



Kansas City

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December 3, 2018

Federal Election Commission  
1050 First Street, NE  
Washington, DC 20463

Re: Blue Cross and Blue Shield of Kansas City  
Federal Political Action Committee  
FEC No. C00301358  
FEC Form 3x- AMENDED October 1, 2018 to October 17, 2018, Pre-election report

Dear Sir or Madam:

Enclosed for filing is an AMENDED FEC Form 3X- Reports 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 October 1, 2018 to October 17, 2018. After submission of the original October quarterly report I became aware that the disbursement to Congressman Hartzler happened at a later date, after the filing period of this report. The amended report enclosed makes this correction.

If you have any questions, please feel free to contact me at (816)395-2807 or by e-mail at [Melissa.panettiere@bluekc.com](mailto:Melissa.panettiere@bluekc.com).

Sincerely,

Melissa Panettiere  
Director of Government Relations

Enclosure

**2301 MAIN STREET**  
KANSAS CITY, MO 64108  
**(816) 395-2222 | BlueKC.com**

**FEC  
FORM 3X**

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

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Office Use Only

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

BLUE CROSS & 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 ▲

C 00030158

3. IS THIS REPORT NEW (N) OR AMENDED (A) X

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) X General (12G) Runoff (12R)  
Convention (12C) Special (12S)

Election on 11/06/2018 in the State of MO

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 10/01/2018 through 10/17/2018

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 K. Fries

Signature of Treasurer

Coni Fries

Date

12/03/2018

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 & Blue Shield of Kansas City Federal Political Action Committee

Report Covering the Period: From: 10 01 2018 To: 10 17 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2018</u>		<u>9,679.53</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>2,440.25</u>	<u>3</u>
(c) Total Receipts (from Line 19).....	<u>0.00</u>	<u>2,975.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>2,440.25</u>	<u>3,942.95</u>
7. Total Disbursements (from Line 31).....	<u>0.00</u>	<u>1,502.70</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>2,440.25</u>	<u>2,440.25</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0.00</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0.00</u>	

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 & Blue Shield of Kansas City Federal Political Action Committee

Report Covering the Period: From: 1 0 0 1 2 0 1 8 To: 1 0 1 7 2 0 1 8

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).....	0.00	29,750.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	29,750.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	0.00	29,750.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0.00	29,750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	29,750.00

# **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 0	0. 0 0
(ii) Non-Federal Share.....	0. 0 0	0. 0 0
(b) Other Federal Operating Expenditures .....	0. 0 0	2 7. 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0. 0 0	2 7. 0 0
22. Transfers to Affiliated/Other Party Committees.....	0. 0 0	0. 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0. 0 0	1 5, 0 0 0. 0 0
24. Independent Expenditures (use Schedule E).....	0. 0 0	0. 0 0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0. 0 0	0. 0 0
26. Loan Repayments Made.....	0. 0 0	0. 0 0
27. Loans Made.....	0. 0 0	0. 0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0. 0 0	0. 0 0
(b) Political Party Committees .....	0. 0 0	0. 0 0
(c) Other Political Committees (such as PACs).....	0. 0 0	0. 0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0. 0 0	0. 0 0
29. Other Disbursements .....	0. 0 0	0. 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 0	0. 0 0
(ii) "Levin" Share.....	0. 0 0	0. 0 0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0. 0 0	0. 0 0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0. 0 0	0. 0 0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0. 0 0	1 5, 0 2 7. 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0. 0 0	1 5, 0 2 7. 0 0



**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 1 OF 1

<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 & Blue Shield of Kansas City Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

Date of Receipt

MM/DD/YYYY

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Date of Receipt

MM/DD/YYYY

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Date of Receipt

MM/DD/YYYY

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Amount of Each Receipt this Period

0.00

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

0.00

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

0.00

**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 & Blue Shield of Kansas City Federal Political Action Committee

Full Name (Last, First, Middle Initial)

<b>A.</b>		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
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:		

<b>B.</b>		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
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:		

<b>C.</b>		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
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:		

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

0.00

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

0.00



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