



**BlueCross BlueShield  
of Kansas City**

An Independent Licensee of the  
Blue Cross and Blue Shield Association

RECEIVED  
FEC MAIL CENTER

2003 APR -7 AM 9: 03

One Pershing Square  
2301 Main  
P.O. Box 419169  
Kansas City, MO 64141-8169  
Telephone: (816) 395-2222  
[www.bcbskc.com](http://www.bcbskc.com)

April 1, 2008

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

RE: Blue Cross Blue Shield of Kansas City  
Federal Political Action Committee  
FEC No. C00301358  
FEC Form 3X -April 15, 2008 - Quarterly Report

Dear Sir or Madam:

Please find enclosed for your file an original FEC Form 3X -April 15, 2008 Quarterly Report of Activity, submitted on behalf of Blue Cross and Blue Shield of Kansas City Federal Political Action Committee. This report covers the activity of our committee from January 1, 2008 through March 31, 2008.

Thank you for making this document a part of your files. If you have any questions, please do not hesitate to contact me at (816) 395-3498, fax 816-395-2379 or email [peggy.galvin@bcbskc.com](mailto:peggy.galvin@bcbskc.com).

Sincerely,

Peggy S. Galvin  
Government Affairs Coordinator

cc: Steven R. Bledsoe, Federal PAC Treasurer

28039671005

# FEC FORM 3X

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

RECEIVED  
FEC MAIL CENTER  
2008 APR -7 AM 9:03

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Blue Cross and Blue Shield of Kansas City Federal Political Action Committee

ADDRESS (number and street)

One Pershing Square

2300 Main Street



Check if different  
than previously  
reported. (ACC)

Kansas City

MO

64108

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00301358

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)

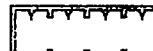


Convention (12C)



Special (12S)

Election on



in the  
State of



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



General (30G)



Runoff (30R)



Special (30S)

Election on



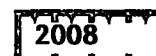
in the  
State of



5. Covering Period



through



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 **Steven R. Bledsoe**

Signature of Treasurer

*Steven R. Bledsoe*

Date



NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Blue Cross and Blue Shield of Kansas City Federal Political Action Committee**

Report Covering the Period: From: **01 / 01 / 2008** To: **03 / 31 / 2008**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2008</b>		<b>25436.02</b>
(b) Cash on Hand at Beginning of Reporting Period.....	<b>25436.02</b>	
(c) Total Receipts (from Line 19) .....	<b>8170.24</b>	<b>8170.24</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<b>33606.26</b>	<b>33606.26</b>
7. Total Disbursements (from Line 31) .....	<b>15095.22</b>	<b>15095.22</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<b>18511.04</b>	<b>18511.04</b>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<b>0</b>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<b>0</b>	



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

**Blue Cross and Blue Shield of Kansas City Federal Political Action Committee**

Report Covering the Period:

From:

01 / 01 / 2008

To:

03 / 31 / 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).....

7976.30

7976.30

(ii) Unitemized .....

0

0

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

7976.30

7976.30

(b) Political Party Committees .....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

7976.30

7976.30

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

0

0

13. All Loans Received .....

0

0

14. Loan Repayments Received.....

0

0

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

0

0

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

0

0

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

193.94

193.94

18. Transfers from Non-Federal and Levin Funds

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

0

0

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

0

0

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

0

0

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

8170.24

8170.24

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

8170.24

8170.24

28039671008

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

## **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 .....

0

0

- (ii) Non-Federal Share .....

0

0

- (b) Other Federal Operating Expenditures **see addendum** .....

333.00

333.00

- (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....

333.00

333.00

22. Transfers to Affiliated/Other Party Committees .....

8200.00

8200.00

23. Contributions to Federal Candidates/Committees and Other Political Committees .....

6500.00

6500.00

24. Independent Expenditures (use Schedule E) .....

0

0

25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....

0

0

26. Loan Repayments Made .....

0

0

27. Loans Made .....

0

0

28. Refunds of Contributions To:  
(a) Individuals/Persons Other Than Political Committees .....

0

0

- (b) Political Party Committees .....

