

City Clayton State MO Zip Code 63105

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

Name of Employer BJC HealthCare Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : SA11AI.5546**

Amount of Each Receipt this Period  
**750.00**

PAC Contribution

**B. Gregory K. Bratcher**  
Full Name (Last, First, Middle Initial)

Mailing Address 211 Selma

City Webster Groves State MO Zip Code 63119

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : SA11AI.5554**

Amount of Each Receipt this Period  
**100.00**

PAC Contribution

**C. Robert Cannon**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Broadview Farm RD

City St. Louis State MO Zip Code 63141

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

Name of Employer BJC HealthCare Occupation VP, Capital Asset Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2011  
**Transaction ID : SA11AI.5508**

Amount of Each Receipt this Period  
**1500.00**

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **2350.00**

**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 7 OF 25
<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. Karen L. Canter-Koester**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17136 Windsor Crest Blvd.  
 City Wildwood State MO Zip Code 63038-1392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BJC Medical Group Occupation Vice President, Operations & Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 15 / 2011  
**Transaction ID : SA11AI.5506**  
 Amount of Each Receipt this Period 50.00  
 PAC Contribution

**B. Ruth N. Castellano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15040 Claymont Estates Drive  
 City Chesterfield State MO Zip Code 63017-7732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BJC HealthCare Occupation Vice President, Home Health  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 15 / 2011  
**Transaction ID : SA11AI.5503**  
 Amount of Each Receipt this Period 200.00  
 PAC Contribution

**C. Cathryn A. Conrad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2370 Fairoyal Drive  
 City St. Louis State MO Zip Code 63131-1942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thompson Coburn Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2011  
**Transaction ID : SA11AI.5528**  
 Amount of Each Receipt this Period 250.00  
 PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> 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 OF 25  
(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. Donald B. Dorwart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One US Bank Plaza  
 Suite 3400  
 City St. Louis State MO Zip Code 63101-1611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thompson Coburn Occupation Attorney  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 200.00

Date of Receipt  
 09 / 16 / 2011  
**Transaction ID : SA11AI.5527**  
 Amount of Each Receipt this Period  
 200.00  
 PAC Contribution

**B. Dr. John T. Ellena**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 East Walinca Walk  
 City Clayton State MO Zip Code 63105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BJC Occupation Medical Doctor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 15 / 2011  
**Transaction ID : SA11AI.5520**  
 Amount of Each Receipt this Period  
 250.00  
 PAC Contribution

**C. Kim Gladstone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4545 Woodworth Lane  
 City St. Louis State MO Zip Code 63128  
 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 ▼  
 200.00

Date of Receipt  
 09 / 30 / 2011  
**Transaction ID : SA11AI.5556**  
 Amount of Each Receipt this Period  
 200.00  
 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 9 OF 25  
(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**

Full Name (Last, First, Middle Initial)  
**A. Bradley A. Goacher**

Mailing Address 1618 Shadow Ridge

City Columbia	State IL	Zip Code 62236
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FEC ID number of contributing federal political committee. **C**

Name of Employer Alton Memorial Hospital	Occupation Director of Finance
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2011

**Transaction ID : SA11AI.5542**

Amount of Each Receipt this Period  
100.00

PAC Contribution

Full Name (Last, First, Middle Initial)  
**B. Evan Raskas Goldfarb**

Mailing Address 667 Radford Drive

City St. Louis	State MO	Zip Code 63132
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FEC ID number of contributing federal political committee. **C**

Name of Employer Thompson Coburn	Occupation Attorney
-------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

**Transaction ID : SA11AI.5526**

Amount of Each Receipt this Period  
250.00

PAC Contribution

Full Name (Last, First, Middle Initial)  
**C. Milada Reddy Goturi**

Mailing Address 2734 Wyncrest Manor Drive

City Wildwood	State MO	Zip Code 63005-6700
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FEC ID number of contributing federal political committee. **C**

Name of Employer Thompson Coburn	Occupation Attorney at Law
-------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : SA11AI.5563**

Amount of Each Receipt this Period  
250.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 10 OF 25
<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. James L. Gray, III**  
Full Name (Last, First, Middle Initial)

Mailing Address 2619 Briar Valley Court

City St. Louis State MO Zip Code 63122-3341

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

Name of Employer Barnes-Jewish Hospital Occupation Director, Pharmacy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : SA11AI.5553**

