BlueCross BlueShield
of Kansas City

RECEIVED
FEDERAL ELECTION
COMMISSION
OCT 14 11 46 AM '98

**VIA CERTIFIED MAIL**

October 9, 1998

Federal Election Commission
999 E Street, N. W.
Washington, D. C. 20463

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

Dear Sir or Madam:

Please find enclosed for your files an original FEC Form 3X - October 15 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 July 1, 1998 through September 30, 1998. In accordance with Title 11 of the Code of Federal Regulations, a copy of this form has been mailed this day to the Missouri Ethics Commission.

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) 395-2017.

Sincerely,

R. M. Sheall

R. Michael Sheall
FEDPAC Administrator

Enclosure

c: Steven R. Bledsoe, Federal PAC Treasurer
Sheila Hopkins, BCBSA BluePac

One Pershing Square • 2301 Main • P.O. Box 419169 •Kansas City, MO • 64141-6169 • 816/395-2222

Blue Cross and Blue Shield of Kansas City is an Independent licensee of the Blue Cross and Blue Shield Association.

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**
**(Summary Page)**

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Steven R. Bledsoe, Blue Cross and Blue Shield of Kansas City Federal Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
One Pershing Square
2301 Main Street

CITY, STATE and ZIP CODE
Kansas City, Missouri 64108

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM
Oct 14 11 48 AM '98

2. FEC IDENTIFICATION NUMBER
C00301358

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**4. TYPE OF REPORT**

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
[X] October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES [X] NO

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 5. Covering Period 7/01/98 through 9/30/98 | | |
| 6. (a) Cash on Hand January 1, 19 98 | | $ 7,100.20 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 4,663.96 | |
| (c) Total Receipts (from Line 19) | $ 27.68 | $ 105.44 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 4,691.64 | $ 7,205.64 |
| 7. Total Disbursements (from Line 30) | $ -0- | $ 2,514.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 4,691.64 | $ 4,691.64 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | $ -0- | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | $ -0- | |

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

*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: 10/9/98

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

**FEC FORM 3X**
(revised 9/93)

FEBAN001

# DETAILED SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS
### PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Blue Cross and Blue Shield of Kansas City Federal Political Action Committee

REPORT COVERING PERIOD FROM 7/01/98 TO: 9/30/98

| | COLUMN A Total This Period | COLUMN B Calendar Year | |
|---|---|---|---|
| **I. Receipts** | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | -0- | -0- | 11(a)i |
| i. Itemized (use Schedule A) | -0- | -0- | 11(a)ii |
| ii. Unitemized | -0- | -0- | 11(a)iii |
| iii. Total (add i and ii) ➤ | -0- | -0- | 11(b) |
| b. Political Party Committees | -0- | -0- | 11(c) |
| c. Other Political Committees (such as PACs) | -0- | -0- | 11(d) |
| d. Total Contributions (add a iii, b and c) ➤ | -0- | -0- | 12 |
| 12. Transfers From Affiliated/Other Party Committees | -0- | -0- | 13 |
| 13. All Loans Received | -0- | -0- | 14 |
| 14. Loan Repayments Received | -0- | -0- | 15 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | -0- | -0- | 16 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | -0- | -0- | 17 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) Interest | $27.68 | $105.44 | 18 |
| 18. Transfers from Nonfederal Account for Joint Activity | -0- | -0- | 19 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤ | $27.68 | $105.44 | 20 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | $27.68 | $105.44 | |
| **II. Disbursements** | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | -0- | -0- | 21(a)i |
| i. Federal Share | -0- | -0- | 21(a)ii |
| ii. Non-Federal Share | -0- | $14.00 | 21(b) |
| b. Other Federal Operating Expenditures | -0- | $14.00 | 21(c) |
| c. Total Operating Expenditures (add a i, a ii, and b) ➤ | -0- | -0- | 22 |
| 22. Transfers to Affiliated/Other Party Committees | -0- | $2,500.00 | 23 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | -0- | -0- | 24 |
| 24. Independent Expenditures (use Schedule E) | -0- | -0- | 25 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | -0- | -0- | 26 |
| 26. Loan Repayments Made | -0- | -0- | 27 |
| 27. Loans Made | | | |
| 28. Refunds of Contributions To: | -0- | -0- | 28(a) |
| a. Individuals/Persons Other Than Political Committees | -0- | -0- | 28(b) |
| b. Political Party Committees | -0- | -0- | 28(c) |
| c. Other Political Committees (such as PACs) | -0- | -0- | 28(d) |
| d. Total Contribution Refunds (add a, b and c) ➤ | -0- | -0- | 29 |
| 29. Other Disbursements | -0- | $2,514.00 | 30 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | -0- | $2,514.00 | 31 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤ | | | |
| **III. Net Contributions/Operating Expenditures** | | | |
| 32. Total Contributions (other than loans)(from line 11d) | -0- | -0- | 32 |
| 33. Total Contribution Refunds (from line 28d) | -0- | -0- | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | -0- | -0- | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤ | -0- | $14.00 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | -0- | -0- | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) ➤ | -0- | $14.00 | 37 |

FE8AN06A

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11.A.1

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

| A. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| N/A | | | -0- |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ | | |

**SUBTOTAL** of Receipts This Page (optional) ..... -0-

**TOTAL** This Period (last page this line number only) ..... -0-

FEBNN064

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| N/A | Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | | -0- |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

| | |
|---|---|
| **SUBTOTAL** of Disbursements This Page (optional) ..... | -0- |
| **TOTAL** This Period (last page this line number only) ..... | -0- |

FE8ANC64

Federal Election Commission

# ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

| | | |
|---|---|---|
| ☐ | Hand Delivered | Date of Receipt |
| ☐ | First Class Mail | POSTMARKED |
| ☒ | Registered/Certified Mail | POSTMARKED 10-09-98 |
| ☐ | No Postmark | |
| ☐ | Postmark Illegible | |
| ☐ | Received from the House office of Records and Registration | Date of Receipt |
| ☐ | Received from the Senate Office of Public Records | Date of Receipt |
| ☐ | Other ( Specify): | Postmarked and/or Date of Receipt |
| ☐ | Electronic Filing | |

KRT
PREPARER

10-14-98
DATE PREPARED

(4/98)