

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2008 JUN 23 AM 9:09
12FE4M5

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

CHILD HEALTH CORPORATION OF AMERICA-PAC

ADDRESS (number and street) 61003 WEST 64 STREET SUITE 200

Check if different than previously reported. (ACC) SHAWNEE MISSION KS 66202

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

00430587

3. IS THIS REPORT NEW (N) OR 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 [] / [] / [] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on [] / [] / [] in the State of []

5. Covering Period 01 / 01 / 2007 through 06 / 30 / 2007

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 Craig F Fischer

Signature of Treasurer

Craig F Fischer

Date 01 / 09 / 2008

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							
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FEC FORM 3X
Rev. 12/2004

28039594303

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

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

FOR LINE NUMBER: PAGE OF
(check only one)

<input 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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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)

Child Health Corporation of America - PAC

Full Name (Last, First, Middle Initial)

A. Primonc Jeffrey J

Mailing Address

15605 Slater

City

Overland Park

State

KS

Zip Code

66221

FEC ID number of contributing federal political committee.

C

Name of Employer

CHCA

Occupation

Senior Vice President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

05 / 31 / 2007

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. Jensen Cassandra

Mailing Address

809 W Truman Rd

City

Independence

State

MO

Zip Code

64050

FEC ID number of contributing federal political committee.

C

Name of Employer

CHCA

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 11 / 2007

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Tillman Sandra

Mailing Address

1726 NW 57 Ct

City

Kansas City

State

MO

Zip Code

64151

FEC ID number of contributing federal political committee.

C

Name of Employer

CHCA

Occupation

Senior Vice President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

06 / 13 / 2007

Amount of Each Receipt this Period

1,000.00

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

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

28039594304

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

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

FOR LINE NUMBER:		PAGE		OF	
<input 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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Child Health Corporation of America - PAC

Full Name (Last, First, Middle Initial)

A. Humphreys D B

Mailing Address

16203 W 79 Terrace

City

Lenexa

State

KS

Zip Code

66219

FEC ID number of contributing federal political committee.

C

Name of Employer

CHCA

Occupation

Vice President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3,000.00

Date of Receipt

04 / 25 / 2007

Amount of Each Receipt this Period

3,000.00

Full Name (Last, First, Middle Initial)

B. Payne Donna M

Mailing Address

10201 Howe Lane

City

Leawood

State

KS

Zip Code

66206

FEC ID number of contributing federal political committee.

C

Name of Employer

CHCA

Occupation

Senior Vice President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

05 / 04 / 2007

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. Spreadbury Barbara

Mailing Address

15007 W 76 Street

City

Lenexa

State

KS

Zip Code

66216

FEC ID number of contributing federal political committee.

C

Name of Employer

CHCA

Occupation

Vice President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 08 / 2007

Amount of Each Receipt this Period

500.00

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

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

28039594305

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

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

FOR LINE NUMBER:		PAGE		OF	
<input 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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Child Health Corporation of America - PAC

Full Name (Last, First, Middle Initial)
A. Black, Don

Mailing Address
4801 W 85 street

City **Prairie Village** State **KS** Zip Code **66207**

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

Name of Employer **CHCA** Occupation **President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3,000.00

Date of Receipt
03 / 13 / 2007

Amount of Each Receipt this Period
2,000.00

Full Name (Last, First, Middle Initial)
B. Rutherford Jerry L

Mailing Address
7311 Ward Parkway

City **Kansas City MO** State **MO** Zip Code **64114**

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

Name of Employer **CHCA** Occupation **Senior Vice President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
04 / 06 / 2007

Amount of Each Receipt this Period
1,000.00

Full Name (Last, First, Middle Initial)
C. Fischer Craig F

Mailing Address
9729 Sagamore

City **Leawood** State **KS** Zip Code **66202**

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

Name of Employer **CHCA** Occupation **Senior Vice President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
04 / 06 / 2007

Amount of Each Receipt this Period
1,000.00

SUBTOTAL of Receipts This Page (optional).....▶ **4,000.00**

TOTAL This Period (last page this line number only).....▶ **4,000.00**

28039594306

**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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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)

Child Health Corporation of America - PAC

Full Name (Last, First, Middle Initial)

A. Bomstad Michael G

Mailing Address

13008 Briar

City

Leawood

State

KS

Zip Code

66209

FEC ID number of contributing federal political committee.

C

Name of Employer

CHCA

Occupation

Vice President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

06 / 26 / 2007

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B.

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Receipt this Period

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

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

28039594307

**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 OF

<input 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)

Child Health Corporation of America - PAC

Full Name (Last, First, Middle Initial)

A.

Citizens for Harkin

Mailing Address

426 C Street NE

City

Washington DC

State

Zip Code

20002

Purpose of Disbursement

Contribution

Candidate Name

Tom Harkin

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM ' DD ' YYYY
06 ' 01 ' 2007

Amount of Each Disbursement this Period

1,000.00

B.

Ben Cardin for Senate

Mailing Address

401 N Michigan Avenue Suite 2200

City

Chicago

State

IL

Zip Code

60611

Purpose of Disbursement

Contribution

Candidate Name

Ben Cardin

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM ' DD ' YYYY
05 ' 29 ' 2007

Amount of Each Disbursement this Period

1,000.00

C.

Hatch for President Exploratory Committee

Mailing Address

PO Box 1482

City

Washington

State

DC

Zip Code

20013

Purpose of Disbursement

Contribution

Candidate Name

Orrin Hatch

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM ' DD ' YYYY
03 ' 28 ' 2007

Amount of Each Disbursement this Period

1,000.00

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

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

28039594308

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 1/16/08
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input 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
 (3/2005)

1/23/08
DATE PREPARED

28039594309