

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Blue Cross and Blue Shield of Kansas PAC

ADDRESS (number and street) 1133 SW Topeka Blvd. CC:841 - C2 Topeka KS 66629

2. FEC IDENTIFICATION NUMBER C00197202 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2006 through 06 30 2006

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 Lisa Berke

Signature of Treasurer Electronically Filed by Lisa Berke Date 07 12 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Blue Cross and Blue Shield of Kansas PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">6227.65</td></tr></table>	6227.65
Y	Y	Y	Y									
2	0	0	6									
6227.65												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="center">7881.72</td></tr></table>	7881.72										
7881.72												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="center">3071.62</td></tr></table>	3071.62	<table border="1" style="width: 100%;"><tr><td align="center">6777.69</td></tr></table>	6777.69								
3071.62												
6777.69												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="center">10953.34</td></tr></table>	10953.34	<table border="1" style="width: 100%;"><tr><td align="center">13005.34</td></tr></table>	13005.34								
10953.34												
13005.34												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="center">3302.00</td></tr></table>	3302.00	<table border="1" style="width: 100%;"><tr><td align="center">5354.00</td></tr></table>	5354.00								
3302.00												
5354.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="center">7651.34</td></tr></table>	7651.34	<table border="1" style="width: 100%;"><tr><td align="center">7651.34</td></tr></table>	7651.34								
7651.34												
7651.34												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	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**

Write or Type Committee Name
Blue Cross and Blue Shield of Kansas PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	984.00	984.00
(i) Itemized (use Schedule A)	2066.50	5755.20
(ii) Unitemized	3050.50	6739.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(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)	3050.50	6739.20
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.)	21.12	38.49
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 Transfer (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))	3071.62	6777.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3071.62	6777.69

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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	2052.00	4104.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1250.00	1250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3302.00	5354.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	3302.00	5354.00

DETAILED SUMMARY PAGE
of Disbursements

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)	3050.50	6739.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3050.50	6739.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 and Blue Shield of Kansas PAC

A. Full Name (Last, First, Middle Initial)
Graham Bailey

Mailing Address 2704 Westdale Circle

City State Zip Code
Lawrence KS 66049

FEC ID number of contributing federal political committee. **C**

Name of Employer BCBSKS Occupation VP, Corp Comm & Public Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.4238

Amount of Each Receipt this Period
120.00

\$20 per 6 pay periods

B. Full Name (Last, First, Middle Initial)
Andrew Corbin

Mailing Address 6337 SW Hodges Road

City State Zip Code
Auburn KS 66402

FEC ID number of contributing federal political committee. **C**

Name of Employer BCBSKS Occupation VP, Ext. Sales & Provider Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.4235

Amount of Each Receipt this Period
120.00

\$20 per 6 pay periods

C. Full Name (Last, First, Middle Initial)
Beryl Lowery-Born

Mailing Address 1172 College

City State Zip Code
Topeka KS 66604

FEC ID number of contributing federal political committee. **C**

Name of Employer BCBSKS Occupation Vice President, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.4245

Amount of Each Receipt this Period
120.00

\$20 per 6 pay periods

SUBTOTAL of Receipts This Page (optional)	▶	360.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

Full Name (Last, First, Middle Initial) A. Michael Mattox		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 2413 SW Pepperwood Rd.		Transaction ID: SA11A1.4232	
City State Zip Code Topeka KS 66614	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. C		\$20 per 6 pay periods	
Name of Employer BCBSKS	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) B. William Pitsenberger		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 1800 Oakley		Transaction ID: SA11A1.4248	
City State Zip Code Topeka KS 66604	Amount of Each Receipt this Period 126.00		
FEC ID number of contributing federal political committee. C		\$21 per 6 pay periods	
Name of Employer BCBSKS	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.00		

Full Name (Last, First, Middle Initial) C. William J Wallace		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 2400 NW 44th		Transaction ID: SA11A1.4241	
City State Zip Code Topeka KS 66618	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. C		\$20 per 6 pay periods	
Name of Employer BCBSKS	Occupation VP, Information Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional) ▶	366.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 10
	(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 PAC

A. Full Name (Last, First, Middle Initial)
Leslie Watson

Mailing Address 3121 SW Belle

City State Zip Code
Topeka KS 66614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BCBSKS Dir, Payment Safeguards

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
234.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.4230

Amount of Each Receipt this Period
108.00

\$18 per 6 periods

B. Full Name (Last, First, Middle Initial)
Ralph Weber II

Mailing Address 9526 SE Ratner Road

City State Zip Code
Berryton KS 66409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BCBSKS VP, Medical Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.4234

Amount of Each Receipt this Period
150.00

\$25 per 6 pay periods

SUBTOTAL of Receipts This Page (optional)	▶	258.00
TOTAL This Period (last page this line number only)	▶	984.00

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)

<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 PAC

Full Name (Last, First, Middle Initial) A. BluePac		Transaction ID: SB22.4251 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 1310 G Street, N.W.		Amount of Each Disbursement this Period 684.00
City Washington State DC Zip Code 20005	Purpose of Disbursement Monthly PAC 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. BluePac		Transaction ID: SB22.4252 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 1310 G Street, N.W.		Amount of Each Disbursement this Period 684.00
City Washington State DC Zip Code 20005	Purpose of Disbursement Monthly PAC 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. BluePac		Transaction ID: SB22.4253 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 1310 G Street, N.W.		Amount of Each Disbursement this Period 684.00
City Washington State DC Zip Code 20005	Purpose of Disbursement Monthly PAC 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional)	2052.00
TOTAL This Period (last page this line number only)	2052.00

**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 10 / 10

<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 PAC

Full Name (Last, First, Middle Initial) A. Jim Ryun		Transaction ID: SB23.4257 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address P.O. Box 826		Amount of Each Disbursement this Period 1000.00	
City Topeka	State KS	Zip Code 66601	Category/ Type
Purpose of Disbursement Contribution		Candidate Name Jim Ryun	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KS District:			

Full Name (Last, First, Middle Initial) B. Todd Tiaht		Transaction ID: SB23.4258 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6	
Mailing Address 2250 N. Rock Road Suite 118A		Amount of Each Disbursement this Period 250.00	
City Wichita	State KS	Zip Code 67226	Category/ Type
Purpose of Disbursement Contribution		Candidate Name Todd Tiaht	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KS District:			

SUBTOTAL of Disbursements This Page (optional) ►

1250.00

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

1250.00