



**BlueCross BlueShield  
of Kansas City**

An Independent Licensee of the  
Blue Cross and Blue Shield Association

One Pershing Square  
2301 Main  
P.O. Box 419169  
Kansas City, MO 64141-6169  
Telephone: 816-395-2222  
[www.bcbskc.com](http://www.bcbskc.com)

RECEIVED

2013 JUL 22 AM 9:59

FEC MAIL CENTER

July 19, 2013

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

Re: Blue Cross and Blue Shield of Kansas City  
Federal Political Action Committee  
FEC No. C00301358  
FEC Form 3x – January 1, 2013 through July 31, 2013 Semi-annual Report

Dear Sir or Madam:

Enclosed for filing is an original FEC Form 3X – Report of Receipts and Disbursements, submitted on behalf of Blue Cross and Blue Shield of Kansas City Federal Political Action Committee. This report covers committee activity from January 1, 2013 through July 31, 2013.

If you have any questions, please feel free to contact me at (816) 395-2960 or by e-mail at [Brenda.johnson2@bluekc.com](mailto:Brenda.johnson2@bluekc.com).

Sincerely,

*Brenda Johnson*

Brenda Johnson  
Government Affairs

Enclosure

Cc: Coni K. Fries, Committee Treasurer

13031093589

**FEC  
FORM 3X**

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

RECEIVED

2013 JUL 22 AM 9:59  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5 **FEC MAIL CENTER**

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

ADDRESS (number and street) 2301 Main Street  
 Check if different than previously reported. (ACC)  
Kansas City MO 64108

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00301358

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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on MM/DD/YYYY in the State of \_\_\_\_\_

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM/DD/YYYY in the State of \_\_\_\_\_

5. Covering Period 01/01/2013 through 06/30/2013

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 Coni Fries

Signature of Treasurer *Coni Fries*

Date 07/18/2013

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									
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**FEC FORM 3X**  
Rev. 12/2004

13031093590

**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: 0 1 / 0 1 / 200 1 3 To: 0 6 / 3 1 / 2 0 1 3

13031093591

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, .....	3,758.07	3,758.07
(b) Cash on Hand at Beginning of Reporting Period.....	3,758.07	
(c) Total Receipts (from Line 19).....	1,575.00	1,575.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5,333.07	5,333.07
7. Total Disbursements (from Line 31).....	1,440.00	1,440.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3,893.07	3,893.07
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	0.00
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	0.00

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

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

Report Covering the Period: From: MM / DD / YYYY 01/01/2013 To: MM / DD / YYYY 06/31/2013

13031093592

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).....	15,750.00	15,750.00
(ii) Unitemized.....	0	0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15,750.00	15,750.00
(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).....▶	15,750.00	15,750.00
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.).....	0	0
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)).....▶	15,750.00	15,750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15,750.00	15,750.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

13031093593

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 .....	0.	0.
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.	0.
22. Transfers to Affiliated/Other Party Committees .....	0.	0.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	14,400.00	14,400.00
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 .....	0.	0.
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)) ..	14,400.00	14,440.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	14,400.00	14,400.00

**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) .....	15,750.00	15,750.00
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15,750.00	15,750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	0

1303109359A

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

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

FOR LINE NUMBER: PAGE 1 OF 8

(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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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 (Last, First, Middle Initial) Kastner, Richard		Date of Receipt MM / DD / YYYY 03 / 21 / 2013
Mailing Address 2301 Main Street		Amount of Each Receipt this Period 1,500.00
City Kansas City	State Zip Code MO 64108	
FEC ID number of contributing federal political committee. C 00301358		Amount of Each Receipt this Period 1,500.00
Name of Employer Blue Cross and Blue Shield of Kansas City	Occupation Group Executive, Legal	
Receipt For: of Kansas City <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Annual contribution	Aggregate Year-to-Date ▼ 1,500.00	

B. Full Name (Last, First, Middle Initial) Sparks, Kevin		Date of Receipt MM / DD / YYYY 03 / 21 / 2013
Mailing Address 2301 Main Street		Amount of Each Receipt this Period 1,500.00
City Kansas City	State Zip Code MO 64108	
FEC ID number of contributing federal political committee. C 00301358		Amount of Each Receipt this Period 1,500.00
Name of Employer Blue Cross and Blue Shield of Kansas City	Occupation Group Executive, Strategy	
Receipt For: of Kansas City <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Annual contribution	Aggregate Year-to-Date ▼ 1,500.00	