0

0

- (c) Other Political Committees (such as PACs) .....

0

0

- (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....

0

0

29. Other Disbursements **bank service charges** .....

62.22

62.22

30. Federal Election Activity (2 U.S.C. §431(20))

- (a) Allocated Federal Election Activity (from Schedule H6)

- (i) Federal Share .....

0

0

- (ii) "Levin" Share .....

0

0

- (b) Federal Election Activity Paid Entirely With Federal Funds .....

0

0

- (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....

0

0

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

15095.22

15095.22

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....

15095.22

15095.22

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-**  
**penditures**

**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) .....▶

<b>7976.30</b>
<b>0</b>
<b>7976.30</b>
<b>333.00</b>
<b>0</b>
<b>333.00</b>

<b>7976.30</b>
<b>0</b>
<b>7976.30</b>
<b>333.00</b>
<b>0</b>
<b>333.00</b>

28039671010

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE <b>1</b> OF <b>6</b>	
<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)

**Blue Cross and Blue Shield of Kansas City Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bowser, Tom**

Mailing Address

**2301 Main Street**

City

**Kansas City**

State

**MO**

Zip Code

**64108**

FEC ID number of contributing  
federal political committee.

**C 00301358**

Name of Employer

**Blue Cross and  
Blue Shield of Kansas City**

Occupation

**CEO**

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

**576.30**

Date of Receipt

**01 / 04 / 2008**

Amount of Each Receipt this Period

**96.05**

**Other Bi-monthly payroll deduction:  
(\$96.05 each for a total year to  
date of \$576.30)**

**1/22/08**

**3/4/08**

**2/1/08**

**3/18/08**

**2/22/08**

**PAC Contribution**

Full Name (Last, First, Middle Initial)

**B. Mahurin, Gloria**

Mailing Address

**2301 Main Street**

City

**Kansas City**

State

**MO**

Zip Code

**64108**

FEC ID number of contributing  
federal political committee.

**C 00301358**

Name of Employer

**Blue Cross and  
Blue Shield of Kansas City**

Occupation

**VP**

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**03 / 19 / 2008**

Amount of Each Receipt this Period

**300.00**

**PAC Contribution**

Full Name (Last, First, Middle Initial)

**C. Nigro, Torre**

Mailing Address

**2301 Main Street**

City

**Kansas City**

State

**MO**

Zip Code

**64108**

FEC ID number of contributing  
federal political committee.

**C 00301358**

Name of Employer

**Blue Cross and  
Blue Shield of Kansas City**

Occupation

**VP**

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 19 / 2008**

Amount of Each Receipt this Period

**500.00**

**PAC Contribution**

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

**1376.30**

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

28039671011

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 2 OF 6	
<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)

**Blue Cross and Blue Shield of Kansas City Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

A. **Kastner, Rick**

Mailing Address

**2301 Main Street**

City

**Kansas City**

State

**MO**

Zip Code

**64108**

FEC ID number of contributing  
federal political committee.

**C**

**00301358**

Name of Employer **Blue Cross and  
Blue Shield of Kansas City**

Occupation

**VP**

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03**

**19**

**2008**

Amount of Each Receipt this Period

**500.00**

**PAC Contribution**

Full Name (Last, First, Middle Initial)

B. **Kennedy, John**

Mailing Address

**2301 Main Street**

City

**Kansas City**

State

**MO**

Zip Code

**64108**

FEC ID number of contributing  
federal political committee.

**C**

**00301358**

Name of Employer **Blue Cross and  
Blue Shield of Kansas City**

Occupation

**VP**

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**03**

**19**

**2008**

Amount of Each Receipt this Period

**1000.00**

**PAC Contribution**

Full Name (Last, First, Middle Initial)

C. **Burge, Wayne**

Mailing Address

**2301 Main Street**

City

**Kansas City**

State

**MO**

Zip Code

**64108**

FEC ID number of contributing  
federal political committee.

