

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, Inc. Employee PAC

ADDRESS (number and street) 1133 SW Topeka Blvd.
CC:855 - B3
 Check if different than previously reported. (ACC)
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 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 12 31 2009

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 Ann M. Shelton

Signature of Treasurer Electronically Filed by Ann M. Shelton Date 01 07 2010

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Blue Cross and Blue Shield of Kansas, Inc. Employee PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		8067.45
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	8337.82									
(c) Total Receipts (from Line 19)	3532.54	7906.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11870.36	15974.36								
7. Total Disbursements (from Line 31)	4104.00	8208.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7766.36	7766.36								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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, Inc. Employee PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	1582.00	2892.00
(ii) Unitemized	1944.50	5002.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3526.50	7894.75
(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)	3526.50	7894.75
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.)	6.04	12.16
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))	3532.54	7906.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3532.54	7906.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	4104.00	8208.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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))..	4104.00	8208.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4104.00	8208.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	3526.50	7894.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3526.50	7894.75
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 / 10
	<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.	Full Name (Last, First, Middle Initial) Mary Cochran		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address 257 N Broadway		Transaction ID: SA11AI.4546		
	City Wichita	State KS	Zip Code 67202	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C		\$15 for five pay periods		
	Name of Employer BCBSKS	Occupation Group Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00			

B.	Full Name (Last, First, Middle Initial) Andrew Corbin		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address 6337 SW Hodges Road		Transaction ID: SA11AI.4547		
	City Auburn	State KS	Zip Code 66402	Amount of Each Receipt this Period 280.00	
	FEC ID number of contributing federal political committee. C		\$20 for 14 pay periods		
	Name of Employer BCBSKS	Occupation VP, Ext. Sales & Provider Relations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00			

C.	Full Name (Last, First, Middle Initial) Roni Davis-Watson		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address 3121 SW Belle Ave		Transaction ID: SA11AI.4548		
	City Topeka	State KS	Zip Code 66614	Amount of Each Receipt this Period 140.00	
	FEC ID number of contributing federal political committee. C		\$10 for 14 pay periods		
	Name of Employer BCBSKS	Occupation Dir, Mkt Research/Prod Devl.			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00			

SUBTOTAL of Receipts This Page (optional)	▶	495.00
TOTAL 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: PAGE 7 / 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Blue Cross and Blue Shield of Kansas, Inc. Employee PAC

A. Full Name (Last, First, Middle Initial)
Rusty Doty

Mailing Address 4611 SE Paulen Rd

City State Zip Code
Berryton KS 66409

FEC ID number of contributing federal political committee. C

Name of Employer BCBSKS Occupation
Manager, Professional Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 243.00

Date of Receipt M M / D D / Y Y Y Y
12 / 31 / 2009

Transaction ID: SA11AI.4549

Amount of Each Receipt this Period 126.00

\$9 for 14 pay periods

B. 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 ▼ 640.00

Date of Receipt M M / D D / Y Y Y Y
12 / 31 / 2009

Transaction ID: SA11AI.4550

Amount of Each Receipt this Period 350.00

\$25 for 14 pay periods

C. Full Name (Last, First, Middle Initial)
Rose Ann Morrow

Mailing Address 3920 SW 39th Terr

City State Zip Code
Topeka KS 66610

FEC ID number of contributing federal political committee. C

Name of Employer BCBSKS Occupation
Mgr, Special Group Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt M M / D D / Y Y Y Y
12 / 31 / 2009

Transaction ID: SA11AI.4551

Amount of Each Receipt this Period 140.00

\$10 for 14 pay periods

SUBTOTAL of Receipts This Page (optional) 616.00

TOTAL 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 / 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, Inc. Employee PAC

A.	Full Name (Last, First, Middle Initial) Frederick Palenske		Date of Receipt
	Mailing Address 6225 Vorse Rd		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Auburn	KS	66402
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4552
Name of Employer BCBSKS		Occupation Director, Government Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="364.50"/>	<input type="text" value="189.00"/>
			\$13.50 for 14 pay periods

B.	Full Name (Last, First, Middle Initial) Ronald Simmons		Date of Receipt
	Mailing Address 2700 SE Culvier		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Topeka	KS	66604
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4553
Name of Employer BCBSKS		Occupation Controller	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="351.00"/>	<input type="text" value="182.00"/>
			\$13 for 14 pay periods

C.	Full Name (Last, First, Middle Initial) William J Wallace		Date of Receipt
	Mailing Address 2400 NW 44th		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Topeka	KS	66618
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4554
Name of Employer BCBSKS		Occupation VP, Information Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	<input type="text" value="100.00"/>
			\$20 for five pay periods

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="471.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1582.00"/>

**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, Inc. Employee PAC

A.	Full Name (Last, First, Middle Initial) BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC	Transaction ID: SB22.4568 Date of Disbursement 07 / 07 / 2009	
	Mailing Address 1310 G STREET NW		
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period	684.00
	Purpose of Disbursement monthly contribution		
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC	Transaction ID: SB22.4569 Date of Disbursement 08 / 06 / 2009	
	Mailing Address 1310 G STREET NW		
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period	684.00
	Purpose of Disbursement monthly contribution		
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC	Transaction ID: SB22.4570 Date of Disbursement 09 / 11 / 2009	
	Mailing Address 1310 G STREET NW		
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period	684.00
	Purpose of Disbursement monthly contribution		
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

2052.00

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

**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, Inc. Employee PAC

A.	Full Name (Last, First, Middle Initial) BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC	Transaction ID: SB22.4571 Date of Disbursement 10 / 06 / 2009
	Mailing Address 1310 G STREET NW	Amount of Each Disbursement this Period 684.00
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement monthly contribution Candidate Name	Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC	Transaction ID: SB22.4572 Date of Disbursement 11 / 09 / 2009
	Mailing Address 1310 G STREET NW	Amount of Each Disbursement this Period 684.00
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement monthly contribution Candidate Name	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC	Transaction ID: SB22.4573 Date of Disbursement 12 / 11 / 2009
	Mailing Address 1310 G STREET NW	Amount of Each Disbursement this Period 684.00
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement monthly contribution Candidate Name	Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	2052.00
TOTAL This Period (last page this line number only)	4104.00