C. Full Name (Last, First, Middle Initial) White, Kim		Date of Receipt MM / DD / YYYY 03 / 21 / 2013
Mailing Address 2301 Main Street		Amount of Each Receipt this Period 500.00
City Kansas City	State Zip Code MO 64108	
FEC ID number of contributing federal political committee. C 00301358		Amount of Each Receipt this Period 500.00
Name of Employer Blue Cross and Blue Shield of Kansas City	Occupation Vice President	
Receipt For: of Kansas City <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Annual contribution	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	3,500.00
TOTAL This Period (last page this line number only).....▶	

13031093595

**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 8

(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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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) <b>A. Berry, Jeff</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2013
Mailing Address 2301 Main Street		Amount of Each Receipt this Period 5.00-00
City Kansas City	State MO	
Zip Code 64108		Amount of Each Receipt this Period 5.00-00
FEC ID number of contributing federal political committee. C00301358		
Name of Employer Blue Cross and Blue Shield of Kansas City	Occupation Vice President	Amount of Each Receipt this Period 5.00-00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Annual contribution</b>	Aggregate Year-to-Date <b>5.00-00</b>	

Full Name (Last, First, Middle Initial) <b>B. Fries, Coni</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2013
Mailing Address 2301 Main Street		Amount of Each Receipt this Period 5.00-00
City Kansas City	State MO	
Zip Code 64108		Amount of Each Receipt this Period 5.00-00
FEC ID number of contributing federal political committee. C00301358		
Name of Employer Blue Cross and Blue Shield of Kansas City	Occupation Vice President	Amount of Each Receipt this Period 5.00-00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Annual contribution</b>	Aggregate Year-to-Date <b>5.00-00</b>	

Full Name (Last, First, Middle Initial) <b>C. Rymer, Marilyn</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2013
Mailing Address 2301 Main Street		Amount of Each Receipt this Period 1.00-00
City Kansas City	State MO	
Zip Code 64108		Amount of Each Receipt this Period 1.00-00
FEC ID number of contributing federal political committee. C00301358		
Name of Employer Blue Cross and Blue Shield of Kansas City	Occupation Board member	Amount of Each Receipt this Period 1.00-00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Annual contribution</b>	Aggregate Year-to-Date <b>1.00-00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1,100-00
<b>TOTAL</b> This Period (last page this line number only).....	

13031093596

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 3 OF 8

(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.** Rues, Larry

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

Board member

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Annual contribution

Date of Receipt

03 / 29 / 2013

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

**B.** Gentile, David

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

President and CEO

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,000.00

Annual contribution

Date of Receipt

03 / 29 / 2013

Amount of Each Receipt this Period

2,000.00

Full Name (Last, First, Middle Initial)

**C.** McCullough, Thomas

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

Board member

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,500.00

Annual contribution

Date of Receipt

03 / 29 / 2013

Amount of Each Receipt this Period

1,500.00

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

3,600.00

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

13031093597

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

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

FOR LINE NUMBER: PAGE 4 OF 8

(check only one)

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

Date of Receipt

A. Camerlinck, Bryan

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 3

Mailing Address

2301 Main Street

City State Zip Code  
Kansas City MO 64108

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C 00301358

, 1,500.00

Name of Employer Occupation  
Blue Cross and Blue Shield of Kansas City Group Executive, Financial

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼  
Annual contribution, 1,500.00

Full Name (Last, First, Middle Initial)

Date of Receipt

B. Morrissey, Mike

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 3

Mailing Address

2301 Main Street

City State Zip Code  
Kansas City MO 64108

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C 00301358

, 1,500.00

Name of Employer Occupation  
Blue Cross and Blue Shield of Kansas City Board member

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼  
Annual contribution, 1,500.00

Full Name (Last, First, Middle Initial)

Date of Receipt

C. Nightingale, Tom

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 3

Mailing Address

2301 Main Street

City State Zip Code  
Kansas City MO 64108

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C 00301358

, 20.83

Name of Employer Occupation  
Blue Cross and Blue Shield of Kansas City Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼  
83.32

