12030820883

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED

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				omce use uniy					
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	Walter Company					
CHILD HEAL	TH CORPORA	TIDN OF A	MERICA	PAC					
ADDRESS (number and street)	6803 West	64+h, Str	et Sui	te 208					
(Check if address			<u> </u>						
is changed)	Overland Park KS 66202								
	C	CITY	STATE	ZIP CODE					
COMMITTEE'S E-MAIL ADDRE									
(Check if address	brian.hum	phiceyeech	c,a,, 40,M						
(Check if address is changed)		1 1 1 1 1 1 1 1 1		1,111111					
COMMITTEE'S WEB PAGE AD	DRESS (URL)								
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(Check if address is changed)									
2. DATE 05 / 3	1 / <u>20 / 2</u>								
3. FEC IDENTIFICATION N	UMBER CO	0430587							
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)							
I certify that I have examined the	his Statement and to the best	of my knowledge and belief	it is true, correct an	d complete.					
Type or Print Name of Treasure	D. BRIAN	HUMPHREYS							
Signature of Treasurer	Bin H	play	Date 05	31 2012					
NOTE: Submission of false, errone	eous, or incomplete information r			penalties of 2 U.S.C. §437g.					
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)					

TYPE OF COMMITTEE																						
Candidate Committee:																						
(a)	,	This	commit	ee is a	princ	ipal ca	mpaig	n cor	nmitt	ee. (0	Com	plete	the	candi	date i	inform	nation	belo	w.)			
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)								ate													
Name of Candida		L	1 1		1 1	11	1_1			1_1	Ŀ	1 1		1_1				.11.			<u> </u>	
Candida Party Af	-	n		TORONES C		Office Soug		Section 5	Н	ouse			Se	enate	Sacout		Pres	ident		State District	Totalita (10) () () interface of the contract	
(c)		This	commit	ee sup	oorts/o	oppose	es only	one	cano	didate	e, an	d is i	NOT	an a	uthori	zed o	omm	ittee.				
Name of Candida		L										1		<u> </u> -	11			 1				لللا
Party (Com	mitte	e:		*,-,	***************************************	***************************************															
(d)	ij		commit	ee is a	Services y	energy and				al, St ordina		comm	ittee	of th	e	PARTIES F	energia B	A CONTRACTOR OF THE PARTY OF TH	•	nocration ublican	•	Party.
Politica	al Ad	tion	Comm	nittee	(PAC	C):								· · · · · · · · · · · · · · · · · · ·					***************************************			· ····· · · · · · · · · · · · · · · ·
(e)	X	This	commit	ee is a	sepa	rate se	egrega	ted fu	und. ((Ident	ify c	onne	ted :	organ	izatio	n on l	ine 6.) Its c	onnect	ed orga	anizati	on is a:
•		X	Cor	oration				;		C	orpo	ration	w/o	Capi	ital St	tock			La	bor Or	ganiza	ition
			Men	nbership	Orga	anizatio	on	:		Tr	ade	Asse	ciatio	on					Co	operati	ve	
			Section 1	In ac	ld iti on	, this c	ommit	tee is	a Lo	bbyis	t/Re	gistra	nt P	AC.								
(f)			commit mittee. (i						an on	e Fe	dera	l can	didat	te, an	d is N	NOT a	a sep	arate	segreg	ated fu	ınd or	party
			In ad	dition, th	nis co	mmitte	e is a i	Lobby	/ist/R	egist	rant	PAC.										
.•			In ad	dition, th	nis co	mmitte	e is a	Leade	ership	PAC). (Id	lentify	spo	nsor o	on line	e 6.)						
Joint Fundraising Representative:																						
(g)			committe																	more	oolitica	al
(h)	44.9		committe																two or	more p	olitica	d
committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser																						
. (Comr	nittee	s Parti	cipatin	g in J	loint F	undr	aiser							-		(400 X.4.)	jasasi gjav	onograna;	র:১ ০১ কুওচন	ganaga	n-growing
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4	4.	Ш							İ				Ш	FEC	ID nu	iwpe	340003	one reserven	eesprong meteores	ozzgana	Second Las	wood one od g

Wri	te or Type Committee Nam	e			
6.	Name of Any Connected	Organization, Affiliated Committee,	Joint Fundraising Repre	esentative, or Leade	rship PAC Sponsor
	hilld Heall	the Carponation	an of Ama	नग्व्य।।	
L					
N	Mailing Address	6803 Mest 61	144 Stire	H Suit	9 2 98
		Shawned Mis	sida	KS 66	292
-		CITY		STATE	ZIP CODE
F	Relationship: Connecte	d Organization	e Joint Fundraising	Representative	eadership PAC Sponsor
	Custodian of Records: Ide	ntify by name, address (phone number	er optional) and position	on of the person in p	ossession of committee
F	Full Name D, B	RIAN HUMPHRE			
٨	Mailing Address	6803 West 64	lith Stree	th Suit	40, 208
				<u> </u>	
	·	Diverland Pai	- (KS 66	202
T	Title or Position	CITY	·	STATE	ZIP CODE
	Treasurer	<u> </u>	Telephone num	ber <u>9,13</u>]-	262 - 1,436
	Freasurer: List the name are any designated agent (e.g.,	nd address (phone number optional assistant treasurer).) of the treasurer of the	committee; and the	name and address of
	Full Name of Treasurer	RIAN HUMPHREY	<u>/</u> S		
M	Mailing Address	6,803 West 64	th Stree	t Suite	208
	·				
		DVEITI AIR D. P. Q.		KS 66	2021 ZIP CODE
_	Treasurer	· · · · · · · · · · · · · · · · · · ·	Telephone numl	10 121 1	2,62]-[1,434
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Full Name of Designated Agent	R KAY SELLEY	
Mailing Address	6803 West 64+h S	treet Suite 208
•	ONEILIANA PALLK	
Title or Position	tant Treasurer, Telep	phone number 9,13 - 262 - 1436
safety deposit b	r Depositories: List all banks or other depositories in which the oxes or maintains funds. Depository, etc.	ne committee deposits funds, holds accounts, rents
	BANK OF AMERICA	
Mailing Address	M08-960-12-02	
	1200 MAIN STREET	1,1,2,TH, F,400R,
	KANSAS CITY	MP 64105-
	CITY	STATE ZIP CODE
Name of Bank,	Depository, etc.	
	· · · · · · · · · · · · · · · · · · ·	
Mailing Address		
	CITY	STATE ZIP CODE

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