

RECEIVED
FEC MAIL CENTER
2009 JUL 22 AM 9:47

**FEC
FORM 3X**

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

Office Use Only

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 MISSION KS 66202

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C004305B7

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

29030124757
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** / **2009** through **06** / **30** / **2009**

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 **07** / **10** / **2009**

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:

01 / 01 / 2009

To:

06 / 30 / 2009

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2009	7,481.00	7,481.00
(b) Cash on Hand at Beginning of Reporting Period.....	7,481.00	
(c) Total Receipts (from Line 19)	1,016.00	1,016.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1,764.10	1,764.10
7. Total Disbursements (from Line 31)	8,000.00	8,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9,641.00	9,641.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)00	

29030124758



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: 01 / 01 / 2009 To: 06 / 30 / 2009

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

29030124759

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

10,000.00

10,000.00

(ii) Unitemized

160.00

160.00

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

10,160.00

10,160.00

(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).....▶

10,160.00

10,160.00

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)).....▶

10,160.00

10,160.00

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

10,160.00

10,160.00

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)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 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)

1,016,000
00
1,016,000

1,016,000
00
1,016,000

29030124761

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	<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

Full Name (Last, First, Middle Initial)

A. Tillman Sandra S

Mailing Address

1726 NW 57 Court

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

04 / 07 / 2009

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. Spizman David B

Mailing Address

3509 W 101 Street

City

Leawood

State

KS

Zip Code

66206

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 / 07 / 2009

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gardner Larry E

Mailing Address

10132 N Bradford Avenue

City

Kansas City

State

MO

Zip Code

64154

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 / 22 / 2009

Amount of Each Receipt this Period

500.00

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

2,000.00

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

2,000.00

29030124762

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

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 **CEO/President**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2,000.00**

Date of Receipt
03 / 27 / 2009

Amount of Each Receipt this Period
2,000.00

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

Mailing Address
7311 Ward Parkway

City **Kansas City** 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
03 / 27 / 2009

Amount of Each Receipt this Period
1,000.00

C. Full Name (Last, First, Middle Initial)
Jensen Cassandra

Mailing Address
809 West Truman Road

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) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
03 / 27 / 2009

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **3,500.00**

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

2903012 076

**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 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

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. **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 Finance

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5,000.00

Date of Receipt

03 / 27 / 2009

Amount of Each Receipt this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. **Conrad Katherine A**

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) ▼

Aggregate Year-to-Date ▼

5,000.00

Date of Receipt

03 / 27 / 2009

Amount of Each Receipt this Period

5,000.00

Full Name (Last, First, Middle Initial)

C. **Schoneich Andrew V**

Mailing Address

9345 W 119 Street

City
Palos Park

State
IL

Zip Code
60464

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 ▼

5,000.00

Date of Receipt

04 / 03 / 2009

Amount of Each Receipt this Period

5,000.00

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

15,000.00

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

15,000.00

29030124764

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	<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

Full Name (Last, First, Middle Initial)

A. Bomstad Michael G

Mailing Address

6009 West 142 Street

City

Overland Park

State

KS

Zip Code

66223

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 / 25 / 2009

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. Primovic 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

06 / 29 / 2009

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. Fischer Craig F

Mailing Address

9729 Sagamore Road

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 / 30 / 2009

Amount of Each Receipt this Period

1,000.00

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

3,000.00

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

1,000.00

29030124765

**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. Klobuchar for Minnesota

Mailing Address

106 Street NE Suite 470

City State Zip Code

Washington DC

20002

Purpose of Disbursement

Contribution

Candidate Name

Amy Klobuchar

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2009

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

HIGPA - PAC

Mailing Address

2025 M Street NW Suite 800

City State Zip Code

Washington DC

20036

Purpose of Disbursement

Contribution

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2009

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

C. Citizens for Arlen Specter

Mailing Address

255 S 17 Street

City State Zip Code

Philadelphia PA

19103

Purpose of Disbursement

Contribution

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2009

Amount of Each Disbursement this Period

1,000.00

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

7,000.00

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

29030124766

**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. Friends of Schumer

Mailing Address

Attention Tonya Fulkerson

City 426 C Street NE

State

Zip Code

Washington

D.C.

20002

Purpose of Disbursement

Contribution

Candidate Name

Charles D. Schumer

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

1,000.00

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

8,000.00

2903012467

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 <i>7/16/09</i>
<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

JW
 PREPARER

7/22/09
 DATE PREPARED

29030124768