Other: Bi-monthly payroll deduction \$20.83 each

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

, 3,083.32

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

13031093598

**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 5 OF 8	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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) <b>A. Burns, Brian</b>		Date of Receipt M M / D D / Y Y Y Y <b>0 4 / 0 4 / 2 0 1 3</b>
Mailing Address <b>2301 Main Street</b>		Amount of Each Receipt this Period <b>4 1.6 7</b>
City <b>Kansas City,</b>	State Zip Code <b>MO 64108</b>	
FEC ID number of contributing federal political committee. <b>C 00301358</b>		Other: Bi-monthly payroll deduction \$41.67 each
Name of Employer <b>Blue Cross and Blue Shield of Kansas City</b>	Occupation <b>Senior Vice President</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1 6 6 . 6 8</b>	

Full Name (Last, First, Middle Initial) <b>B. Wilson, Danette</b>		Date of Receipt M M / D D / Y Y Y Y <b>0 4 / 0 4 / 2 0 1 3</b>
Mailing Address <b>2301 Main Street</b>		Amount of Each Receipt this Period <b>6 2.5 0</b>
City <b>Kansas City</b>	State Zip Code <b>MO 64108</b>	
FEC ID number of contributing federal political committee. <b>C 00301358</b>		Other: Bi-monthly payroll deduction \$62.50 each
Name of Employer <b>Blue Cross and Blue Shield of Kansas City</b>	Occupation <b>Group Executive, Marketing</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>2 5 0 . 0 0</b>	

Full Name (Last, First, Middle Initial) <b>C. Shipley, Jeff</b>		Date of Receipt M M / D D / Y Y Y Y <b>0 4 / 0 4 / 2 0 1 3</b>
Mailing Address <b>2301 Main Street</b>		Amount of Each Receipt this Period <b>2 0.8 3</b>
City <b>Kansas City</b>	State Zip Code <b>MO 64108</b>	
FEC ID number of contributing federal political committee. <b>C 00301358</b>		Other: Bi-monthly payroll deduction \$20.83 each
Name of Employer <b>Blue Cross and Blue Shield of Kansas City</b>	Occupation <b>Vice President</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>8 3 . 3 2</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>5 0 0.0 0</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

665601093599

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

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

FOR LINE NUMBER: PAGE 6 OF 8

(check only one)

11a  11b  11c  12  
 13  14  15  16  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. 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

Senior Vice President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

166.68

Date of Receipt

M M / D D / Y Y Y Y  
04 / 04 / 2013

Amount of Each Receipt this Period

41.67

Other: Bi-monthly payroll deduction \$41.67 each

Full Name (Last, First, Middle Initial)

**B. Govila, Ravi**

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

Vice President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Annual contribution

Date of Receipt

M M / D D / Y Y Y Y  
04 / 25 / 2013

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Powell, 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

Vice President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Annual contribution

Date of Receipt

M M / D D / Y Y Y Y  
04 / 25 / 2013

Amount of Each Receipt this Period

500.00

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

1,166.68

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

00956015021

**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 7 OF 8	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield Federal Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Hermann, Henry</b>		Date of Receipt MM/DD/YYYY <b>04/12/2013</b>
Mailing Address <b>2301 Main Street</b>		Amount of Each Receipt this Period <b>1,000.00</b>
City <b>Kansas City</b>	State Zip Code <b>MO 64108</b>	
FEC ID number of contributing federal political committee. <b>C 00301358</b>		Aggregate Year-to-Date ▼ <b>1,000.00</b>
Name of Employer <b>Blue Cross and Blue Shield of Kansas City</b>	Occupation <b>Board member</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ <b>Annual contribution</b>		

Full Name (Last, First, Middle Initial) <b>B. Kemp, Garry</b>		Date of Receipt MM/DD/YYYY <b>04/12/2013</b>
Mailing Address <b>2301 Main Street</b>		Amount of Each Receipt this Period <b>500.00</b>
City <b>Kansas City</b>	State Zip Code <b>MO 64108</b>	
FEC ID number of contributing federal political committee. <b>C 00301358</b>		Aggregate Year-to-Date ▼ <b>500.00</b>
Name of Employer <b>Blue Cross and Blue Shield of Kansas City</b>	Occupation <b>Board member</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ <b>Annual contribution</b>		

Full Name (Last, First, Middle Initial) <b>C. Hicks, Karon Harris</b>		Date of Receipt MM/DD/YYYY <b>04/12/2013</b>
Mailing Address <b>2301 Main Street</b>		Amount of Each Receipt this Period <b>200.00</b>
City <b>Kansas City</b>	State Zip Code <b>MO 64108</b>	
FEC ID number of contributing federal political committee. <b>C 00301358</b>		Aggregate Year-to-Date ▼ <b>200.00</b>
Name of Employer <b>Blue Cross and Blue Shield of Kansas City</b>	Occupation <b>Board member</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ <b>Annual contribution</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1,700.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

