



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RECEIVED
FEDERAL ELECTION
COMMISSION
RQ-2 DISCLOSURE

2008 APR 15 A 10:39

March 21, 2008

Craig F. Fischer, Treasurer
Child Health Corporation of America PAC
6803 West 64th Street Suite 208
Shawnee Mission, KS 66202

**Response Due Date:
April 21, 2008**

Identification Number: C00430587

Reference: Amended Mid-Year Report (1/01/07 – 6/30/07), received 1/23/08

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **Failure to adequately respond by the response date noted above could result in an audit or enforcement action.** Additional information is needed for the following item:

-In order for your report to be considered complete, a Summary and Detailed Summary Page must be filed. Please amend your report to include a complete Summary and Detailed Summary Page. 2 U.S.C. §434(b)

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action. **Requests for extensions of time in which to respond will not be considered.**

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1206.

28039683885

Sincerely,

Julie Fleming

Julie Fleming
Campaign Finance Analyst
Reports Analysis Division

229

28039683886

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2008 APR 15 AM 9:32
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 203

Check if different than previously reported. (ACC) SHAWNEE MISSION 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) 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 MM / DD / YYYY In the State of

(d) 30-Day POST-Election Report for the:

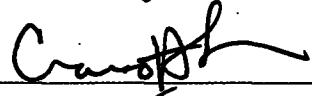
General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY 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  Date 04 / 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.

728039683887

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Child Health Cooperation of America - PAC

Report Covering the Period: From: To:

**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="00"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="9,500.00"/>	<input type="text" value="9,500.00"/>
(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="9,500.00"/>	<input type="text" value="9,500.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3,015.00"/>	<input type="text" value="3,015.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6,485.00"/>	<input type="text" value="6,485.00"/>
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
01 / 01 / 2007

To:

MM / DD / YYYY
06 / 30 / 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).....

9,200.00

9,200.00

(ii) Unitemized

300.00

300.00

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

9,500.00

9,500.00

(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).....▶

9,500.00

9,500.00

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)).....▶

9,500.00

9,500.00

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

9,500.00

9,500.00

28079685889

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	9500.00	9500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9500.00	9500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

28039683891

**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"/> 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. Pnmonic Jeffrey J

Date of Receipt

05 / 31 / 2007

Mailing Address

15605 Slater

Amount of Each Receipt this Period

1,000.00

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

Full Name (Last, First, Middle Initial)

B. Jensen Cassandra

Date of Receipt

06 / 11 / 2007

Mailing Address

809 W Truman Rd

Amount of Each Receipt this Period

400.00

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

Full Name (Last, First, Middle Initial)

C. Tillman Sandra

Date of Receipt

06 / 13 / 2007

Mailing Address

1726 NW 57 Ct

Amount of Each Receipt this Period

1,000.00

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

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

2,400.00

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

28039683892

**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"/> 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. 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 ▼

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).....▶

1,800.00

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

1,800.00

28039683893

**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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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 ▼

2,000.00

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

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

20039683894

**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

Full Name (Last, First, Middle Initial)

A. Bomstad Michael G

Mailing Address

13008 Briar

City

Leawood

State

KS

Zip Code

66209

Date of Receipt

06 / 26 / 2007

Amount of Each Receipt this Period

1,000.00

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

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Date of Receipt

 / /

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Date of Receipt

 / /

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

1,000.00

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

9200.00

28039683895

**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

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.

Citizens for Harkin

Mailing Address
426 C Street NE

City Washington DC State Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name
Tom Harkin

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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 IL State Zip Code 60611

Purpose of Disbursement
Contribution

Candidate Name
Ben Cardin

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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 DC State Zip Code 20013

Purpose of Disbursement
Contribution

Candidate Name
Orrin Hatch

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

03 / 28 / 2007

Amount of Each Disbursement this Period

1,000.00

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

3,000.00

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

3,000.00

096850965002

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)
4/7/08

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

Jm P
PREPARER
(3/2005)

4/15/08
DATE PREPARED

28039683897