

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2008 FEB 18 AM 9:33

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) 6803 WEST 64 STREET SUITE 208 Check if different than previously reported. (ACC) SHAWNEE MISSOURI KS 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 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), 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 04 01 2008 through 06 30 2008

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 07 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.

28039762545

**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:

M	M	'	D	D	'	Y	Y	Y	Y
0	4		0	1		2	0	0	8

 To:

M	M	'	D	D	'	Y	Y	Y	Y
0	6		3	0		2	0	0	8

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>8</td><td>1</td><td>3</td><td>5</td><td>0</td><td>0</td></tr></table>	8	1	3	5	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>8</td><td>1</td><td>3</td><td>5</td><td>0</td><td>0</td></tr></table>	8	1	3	5	0	0
Y	Y	Y	Y																			
2	0	0	8																			
8	1	3	5	0	0																	
8	1	3	5	0	0																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>8</td><td>1</td><td>3</td><td>5</td><td>0</td><td>0</td></tr></table>	8	1	3	5	0	0															
8	1	3	5	0	0																	
(c) Total Receipts (from Line 19).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>8</td><td>2</td><td>4</td><td>6</td><td>0</td><td>0</td></tr></table>	8	2	4	6	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>1</td><td>2</td><td>4</td><td>6</td><td>0</td></tr></table>	1	1	2	4	6	0								
8	2	4	6	0	0																	
1	1	2	4	6	0																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>6</td><td>3</td><td>8</td><td>1</td><td>0</td></tr></table>	1	6	3	8	1	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>9</td><td>3</td><td>8</td><td>1</td><td>0</td></tr></table>	1	9	3	8	1	0								
1	6	3	8	1	0																	
1	9	3	8	1	0																	
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>6</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	6	0	0	0	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>9</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	9	0	0	0	0	0								
6	0	0	0	0	0																	
9	0	0	0	0	0																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>0</td><td>3</td><td>8</td><td>1</td><td>0</td></tr></table>	1	0	3	8	1	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>0</td><td>3</td><td>8</td><td>1</td><td>0</td></tr></table>	1	0	3	8	1	0								
1	0	3	8	1	0																	
1	0	3	8	1	0																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0	0	0															
0	0	0	0	0	0																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0	0	0															
0	0	0	0	0	0																	

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

28039762546

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:

04 / **01** / **2008**

To:

06 / **30** / **2008**

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).....

7935.00

10935.00

(ii) Unitemized.....

311.00

311.00

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

8246.00

11246.00

(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).....▶

8246.00

11246.00

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

13. All Loans Received.....

14. Loan Repayments Received.....

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

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

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

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

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

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

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

8246.00

11246.00

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

8246.00

11246.00

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DETAILED SUMMARY PAGE
of Disbursements

28039762548

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		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6,000.00	9,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6,000.00	9,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6,000.00	9,000.00

DETAILED SUMMARY PAGE
of Disbursements

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)	8,246.00	11,246.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8,246.00	11,246.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

28039762549

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 checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15
<input type="checkbox"/> 12 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

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

Senior Vice President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

04 / 01 / 2008

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. 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 / 01 / 2008

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. Humphreys D Brian

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 ▼

500.00

Date of Receipt

04 / 01 / 2008

Amount of Each Receipt this Period

500.00

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

2,500.00

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

28039762550

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

Grid for line numbers 11a-17 with checkboxes. 11a is checked.

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NAME OF COMMITTEE (In Full)

Child Health Corporation of America - PAC

Full Name (Last, First, Middle Initial)

A. Jensen, Kassandra

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

Vice President

Receipt For:

Primary, General, Other (specify) checkboxes.

Aggregate Year-to-Date

500.00

Date of Receipt

04 / 01 / 2008

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Conrad, Kate

Mailing Address

4811 West 80 Street

City

Prairie Village

State

KS

Zip Code

66208

FEC ID number of contributing federal political committee.

C

Name of Employer

CHCA

Occupation

Vice President

Receipt For:

Primary, General, Other (specify) checkboxes.

Aggregate Year-to-Date

500.00

Date of Receipt

04 / 01 / 2008

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kueser, Jacqueline

Mailing Address

8010 NW Breckenridge

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) checkboxes.

Aggregate Year-to-Date

500.00

Date of Receipt

04 / 11 / 2008

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1,500.00

TOTAL This Period (last page this line number only)

28039762551

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 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"/>		<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Black Don
 Full Name (Last, First, Middle Initial)
 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: **2,000.00**

Date of Receipt: **04 / 28 / 2008**
 Amount of Each Receipt this Period: **2,000.00**

B. Rindner Edna
 Full Name (Last, First, Middle Initial)
 Mailing Address: **5535 Swanee Road**
 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: **05 / 12 / 2008**
 Amount of Each Receipt this Period: **500.00**

C. Payne Donna
 Full Name (Last, First, Middle Initial)
 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: **06 / 04 / 2008**
 Amount of Each Receipt this Period: **1,000.00**

SUBTOTAL of Receipts This Page (optional)..... **3,500.00**
TOTAL This Period (last page this line number only).....

28039762552

**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 checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15
<input type="checkbox"/> 12 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. Gardner Larry		Date of Receipt 06 / 04 / 2008
Mailing Address 10132 N Bradford Avenue		Amount of Each Receipt this Period 435.00
City Kansas City	State MO	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 4,350.00
Name of Employer CHCA	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	435.00
TOTAL This Period (last page this line number only).....▶	7,935.00

28039762553

**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 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

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. Durbin for Senate

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2008

Mailing Address

444 N Capitol St NW Suite 837

City State Zip Code

Washington DC 20001

Purpose of Disbursement

Contribution

Category/Type

Amount of Each Disbursement this Period

1,000.00

Candidate Name

Richard J. Durbin

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. HIGPA - PAC

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2008

Mailing Address

2025 M Street NW Suite 800

City State Zip Code

Washington DC 20036

Purpose of Disbursement

Contribution

Category/Type

Amount of Each Disbursement this Period

5,000.00

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

6,000.00

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

6,000.00

28039762554

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

USPS Registered/Certified Postmarked (R/C)
7/1/00

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

Jnt
 PREPARER 7/8/00
 DATE PREPARED

28039762555