Amount of Each Receipt this Period 100.00

PAC Contribution

**B. Paul G. Griesemer**  
Full Name (Last, First, Middle Initial)

Mailing Address 720 Ries Road

City Ballwin State MO Zip Code 63021-7308

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

Name of Employer Thompson Coburn Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 16 / 2011  
**Transaction ID : SA11AI.5524**

Amount of Each Receipt this Period 200.00

PAC Contribution

**C. James F. Gunn**  
Full Name (Last, First, Middle Initial)

Mailing Address Five Troll Court

City Manchester State MO Zip Code 63011

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

Name of Employer Thompson Coburn Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2011  
**Transaction ID : SA11AI.5533**

Amount of Each Receipt this Period 250.00

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

**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 11 OF 25
	<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**

Full Name (Last, First, Middle Initial) <b>A. Joyce Hennessy</b>		Date of Receipt
Mailing Address 4 Homewood Drive		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code
Kirkwood	MO	63122
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Thompson Coburn	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Transaction ID : SA11AI.5531
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
		PAC Contribution

Full Name (Last, First, Middle Initial) <b>B. Lori W. Jones</b>		Date of Receipt
Mailing Address 34 Flower Hill Court		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code
St. Louis	MO	63122
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Thompson Coburn	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Transaction ID : SA11AI.5522
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
		PAC Contribution

Full Name (Last, First, Middle Initial) <b>C. Thomas Karl</b>		Date of Receipt
Mailing Address 501 Smith Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
Farmington	MO	63640
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Parkland Health Center	Assistant Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Transaction ID : SA11AI.5552
		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
		PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
<b>TOTAL</b> 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 12 OF 25
	(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"/> 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. Kimberly A. Kitson**  
Full Name (Last, First, Middle Initial)

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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.5559**

Amount of Each Receipt this Period  
 100.00

PAC Contribution

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

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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2011

**Transaction ID : SA11AI.5504**

Amount of Each Receipt this Period  
 300.00

PAC Contribution

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

Mailing Address 6550 Delor Street

City St. Louis State MO Zip Code 63109

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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2011

**Transaction ID : SA11AI.5540**

Amount of Each Receipt this Period  
 100.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> 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 13 OF 25
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mark H. Krieger</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 14855 Brook Hill Drive		<b>Transaction ID : SA11AI.5555</b>
City Chesterfield	State MO	Zip Code 63017-7939
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00	
Name of Employer BJC	Occupation Finance	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Bruce Lane</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 6340 Clayton Road #106-E		<b>Transaction ID : SA11AI.5558</b>
City St. Louis	State MO	Zip Code 63117
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 350.00	
Name of Employer BJC	Occupation Vice President	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Richard L. Lawton</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2011
Mailing Address 681 W Polo Drive		<b>Transaction ID : SA11AI.5529</b>
City St. Louis	State MO	Zip Code 63105
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Thompson Coburn	Occupation Attorney	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2100.00
<b>TOTAL</b> 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 OF 25
	<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. Nancy Lemaster**  
Full Name (Last, First, Middle Initial)

Mailing Address 127 Pointer Lane

City St. Louis State MO Zip Code 63124

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

Name of Employer BJC Healthcare Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2011

**Transaction ID : SA11AI.5544**

Amount of Each Receipt this Period  
 150.00

PAC Contribution

**B. Richard J. Liekweg**  
Full Name (Last, First, Middle Initial)

Mailing Address 2055 Via Sinalda

City La Jolla State CA Zip Code 92037-6949

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

Name of Employer Barnes-Jewish Hospital Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2011

**Transaction ID : SA11AI.5495**

Amount of Each Receipt this Period  
 1000.00

PAC Contribution

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

Mailing Address 10 Carrswold Drive

City Clayton State MO Zip Code 63105

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

Name of Employer BJC Healthcare Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.5548**

Amount of Each Receipt this Period  
 5000.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6150.00
<b>TOTAL</b> 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 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**HEALTH CARE LEADERSHIP COMMITTEE**

**A. Lisa Lochner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 527 Country Lane  
 City Sullivan State MO Zip Code 63080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Missouri Baptist Hospital Occupation Assistant Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : SA11AI.5549**  
 Amount of Each Receipt this Period 100.00  
 PAC Contribution

**B. Joan Magruder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14543 Debbenham Lane  
 City Chesterfield State MO Zip Code 63017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Missouri Baptist Hospital Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 20 / 2011  
**Transaction ID : SA11AI.5537**  
 Amount of Each Receipt this Period 1000.00  
 PAC Contribution