**C**

**00301358**

Name of Employer **Blue Cross and  
Blue Shield of Kansas City**

Occupation

**VP**

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03**

**19**

**2008**

Amount of Each Receipt this Period

**500.00**

**PAC Contribution**

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

**2000.00**

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

28039671012

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE <b>3</b> OF <b>6</b>	
(check only one)			
<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	

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of Kansas City Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Enright, Sheri**

Mailing Address

**2301 Main Street**

City

**Kansas City**

State

**MO**

Zip Code

**64108**

FEC ID number of contributing  
federal political committee.

**C 00301358**

Name of Employer

**Blue Cross and  
Blue Shield of Kansas City**

Occupation

**VP**

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 19 / 2008**

Amount of Each Receipt this Period

**500.00**

**PAC Contribution**

Full Name (Last, First, Middle Initial)

**B. Creasy, Nancy**

Mailing Address

**2301 Main Street**

City

**Kansas City**

State

**MO**

Zip Code

**64108**

FEC ID number of contributing  
federal political committee.

**C 00301358**

Name of Employer

**Blue Cross and  
Blue Shield of Kansas City**

Occupation

**VP**

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 19 / 2008**

Amount of Each Receipt this Period

**500.00**

**PAC Contribution**

Full Name (Last, First, Middle Initial)

**C. Bledsoe, Steven**

Mailing Address

**2301 Main Street**

City

**Kansas City**

State

**MO**

Zip Code

**64108**

FEC ID number of contributing  
federal political committee.

**C 00301358**

Name of Employer

**Blue Cross and  
Blue Shield of Kansas City**

Occupation

**VP**

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**03 / 19 / 2008**

Amount of Each Receipt this Period

**1000.00**

**PAC Contribution**

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

**2000.00**

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

**2000.00**

28039671013

**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 **4** OF **6**

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 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)

**Blue Cross and Blue Shield of Kansas City Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wilson, Danette**

Mailing Address

**2301 Main Street**

City

**Kansas City**

State

**MO**

Zip Code

**64108**

FEC ID number of contributing  
federal political committee.

**C 00301358**

Name of Employer **Blue Cross and  
Blue Shield of Kansas City**

Occupation

**VP**

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 19 / 2008**

Amount of Each Receipt this Period

**500.00**

**PAC Contribution**

Full Name (Last, First, Middle Initial)

**B. Putthoff, Tama**

Mailing Address

**2301 Main Street**

City

**Kansas City**

State

**MO**

Zip Code

**64108**

FEC ID number of contributing  
federal political committee.

**C 00301358**

Name of Employer **Blue Cross and  
Blue Shield of Kansas City**

Occupation

**VP**

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 25 / 2008**

Amount of Each Receipt this Period

**500.00**

**PAC Contribution**

Full Name (Last, First, Middle Initial)

**C. Miller, Bryan**

Mailing Address

**2301 Main Street**

City

**Kansas City**

State

**MO**

Zip Code

**64108**

FEC ID number of contributing  
federal political committee.

**C 00301358**

Name of Employer **Blue Cross and  
Blue Shield of Kansas City**

Occupation

**VP**

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 25 / 2008**

Amount of Each Receipt this Period

**500.00**

**PAC Contribution**

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

**1500.00**

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

28039671014

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE <b>5</b> OF <b>6</b>	
<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)

**Blue Cross and Blue Shield of Kansas City Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

A. **Burns, Brian**

Mailing Address

**2301 Main Street**

City

**Kansas City**

State

**MO**

Zip Code

**64108**

FEC ID number of contributing  
federal political committee.

**C 00301358**

Name of Employer **Blue Cross and  
Blue Shield of Kansas City**

Occupation

**VP**

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

**100.00**

Date of Receipt

**03 / 25 / 2008**

Amount of Each Receipt this Period

**100.00**

**PAC Contribution**

Full Name (Last, First, Middle Initial)

B. **Britton, Loretta**

Mailing Address

**2301 Main Street**

City

**Kansas City**

State

**MO**

Zip Code

**64108**

FEC ID number of contributing  
federal political committee.

