

KANSAS GOVERNMENTAL ETHICS COMMISSION

**RECEIPTS AND EXPENDITURES REPORT
OF A POLITICAL OR PARTY COMMITTEE**

RECEIVED

JAN 07 2015

January 10, 2015

KS Governmental Ethics Commission

**FILE WITH SECRETARY OF STATE
SEE REVERSE SIDE FOR INSTRUCTIONS**

A. Name of Committee: Blue Cross and Blue Shield of Kansas City PAC for Kansas

Address: 2301 Main Street, Two Pershing Square

City and Zip Code: Kansas City , MO 64108

This is a (check one): ☐ Party Committee ☒ Political Committee

B. Check **only** if appropriate: ☐ Amended Filing ☐ Termination Report

C. Summary (covering the period from October 24, 2014 through December 31, 2014)

1. Cash on hand at beginning of period	<u>17856.08</u>
2. Total Contributions and Other Receipts (Use Schedule A)	<u>0.00</u>
3. Cash available this period (Add Lines 1 and 2)	<u>17856.08</u>
4. Total Expenditures and Other Disbursements (Use Schedule C)	<u>0.00</u>
5. Cash on hand at close of period (Subtract Line 4 from 3)	<u>17856.08</u>
6. In-Kind Contributions (Use Schedule B)	<u>0.00</u>
7. Other Transactions (Use Schedule D)	<u>0.00</u>

D. "I declare that this report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

1/5/2015

Date

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Signature of Treasurer

SCHEDULE A **CONTRIBUTIONS AND OTHER RECEIPTS**

Blue Cross and Blue Shield of Kansas City PAC for Kansas

(Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	Occupation & Industry of Individual Giving More Than \$150	Check Appropriate Box				Amount of Cash, Check, Loan or Other Receipt
			Cash	Check	Loan	<u>E funds</u> Other	
Subtotal This Page							\$0.00

SCHEDULE B
IN-KIND (Non-Monetary) CONTRIBUTIONS

Blue Cross and Blue Shield of Kansas City PAC for Kansas
(Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	List Occupation & Industry for Those Giving an In-Kind of More Than \$150	Description of In-Kind Contribution	Value of In-Kind Contribution
Subtotal This Page				\$0.00

Complete if last page of Schedule B

Total Itemized (over \$100) In-Kind Contributions	\$0.00
Total Unitemized (\$100 or less) In-Kind Contributions	\$0.00
TOTAL IN-KIND CONTRIBUTIONS THIS PERIOD (to line 6 of Summary)	\$0.00

SCHEDULE C
EXPENDITURES AND OTHER DISBURSEMENTS

Blue Cross and Blue Shield of Kansas City PAC for Kansas

(Name of Party Committee or Political Committee)

Date	Name and Address To Whom Expenditure is Made	Purpose of Expenditure	Amount
		If independent or in-kind expenditure in excess of \$300 is made for a candidate, list candidate name & address	
Subtotal This Page			\$0.00

Complete if last page of Schedule C

Total Itemized Expenditures This Period	\$0.00
Total Unitemized Expenditures of \$50 or less	\$0.00
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)	\$0.00

**SCHEDULE D
OTHER TRANSACTIONS**

Blue Cross and Blue Shield of Kansas City PAC for Kansas

(Name of Party Committee or Political Committee)

Date	Name and Address	Nature of Account or Loan Payable or Loan Receivable	Balance at Close of Period
Subtotal This Page			\$0.00

Complete if last page of Schedule D

TOTAL OTHER TRANSACTIONS (to line 7 of Summary)	\$0.00
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