**C. Emmy McClelland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 455 Pasadena Avenue  
 City St. Louis State MO Zip Code 63119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Louis Children's Hospital Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 09 / 16 / 2011  
**Transaction ID : SA11AI.5532**  
 Amount of Each Receipt this Period 100.00  
 PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> 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 16 OF 25
	<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. Mark L. Melliere**  
Full Name (Last, First, Middle Initial)

Mailing Address 1845 Summitview Drive

City St. Charles State MO Zip Code 63303

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

Name of Employer BJC Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : SA11AI.5534**

Amount of Each Receipt this Period  
 125.00

PAC Contribution

**B. Thomas J. Minogue**  
Full Name (Last, First, Middle Initial)

Mailing Address 47 Lynnbrook Road

City Frontenac State MO Zip Code 63131

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

Name of Employer Thompson Coburn Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : SA11AI.5525**

Amount of Each Receipt this Period  
 250.00

PAC Contribution

**C. Greg Mohler**  
Full Name (Last, First, Middle Initial)

Mailing Address 225 St. Sabre Drive

City Swansea State IL Zip Code 62221

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

Name of Employer BJC Healthcare Occupation Vice President PD&C

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : SA11AI.5551**

Amount of Each Receipt this Period  
 250.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<b>TOTAL</b> 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 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**HEALTH CARE LEADERSHIP COMMITTEE**

**A. Greta Moorhead**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1028 N Taylor Avenue  
 City Kirkwood State MO Zip Code 63122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Louis Children's Hospital Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
 09 / 15 / 2011  
**Transaction ID : SA11AI.5505**  
 Amount of Each Receipt this Period 100.00  
 PAC Contribution

**B. Charles M. Poplstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1945 Drexel Hill Court  
 City St. Louis State MO Zip Code 63131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thompson Coburn Occupation Attorney at Law  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
 09 / 30 / 2011  
**Transaction ID : SA11AI.5562**  
 Amount of Each Receipt this Period 100.00  
 PAC Contribution

**C. Timothy D. Ranney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 955 Hanna Bend Court  
 City Manchester State MO Zip Code 63021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Missouri Baptist Hospital Occupation Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 09 / 15 / 2011  
**Transaction ID : SA11AI.5519**  
 Amount of Each Receipt this Period 1000.00  
 PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> 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 18 OF 25  
(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. Sara Sachse Reid**  
Full Name (Last, First, Middle Initial)  
Mailing Address 307 Willow Creek Drive  
City Edwardsville State IL Zip Code 62025-3161  
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 / 30 / 2011  
Transaction ID : SA11AI.5565  
Amount of Each Receipt this Period 100.00  
PAC Contribution

**B. Sylvia D. Robbins**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 220704  
City Kirkwood State MO Zip Code 63122  
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 / 16 / 2011  
Transaction ID : SA11AI.5521  
Amount of Each Receipt this Period 100.00  
PAC Contribution

**C. Kevin V. Roberts**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5593 High Point Drive  
City Solon State OH Zip Code 44139  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BJC Occupation Chief Financial Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 30 / 2011  
Transaction ID : SA11AI.5550  
Amount of Each Receipt this Period 2500.00  
PAC Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2700.00  
**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 19 OF 25
	(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"/> 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. Dan Rothery**  
Full Name (Last, First, Middle Initial)

Mailing Address 53 Woodcrest

City St. Louis State MO Zip Code 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 ▼  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2011  
**Transaction ID : SA11AI.5507**

Amount of Each Receipt this Period  
200.00

PAC Contribution

**B. Julia S. Ruvelson**  
Full Name (Last, First, Middle Initial)

Mailing Address 359 Pebble Acres Drive

City St. Louis State MO Zip Code 63141-8035

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

Name of Employer Barnes-Jewish Hospital Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2011  
**Transaction ID : SA11AI.5501**

Amount of Each Receipt this Period  
250.00

PAC Contribution

**C. Lori Schreiner**  
Full Name (Last, First, Middle Initial)

Mailing Address 846 Summit Glen Court

City Fenton State MO Zip Code 63026

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

Name of Employer Barnes-Jewish Hospital Occupation Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : SA11AI.5547**

Amount of Each Receipt this Period  
500.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> 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 20 OF 25  
(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**

Full Name (Last, First, Middle Initial)  
**A. Tony Schwarm**

Mailing Address 124 Cortez Drive

City Sullivan State MO Zip Code 63080

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

Name of Employer MO Baptist Hospital - Sullivan Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2011  
**Transaction ID : SA11AI.5536**