**C 00301358**

Name of Employer **Blue Cross and  
Blue Shield of Kansas City**

Occupation

**VP**

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

**100.00**

Date of Receipt

**03 / 25 / 2008**

Amount of Each Receipt this Period

**100.00**

**PAC Contribution**

Full Name (Last, First, Middle Initial)

C. **Williamson, Blake**

Mailing Address

**2301 Main Street**

City

**Kansas City**

State

**MO**

Zip Code

**64108**

FEC ID number of contributing  
federal political committee.

**C 00301358**

Name of Employer **Blue Cross and  
Blue Shield of Kansas City**

Occupation

**VP**

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**03 / 25 / 2008**

Amount of Each Receipt this Period

**400.00**

**PAC Contribution**

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

**600.00**

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

28039671015

**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 **6** OF **6**

<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
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of Kansas City Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

A. **Taylor, Darren**

Mailing Address

**2301 Main Street**

City

**Kansas City**

State

**MO**

Zip Code

**64108**

FEC ID number of contributing  
federal political committee.

**C**

**00301358**

Name of Employer **Blue Cross and  
Blue Shield of Kansas City**

Occupation

**VP**

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03**

**25**

**2008**

Amount of Each Receipt this Period

**500.00**

**PAC Contribution**

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

**500.00**

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

**7976.30**

28039671016

**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 **1** OF **2**

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of Kansas City Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cleaver, Emanuel**

Mailing Address

**P. O. Box 411872**

City

**Kansas City**

State

**MO**

Zip Code

**64141**

Purpose of Disbursement

**Contribution**

**011**

Candidate Name

**Emanuel Cleaver**

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: **MO**

District: **5**

Date of Disbursement

**01 / 22 / 2008**

Amount of Each Disbursement this Period

**2000.00**

**B. Graves, Sam**

Mailing Address

**2345 Grand Blvd., Ste 250**

City

**Kansas City**

State

**MO**

Zip Code

**64108**

Purpose of Disbursement

**Contribution**

**011**

Candidate Name

**Sam Graves**

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: **MO**

District: **6**

Date of Disbursement

**01 / 22 / 2008**

Amount of Each Disbursement this Period

**2500.00**

**C. Skelton, Ike**

Mailing Address

**P. O. Box A**

City

**Harrisonville**

State

**MO**

Zip Code

**64701**

Purpose of Disbursement

**Contribution**

**011**

Candidate Name

**Ike Skelton**

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: **MO**

District: **4**

Date of Disbursement

**03 / 04 / 2008**

Amount of Each Disbursement this Period

**1000.00**

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

**5500.00**

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

28039671017

**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 2 OF 2

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of Kansas City Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Moore, Dennis**

Mailing Address  
**P. O. Box 14631**

City State Zip Code  
**Lenexa KS 66285**

Purpose of Disbursement

**Contribution**

Candidate Name

**Dennis Moore**

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

State: **KS** District: **3**

Date of Disbursement

**03 / 31 / 2008**

Amount of Each Disbursement this Period

**1000.00**

**B.**

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

/ /

Amount of Each Disbursement this Period

**C.**

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

/ /

Amount of Each Disbursement this Period

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

**1000.00**

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

**6500.00**

**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 1 OF 1

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of Kansas City Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

A. <b>BluePAC</b>		Date of Disbursement
Mailing Address <b>1310 G Street, NW</b>		<b>03 / 20 / 2008</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005</b>
Purpose of Disbursement <b>Contribution</b>		Amount of Each Disbursement this Period <div></div>
Candidate Name <b>n/a</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>PAC Contribution</b>	
State: District:		
Category/Type <b>011</b>		

B. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		<div></div> / <div></div> / <div></div>
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period <div></div>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
Category/Type		

C. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		<div></div> / <div></div> / <div></div>
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period <div></div>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
Category/Type		

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

**8200.00**

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

**8200.00**

28039671019

**ADDENDUM**

**Under Federal Operating Expenditures (Line 21(b))**

<b>2007 Federal Taxes</b>	<b>\$333.00</b>
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28039671020

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 type="checkbox"/> USPS First Class Mail	Postmarked
<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 checked="" type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date <i>fed Ex 4/4/08</i>
Next Business Day Delivery <input checked="" 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

*fr*  
PREPARER  
(3/2005)

*4/10/08*  
DATE PREPARED

28039671021