

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

BLUE CROSS AND BLUE SHIELD OF KANSAS, INC. EMPLOYEE PAC

ADDRESS (number and street) 1133 SW TOPEKA BLVD.

Check if different than previously reported. (ACC) CC:855 - B3

TOPEKA KS 66629

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

C C00197202 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:

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)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of   

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of   

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y

11 / 29 / 2016 through 12 / 31 / 2016

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 Droge, Jason, J, ,

Signature of Treasurer Droge, Jason, J, , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y

01 / 30 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**BLUE CROSS AND BLUE SHIELD OF KANSAS, INC. EMPLOYEE PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="19037.52"/>	<input type="text" value="19037.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="23280.74"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="982.44"/>	<input type="text" value="12749.66"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="24263.18"/>	<input type="text" value="31787.18"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="684.00"/>	<input type="text" value="8208.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="23579.18"/>	<input type="text" value="23579.18"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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. 05/2016)

Write or Type Committee Name

**BLUE CROSS AND BLUE SHIELD OF KANSAS, INC. EMPLOYEE PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y 11 / 29 / 2016 To: M M / D D / Y Y Y Y Y 12 / 31 / 2016

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).....	873.70	8208.00
(ii) Unitemized .....	105.00	4521.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	978.70	12729.10
(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) .....	978.70	12729.10
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.).....	3.74	20.56
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)).....▶	982.44	12749.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	982.44	12749.66

**DETAILED SUMMARY PAGE**

of Disbursements

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 .....	0.00	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.....	684.00	8208.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	684.00	8208.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	684.00	8208.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	978.70	12729.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	978.70	12729.10
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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
<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 AND BLUE SHIELD OF KANSAS, INC. EMPLOYEE PAC**

**A. All, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 403 Lawrence Ave  
 City Lawrence State KS Zip Code 66046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) SVP & General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2016  
**Transaction ID : SA11AI.4783**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 \$25 per pay period for two periods

**B. Ayala, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6314 SW 44th CT  
 City Topeka State KS Zip Code 66610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) Chief Technology Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2016  
**Transaction ID : SA11AI.4784**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 \$15 per pay period for two periods

**C. Cook, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3601 SE Tomahawk Ct  
 City Topeka State KS Zip Code 66605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) Manager Health Analytics  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 31 / 2016  
**Transaction ID : SA11AI.4785**  
 Amount of Each Receipt this Period 16.00  
 Memo Item  
 \$8 per pay period for two periods

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**BLUE CROSS AND BLUE SHIELD OF KANSAS, INC. EMPLOYEE PAC**

**A. Corbin, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6337 SW Hodges Road  
 City Auburn State KS Zip Code 66402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.4786**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 \$40 per pay period for two periods

**B. Cruz, Bernardo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8417 Shadow Lakes  
 City Wichita State KS Zip Code 67205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) Senior Group Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.4788**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 \$10 per pay period for two periods

**C. Daoust, Paula, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4501 N. 111th St.  
 City Kansas City State KS Zip Code 66109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) Director, Workforce & Leadership  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.4789**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 \$20 per pay period for two periods

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 13
<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, INC. EMPLOYEE PAC**

**A. Doty, Rusty, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4611 SE Paulen Rd  
 City Berryton State KS Zip Code 66409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) Director, Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.4790**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 \$20 per pay period for two periods

**B. George, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4417 NW Meadow Crest Rd  
 City Topeka State KS Zip Code 66618-3457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) Gen Auditor & Corp Compliance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.4793**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 \$10 per pay period for two periods

**C. Mason, Treena, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6112 Blue Nile Drive  
 City Lawrence State KS Zip Code 66049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) VP Ext Sales & Marketing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.4799**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 \$25 per pay period for two periods

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 9 OF 13
<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, INC. EMPLOYEE PAC**

**A. McHenry, Mischa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3314 SE 23rd Terr  
 City Topeka State KS Zip Code 66605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) Director IS Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2016  
**Transaction ID : SA11AI.4801**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 \$25 per pay period for two periods

**B. Mickle, Suneetra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Earhart Circle  
 City Lawrence State KS Zip Code 66049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) Director Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2016  
**Transaction ID : SA11AI.4803**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 \$15 per pay period for two periods

**C. Palenske, Frederick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6225 Vorse Rd  
 City Auburn State KS Zip Code 66402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) Sr VP Prov & Government Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt 12 / 31 / 2016  
**Transaction ID : SA11AI.4804**  
 Amount of Each Receipt this Period 57.70  
 Memo Item  
 \$28.85 per pay period for two periods

<b>SUBTOTAL</b> of Receipts This Page (optional).....	137.70
<b>TOTAL</b> This Period (last page this line number only).....	

**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 10 OF 13
<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, INC. EMPLOYEE PAC**

**A. Raymond, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3625 SW Drury Ln  
 City Topeka State KS Zip Code 66604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) Asst General Counsel/Dir Legal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.4807**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 \$15 per pay period for two periods

**B. Rowell, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6423 Golf View Dr  
 City Topeka State KS Zip Code 66614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) Director Marketing Comm & eCom  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.4809**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 \$10 per pay period for two periods

**C. Scott, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4234 SW Clarion Lakes Dr  
 City Topeka State KS Zip Code 66610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) Director Professional Relation  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.4812**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 \$10 per pay period for two periods

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 11 OF 13
<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, INC. EMPLOYEE PAC**

**A. Shelton, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3221 NW Hickory Ridge Ln  
 City Topeka State KS Zip Code 66618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) Director BCBS Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2016  
**Transaction ID : SA11AI.4813**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 \$10 per pay period for two periods

**B. Simmons, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3303 NW Bent Tree Lane  
 City Topeka State KS Zip Code 66618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) VP Finance/CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 31 / 2016  
**Transaction ID : SA11AI.4814**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 \$100 per pay period for two periods

**C. Strecker, Angelene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3911 SW Stratford Road  
 City Topeka State KS Zip Code 66604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) Dir Inst Relations & Health  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2016  
**Transaction ID : SA11AI.4817**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 \$15 per pay period for two periods

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 12 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**BLUE CROSS AND BLUE SHIELD OF KANSAS, INC. EMPLOYEE PAC**

**A. Vondenkamp, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3413 SW Westport Dr  
 City Topeka State KS Zip Code 66614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) Director Application Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.4818**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 \$15 per pay period for two periods

**B. Young, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7942 SW 33rd  
 City Topeka State KS Zip Code 66614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) VP Admin. Services & Human Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.4820**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 \$20 per pay period for two periods

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	873.70

**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"/> 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, INC. EMPLOYEE PAC**

Full Name (Last, First, Middle Initial)

**A. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Mailing Address 1310 G STREET NW

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Monthly Contribution

FEC Identification Number

C [ ]

**Transaction ID : SB22.4822**

Amount of Each Disbursement this Period

[ ] 684.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

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

[ ] 684.00

[ ] 684.00