Amount of Each Receipt this Period  
**750.00**

PAC Contribution

Full Name (Last, First, Middle Initial)  
**B. Dee Anne Sjogren**

Mailing Address 16 Oakleigh Lane

City St. Louis State MO Zip Code 63124

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

Name of Employer Thompson Coburn Occupation Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : SA11AI.5530**

Amount of Each Receipt this Period  
**200.00**

PAC Contribution

Full Name (Last, First, Middle Initial)  
**C. Angela R. Standish**

Mailing Address 4063 Magnolia Avenue

City St. Louis State MO Zip Code 63110

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 ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2011  
**Transaction ID : SA11AI.5539**

Amount of Each Receipt this Period  
**250.00**

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1200.00**

**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 OF 25
	<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. Mark E. Stansberry**  
Full Name (Last, First, Middle Initial)

Mailing Address 5324 Lode Avenue

City Affton State MO Zip Code 63123-3640

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 / 16 / 2011  
Transaction ID : SA11AI.5523

Amount of Each Receipt this Period  
100.00

PAC Contribution

**B. Sarah E. Terrace**  
Full Name (Last, First, Middle Initial)

Mailing Address 2360 East Royal Court

City Des Peres State MO Zip Code 63131

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 ▼  
1000.00

Date of Receipt  
09 / 15 / 2011  
Transaction ID : SA11AI.5518

Amount of Each Receipt this Period  
1000.00

PAC Contribution

**C. Larry A. Tracy Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 130

City Wadsworth State IL Zip Code 60083-0130

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

Name of Employer Barnes-Jewish West Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
09 / 15 / 2011  
Transaction ID : SA11AI.5502

Amount of Each Receipt this Period  
100.00

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00

**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 OF 25
	(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"/> 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**

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

Mailing Address 9 Overbrook Drive

City State Zip Code  
St. Louis MO 63124-1482

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 ▼  
1500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2011

**Transaction ID : SA11AI.5543**

Amount of Each Receipt this Period  
1500.00

PAC Contribution

Full Name (Last, First, Middle Initial)  
**B. Patrick Venditti**

Mailing Address 1437 Shelby Point Drive

City State Zip Code  
O'Fallon MO 63366

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 M / D D D / Y Y Y Y Y Y  
09 / 30 / 2011

**Transaction ID : SA11AI.5567**

Amount of Each Receipt this Period  
100.00

PAC Contribution

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2011

**Transaction ID : SA11AI.5535**

Amount of Each Receipt this Period  
100.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<b>TOTAL</b> 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 OF 25
	(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"/> 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. Patricia S. Wahl**  
Full Name (Last, First, Middle Initial)

Mailing Address 1228 Arbor Bluff Circle

City Ballwin State MO Zip Code 63021

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

Name of Employer BJC Health Care Occupation Director, Managed Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2011

**Transaction ID : SA11AI.5541**

Amount of Each Receipt this Period  
100.00

PAC Contribution

**B. Christopher T. Watts**  
Full Name (Last, First, Middle Initial)

Mailing Address 6102 Washington Blvd. Unit 301

City St. Louis State MO Zip Code 63112

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

Name of Employer Barnes-Jewish Hospital Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.5557**

Amount of Each Receipt this Period  
100.00

PAC Contribution

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	25175.00

**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 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

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**

Full Name (Last, First, Middle Initial)

**A. Citizens for Beiser**

Mailing Address 2206 Krug Place

City Alton State IL Zip Code 62002-4232

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Citizens for Beiser**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2011

**Transaction ID : SB21B.5497**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. US Bank**

Mailing Address P.O. Box 1800

City Saint Paul State MN Zip Code 55101

Purpose of Disbursement  
Analysis Service Charge

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2011

**Transaction ID : SB21B.5496**

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

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

262.00

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

262.00

**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**

Full Name (Last, First, Middle Initial)

**A. ANN WAGNER FOR CONGRESS**

Mailing Address PO BOX 50

City BALLWIN State MO Zip Code 63022

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**ANN WAGNER FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2011

**Transaction ID : SB23.5498**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. BLAINE FOR CONGRESS 2012**

Mailing Address PO BOX 125

City HOLTS SUMMIT State MO Zip Code 65043

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**BLAINE FOR CONGRESS 2012**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2011

**Transaction ID : SB23.5500**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Russ Carnahan for Congress**

Mailing Address 7370 Manchester Rd STE 20

City St. Louis State MO Zip Code 63143

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Russ Carnahan for Congress**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2011

**Transaction ID : SB23.5545**

Amount of Each Disbursement this Period

2000.00

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

2750.00

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

2750.00