



**BlueCross  
BlueShield  
of Kansas**

An Independent Licensee  
of the Blue Cross and  
Blue Shield Association  
1133 SW Topoka Boulevard  
Topoka, Kansas 66629-0001

Local Corporate Phone # -  
(785) 291-7000  
Corporate 800 Number -  
(800) 422-0216  
Web Site: [www.bcbsks.com](http://www.bcbsks.com)

August 3, 2000

Lucy Denny  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

Re: July Quarterly Report  
Blue Cross and Blue Shield of Kansas Employee PAC  
C00197202

Dear Ms. Denny:

Per our phone conversation this morning, I am enclosing a copy of our July quarterly filing. I originally sent this on disk with an original first page, via certified mail, on 7/10/00. However, the certified receipt does not have a signature or received date.

If you need anything else, please call me at (785) 291-6286.

Thank you.

Sincerely,

Janet M. Blakesley  
Treasurer,  
Blue Cross and Blue Shield of Kansas Employee PAC

Enclosures

RECEIVED  
FEC MAIL ROOM  
2000 AUG -8 P 1:51

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

1 / 5

2000 AUG - 8 P 1:51

1. NAME OF COMMITTEE (in full) <b>BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC FKA CAREPAC OF KANSAS</b>		2. FEC IDENTIFICATION NUMBER C00197202
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1133 SW TOPEKA BLVD CC 630		
CITY, STATE, and ZIP CODE TOPEKA KS 66629		3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding \_\_\_\_\_  
(election type) \_\_\_\_\_  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>04/01/2000</u> through <u>06/30/2000</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		1285.71
(b) Cash on Hand at Beginning of Reporting Period	3377.13	
(c) Total Receipts (from line 15)	4835.88	3643.30
(d) Subtotal (add Lines 5(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8016.01	10529.01
7. Total Disbursements (from line 30)	3005.00	5518.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5011.01	5011.01

9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20543 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	

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:  
**Electronically Filed by Janet M. Blakesley**

Signature of Treasurer: *Janet M. Blakesley* Date: 8/3/00  
*originally signed J. Blakesley*

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. § 417g.

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
(PAGE 2, FEC FORM 3X)**

(revised 1/1/91)

NAME OF COMMITTEE BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC FKA CAREPAC OF KANSAS		REPORT COVERING PERIOD FROM 04/01/2000 TO: 06/30/2000	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11	Contributions (other than loans) From:		
	a. Individual/Persons Other Than Political Committees		
	i. Itemized (use Schedule A)	1040.00	1040.00
	ii. Unitemized	3581.75	7574.25
	iii. Total (add i and ii)*	4621.75	8614.25
	b. Political Party Committees	0.00	0.00
	c. Other Political Committees (such as PACs)	0.00	0.00
	d. Total Contributions (add a iii, b and c)*	4621.75	8614.25
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.)	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.)	17.13	29.05
18	Transfers From Nonfederal Account for Joint Activity	0.00	0.00
19	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)*	4638.88	8643.30
20	Total Federal Receipts (subtract line 18 from line 19)*	4638.88	8643.30
<b>II. Disbursements</b>			
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 a i, a ii, and b)*	0.00	0.00
22	Transfers to Affiliated/Other Party Committees	1905.00	3810.00
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 Expenditures Made by Party Committees (2 U.S.C. 447a(5)) (use Sch. 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	108.00
	b. Political Party Committees	0.00	0.00
	c. Other Political Committees (such as PACs)	0.00	0.00
	d. Total Contributions Refunds (add a, b, and c)*	0.00	108.00
29	Other Disbursements	1100.00	1600.00
30	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)*	3005.00	5518.00
31	Total Federal Disbursements (subtract line 21 a x from line 30)*	3005.00	5518.00
<b>III. Net Contributions / Operating Expenditures</b>			
32	Total Contributions (other than loans) (from line 11d)	4621.75	8614.25
33	Total Contribution Refunds (from line 28d)	0.00	108.00
34	Net Contributions (other than loans) (subtract line 33 from 32)	4621.75	8506.25
35	Total Federal Operating Expenditures (add 21 b i and 21 b ii)*	0.00	0.00
36	Offsets to Operating Expenditures (from line 15)	0.00	0.00
37	Net Operating Expenditures (subtract line 35 from 35)*	0.00	0.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER  
11A1

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 EMPLOYEE PAC FKA CAREPAC OF KANSAS**

