

# **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 19

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dunagan, Wm. Claiborne, , ,

Mailing Address 3 Warson Hills Lane

City  
Saint Louis

State  
MO

Zip Code  
63124-1204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BJC Healthcare

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 24 / 2018

Transaction ID : SA11Al.6137

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fetter, Lee, , ,

Mailing Address 430 Oakwood Avenue

City  
St. Louis

State  
MO

Zip Code  
63119

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St. Louis Children's Hospital

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : SA11Al.6134

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fowler, June, , ,

Mailing Address 6225 Pershing

City  
St. Louis

State  
MO

Zip Code  
63130

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BJC Healthcare

Occupation (for Individual)  
VP, Corporate & Public Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2018

Transaction ID : SA11Al.6157

Amount of Each Receipt this Period

1320.00

☐ Memo Item

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

9320.00

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