	KANSAS GOVERNMENTAL ETHICS COMMI	ISSION RECEIVED
	RECEIPTS AND EXPENDITURES REPOR OF A POLITICAL OR PARTY COMMITTE	T E ^{JAN} 05 2015
	January 10, 2015 Ks _{Gov}	ernmental Ethics Commission
	FILE WITH SECRETARY OF STATE SEE REVERSE SIDE FOR INSTRUCTIONS	
A .	Name of Committee: Kansas City Life Insurance Co. Employees PAC	- Fund 1
	Address: 3520 Broadway	
	City and Zip Code: Kansas City, MO 64111	
		Committee
В.	Check only if appropriate: Amended Filing Terminat	tion Report
C.	Summary (covering the period from October 24, 2014 through December 31 1. Cash on hand at beginning of period	• • • • • • • • •
	2. Total Contributions and Other Receipts (Use Schedule A)	
	3. Cash available this period (Add Lines 1 and 2)	
	4. Total Expenditures and Other Disbursements (Use Schedule C)	
	5. Cash on hand at close of period (Subtract Line 4 from 3)	
	6. In-Kind Contributions (Use Schedule B)	
	7. Other Transactions (Use Schedule D)	
D. Dat	"I declare that this report, including any accompanying schedules and statements, and to the best of my knowledge and belief is true, correct and complete. I under failure to file this document or intentionally filing a false document is a class A <u>1/6/15</u> e Signature of Treasurer	rstand that the intentional
		GEC Form Rev, 2014

SCHEDULE A CONTRIBUTIONS AND OTHER RECEIPTS

Kansas City Life Employees PAC - Fund 1

(Name of Party Committee or Political Committee)

	Name and Address of Contributor	Occupation & Industry of Individual Giving More	Check Appropriate Box			Amount of Cash, Check,	
Date		Than \$150	Cash	Check	Laan	<u>E funds</u> Other	Loan or Other Receipt
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en de la companya de Recentra de la companya de la company				:=:			···
	Subtotal This Page						\$0.00

Complete if last page of Schedule A

Total Itemized Receipts for Period	\$0.00
Total Uniternized Contributions (\$50 or less)	\$0.00
Sale of Political Materials (Uniternized)	\$0.00
Total Contributions When Contributor Not Known	\$0.00
FOTAL RECEIPTS THIS PERIOD (to line 2 of Summary)	\$0.00

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SCHEDULE C EXPENDITURES AND OTHER DISBURSEMENTS

Kansas City Life Insurance Co. Employees PAC - Fund 1

(Name of Party Committee or Political Committee)

Date	Name and Address	Purpose of Expenditure	Amount
Date	To Whom Expenditure is Made	If independent or in-kind expenditure in excess of \$300 is made for a candidate, list candidate name & address	
<u> </u>			
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	Subtotal This Page		\$0.

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

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