<b>Full Name, Mailing Address, and ZIP Code</b> John W. Knack, Jr 5633 Hewick Lane  Topeka KS 66614	<b>Name of Employer</b> Blue Cross & Blue Shield of Ks, Inc.	<b>Date (month, day, year)</b> 06/30/2000  Biweekly	<b>Amount of Each Receipt this Period</b> 260.00  Payroll Contribution
	<b>Occupation</b> President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> \$ 260.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Donald R. Lynn 6936 Lake Ridge Parkway  Ozawie, KS 66070	<b>Name of Employer</b> Blue Cross & Blue Shield of Ks, Inc.	<b>Date (month, day, year)</b> 06/30/2000  Biweekly	<b>Amount of Each Receipt this Period</b> 221.00  Payroll Deduction
	<b>Occupation</b> Vice President, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> \$ 221.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Leslie D. Watson 3121 SW Bella  Topeka KS 66614	<b>Name of Employer</b> Blue Cross & Blue Shield of Ks, Inc.	<b>Date (month, day, year)</b> 06/30/2000  Biweekly	<b>Amount of Each Receipt this Period</b> 234.00  Payroll Deduction
	<b>Occupation</b> Director, Payment Safeguard		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> \$ 234.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Ralph H. Weber, II 9526 SE Ratner Road  Berryton, KS 66409	<b>Name of Employer</b> Blue Cross & Blue Shield of Ks, Inc.	<b>Date (month, day, year)</b> 06/30/2000  Biweekly	<b>Amount of Each Receipt this Period</b> 325.00  Payroll Deduction
	<b>Occupation</b> Vice President, Medical Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> \$ 325.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

1040.00

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 5
			FOR LINE NUMBER 22

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 EMPLOYEE PAC FKA CAREPAC OF KANSAS**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BLUEPAC BLUE CROSS AND BLUE SHIELD ASSOCIATION 1310 G STREET NW 12TH FLOOR WASHINGTON DC 20005	THE POLITICAL ACTION COMMITTEE Contribution to Affiliated PAC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/30/2000	635.00
BLUEPAC BLUE CROSS AND BLUE SHIELD ASSOCIATION 1310 G STREET NW 12TH FLOOR WASHINGTON DC 20005	THE POLITICAL ACTION COMMITTEE Contribution to Affiliated PAC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/31/2000	635.00
BLUEPAC BLUE CROSS AND BLUE SHIELD ASSOCIATION 1310 G STREET NW 12TH FLOOR WASHINGTON DC 20005	THE POLITICAL ACTION COMMITTEE Contribution to Affiliated PAC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/30/2000	635.00

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<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>1905.00</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER  
29

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**NAME OF COMMITTEE (in Full)**  
**BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC FKA CAREPAC OF KANSAS**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Clark for State Senate 205 U.S. 83  Oakley KS 67748	Contributor/State  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/12/2000	250.00
Don Steffes for Senate P.O. Box 327  McPherson KS 67480	Contributor/State  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/12/2000	250.00

SUBTOTALS of Disbursements This Page (Optional) .....

TOTALS This Period (last page this line number only) .....

500.00

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

**WESTERN UNION MAILGRAM**  
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JANET KUHNERT  
BLUE CROSS AND BLUE SHIELD OF KANSAS EMP  
1133 SW TOPEKA BLVD CC 830  
TOPEKA KS 66629-0002

August 3, 2000

IDENTIFICATION NUMBER: C00197202

REFERENCE: JULY QUARTERLY REPORT (04/01/2000 - 06/30/2000)

DEAR TREASURER:

IT HAS COME TO THE ATTENTION OF THE FEDERAL ELECTION COMMISSION THAT YOU MAY HAVE FAILED TO FILE THE ABOVE REFERENCED REPORT OF RECEIPTS AND EXPENDITURES AS REQUIRED BY THE FEDERAL ELECTION CAMPAIGN ACT, AS AMENDED. YOU WERE PREVIOUSLY NOTIFIED OF THE DUE DATE FOR THIS REPORT.

IT IS IMPORTANT THAT YOU FILE THIS REPORT IMMEDIATELY WITH THE FEDERAL ELECTION COMMISSION, 999 E STREET, N.W., WASHINGTON, D.C., 20463. A COPY OF THE REPORT OR RELEVANT PORTIONS SHOULD ALSO BE FILED WITH THE SECRETARY OF STATE OR EQUIVALENT STATE OFFICER, UNLESS THE STATE IS EXEMPT FROM THE FEDERAL REQUIREMENT TO RECEIVE AND MAINTAIN PAPER COPIES.

ALTHOUGH THE COMMISSION MAY INITIATE AN AUDIT OR LEGAL ENFORCEMENT ACTION CONCERNING THIS MATTER, YOUR PROMPT RESPONSE AND A LETTER OF EXPLANATION WILL BE TAKEN INTO CONSIDERATION.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT Lucy Denny ON OUR TOLL FREE NUMBER (800)424-9530. OUR LOCAL NUMBER IS (202)694-1130.

SINCERELY,

JOHN D. GIBSON  
ASSISTANT STAFF DIRECTOR  
REPORTS ANALYSIS DIVISION

NGMCOMP 19:56 EST

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 8-3-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>See</i> PREPARER	8-8-00 DATE PREPARED