13031093601

**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 8 OF 8	
	<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) <b>A. Bibler, Mary</b>		Date of Receipt M M / D D / Y Y Y Y <b>0 4 / 1 9 / 2 0 1 3</b>
Mailing Address <b>2301 Main Street</b>		Amount of Each Receipt this Period  <b>, 5 0 0 . 0 0</b>
City <b>Kansas City</b>	State Zip Code <b>MO 64108</b>	
FEC ID number of contributing federal political committee. <b>C 00301358</b>		
Name of Employer <b>Blue Cross and Blue Shield of Kansas City</b>	Occupation <b>Vice President</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ <b>Annual contribution</b>	Aggregate Year-to-Date ▼ <b>, 5 0 0 . 0 0</b>	

Full Name (Last, First, Middle Initial) <b>B. Glazer, Melvin</b>		Date of Receipt M M / D D / Y Y Y Y <b>0 4 / 1 9 / 2 0 1 3</b>
Mailing Address <b>2301 Main Street</b>		Amount of Each Receipt this Period  <b>, 1 0 0 0 0</b>
City <b>Kansas City</b>	State Zip Code <b>MO 64108</b>	
FEC ID number of contributing federal political committee. <b>C 00301358</b>		
Name of Employer <b>Blue Cross and Blue Shield of Kansas City</b>	Occupation <b>Board member</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ <b>Annual contribution</b>	Aggregate Year-to-Date ▼ <b>, 2 0 0 0 0</b>	

Full Name (Last, First, Middle Initial) <b>C. Grau, Jason</b>		Date of Receipt M M / D D / Y Y Y Y <b>0 4 / 1 9 / 2 0 1 3</b>
Mailing Address <b>2301 Main Street</b>		Amount of Each Receipt this Period  <b>, 5 0 0 0 0</b>
City <b>Kansas City</b>	State Zip Code <b>MO 64108</b>	
FEC ID number of contributing federal political committee. <b>C 00301358</b>		
Name of Employer <b>Blue Cross and Blue Shield of Kansas City</b>	Occupation <b>Vice President</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ <b>Annual contribution</b>	Aggregate Year-to-Date ▼ <b>, 5 0 0 . 0 0</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>, 1, 1 0 0 0 0</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>, 1 5, 7 5 0 0 0</b>

13031093602

**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
	<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	

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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) <b>A. Wagner, Ann</b>		Date of Disbursement M M / D D / Y Y Y Y <b>0 3 / 1 4 / 2 0 1 3</b>
Mailing Address <b>150 Long Road, Suite 50</b>		Amount of Each Disbursement this Period <b>, 1,000.00</b>
City <b>Chesterfield</b>	State <b>MO</b>	
Zip Code <b>53005</b>		Category/ Type <b>11</b>
Purpose of Disbursement <b>Contribution</b>		
Candidate Name <b>Ann Wagner</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MO</b> District: <b>2</b>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jenkins, Lynn</b>		Date of Disbursement M M / D D / Y Y Y Y <b>0 4 / 1 8 / 2 0 1 3</b>
Mailing Address <b>P. O. Box 1441</b>		Amount of Each Disbursement this Period <b>, 5,000.00</b>
City <b>Topeka</b>	State <b>KS</b>	
Zip Code <b>66601</b>		Category/ Type <b>11</b>
Purpose of Disbursement <b>Contribution</b>		
Candidate Name <b>Lynn Jenkins</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>KS</b> District: <b>2</b>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	, , .
<b>TOTAL</b> This Period (last page this line number only).....▶	, 6,000.00

13031093603

**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

<input type="checkbox"/> 21b	<input checked="" 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

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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.

BluePAC

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

1310 G Street NW

0 4 / 1 8 / 2 0 1 3

City

Washington

State

DC

Zip Code

20005

Purpose of Disbursement

Lobbying

11

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

, 8,4 0 0 . 00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Annual contribution

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

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

, , . .  
, 8,4 0 0 . 00

13031093604

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)

USPS Priority Mail Postmarked

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify) *Fed Exp* Shipping Date  
*7/19/13*  
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

*JMP*  
 PREPARER  
 (7/2013)

*7/22/13*  
 DATE PREPARED

13031093605