

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2008 JAN 23 AM 9:09

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

CHILD HEALTH CORPORATION OF AMERICA PAC

ADDRESS (number and street) 6808 WEST 64 STREET SUITE 208

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00430587

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE), July 31 Mid-Year Report (MY), Termination Report (TER). (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S).

5. Covering Period 07 / 01 / 2007 through 12 / 31 / 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 [Handwritten Signature] Date 01 / 14 / 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Child Health Corporation of America - PAC

Report Covering the Period: From:    To:

28039594312

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2007"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="648500"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="265000"/>	<input type="text" value="1215000"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="913500"/>	<input type="text" value="1215000"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="100000"/>	<input type="text" value="401500"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="813500"/>	<input type="text" value="813500"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Child Health Corporation of America - PAC

Report Covering the Period: From: MM / DD / YYYY 06 / 30 / 2007 To: MM / DD / YYYY 02 / 31 / 2007

**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).....
  - (ii) Unitemized.....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

2600.00

11900.00

5000

25000

265000

1215000

- (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).....▶

00

00

00

00

265000

1215000

12. Transfers From Affiliated/Other Party Committees.....

00

00

13. All Loans Received.....

00

00

14. Loan Repayments Received.....

00

00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

00

00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

00

00

17. Other Federal Receipts (Dividends, Interest, etc.).....

00

00

18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....

00

00

(b) Levin Funds (from Schedule H5).....

00

00

(c) Total Transfers (add 18(a) and 18(b))..

00

00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

265000

1215000

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

265000

1215000

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**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 .....	00	00
(ii) Non-Federal Share.....	00	00
(b) Other Federal Operating Expenditures .....	1500	1500
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	00	1500
22. Transfers to Affiliated/Other Party Committees.....	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	400000	400000
24. Independent Expenditures (use Schedule E) .....	00	00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	00	00
26. Loan Repayments Made.....	00	00
27. Loans Made.....	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	00	00
(b) Political Party Committees .....	00	00
(c) Other Political Committees (such as PACs).....	00	00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	00	00
29. Other Disbursements .....	00	00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	00	00
(ii) "Levin" Share.....	00	00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	00	00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....	00	00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	100000	401500
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	100000	401500

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**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	2,650.00	1,215.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2,650.00	1,215.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	.00	1.50
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	.00	1.50

28039594315

**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"/> 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)  
**Child Health Corporation of America - PAC**

**A. Gardner Larry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **10132 N Bradford Avenue**  
 City: **Kansas City** State: **Mo** Zip Code: **64154**  
 Name of Employer: **CHCA** Occupation: **Vice President**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼: **30,000**

Date of Receipt: **07 / 16 / 2007**  
 Amount of Each Receipt this Period: **30,000**

**B. McPhail James R**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **5310 W 166 Terrace**  
 City: **Stilwell** State: **KS** Zip Code: **66085**  
 Name of Employer: **CHCA** Occupation: **Vice President**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼: **500,000**

Date of Receipt: **09 / 10 / 2007**  
 Amount of Each Receipt this Period: **400,000**

**C. Humphreys D B**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **16203 W 79 Terrace**  
 City: **Lenexa** State: **KS** Zip Code: **66219**  
 Name of Employer: **CHCA** Occupation: **Vice President**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼: **500,000**

Date of Receipt: **09 / 18 / 2007**  
 Amount of Each Receipt this Period: **200,000**

**SUBTOTAL** of Receipts This Page (optional).....▶ **1,000,000**  
**TOTAL** This Period (last page this line number only).....▶ **1,000,000**

28039594316

**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**

**A. Rindner Edna**

Full Name (Last, First, Middle Initial)

Mailing Address  
**5535 Suwanee Rd**

City **Fairway** State **KS** Zip Code **66205**

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 **09 / 18 / 2007**

Amount of Each Receipt this Period **500.00**

**B. Kueser Jacqueline**

Full Name (Last, First, Middle Initial)

Mailing Address  
**8010 NW Breckenridge Drive**

City **Parkville** State **MO** Zip Code **64152**

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 **09 / 18 / 2007**

Amount of Each Receipt this Period **500.00**

**C. Collins Katherine A**

Full Name (Last, First, Middle Initial)

Mailing Address  
**14019 W 56 Street**

City **Shawnee** 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 **700.00**

Date of Receipt **10 / 09 / 2007**

Amount of Each Receipt this Period **700.00**

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

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

28039594317

**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**

**A.** Full Name (Last, First, Middle Initial)  
**Citizens for Arlen Specter**

Mailing Address:  
**203 Maryland Ave NE (Basement)**

City: **Washington DC** State: \_\_\_\_\_ Zip Code: **20002**

Purpose of Disbursement:  
**Contribution**

Candidate Name: **Arlen Specter** Category/Type:

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **09 / 27 / 2007**

Amount of Each Disbursement this Period: **10,000.00**

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

Amount of Each Disbursement this Period

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

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

28039594318



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  
1/16/08

USPS Registered/Certified Postmarked (R/C)

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

USPS Express Mail Postmarked

Postmark Illegible

No Postmark


Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked



PREPARER

1/23/08

DATE PREPARED

28039594319