



1135 SW Topoka Boulevard
Topoka, Kansas 66629-0001

Lo Topoka - (785) 291-7000
Lo Kansas - (800) 432-0216

Web site: www.bcbsks.com

November 5, 2001

Federal Election Commission
Attn: Angel L. Williamson
Reports Analysis Division
999 E Street, N.W.
Washington, D.C. 20463

Re: Blue Cross and Blue Shield of Kansas Employee PAC
#C00197202
April Quarterly Report (1/1/00-3/31/00)

RECEIVED
FEC MAIL ROOM
2002 JAN 15 P 2 12

Dear Angel:

Enclosed is a copy of the 1999 end of the year report that shows an ending Cash on Hand balance of \$1,885.71 which coincides with the beginning Cash on Hand balance for the above-mentioned report.

In looking at our report on the FEC website, I'm puzzled as to why the 1999 report shows what it does. The enclosed copy represents the actual numbers. Please use it to replace what is currently in your records.

If you have any questions, please contact me at (785) 291-6286.

Sincerely,

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

enclosures



REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FILED WITH 10 FEC
(00 disk) CBBSA
RECEIVED
FEC MAIL ROOM

1/11

1. NAME OF COMMITTEE (in full) Blue Cross and Blue Shield of Kansas Employee PAC		2002 JAN 15 P 2:12
ADDRESS (number and street) 1133 SW Topeka Blvd, cc 830	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE, and ZIP CODE Topeka KS 66629		2. FEC IDENTIFICATION NUMBER C00197202
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>07/01/1999</u> through <u>12/31/1999</u>		
6. (a) Cash on Hand, January 1, <u>1999</u>		4180.96
(b) Cash on Hand at Beginning of Reporting Period	8254.41	
(c) Total Receipts (from line 19)	9541.30	18074.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18495.71	22255.71
7. Total Disbursements (from line 30)	14810.00	20370.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1885.71	1885.71
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 20483 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
1/26/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §1379.

--	--	--	--	--	--	--	--

FEC FORM 3X
(revised 9/93)

**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		REPORT COVERING PERIOD FROM 07/01/1988 TO: 12/31/1988	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		6890.00	7930.00
ii. Unitemized		2888.50	10028.50
iii. Total	(add i and ii)»	9578.50	17958.50
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions		9578.50	17958.50
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.)		64.80	116.25
18. Transfers From Nonfederal Account for Joint Activity		0.00	0.00
19. Total Receipts		9641.30	18074.75
20. Total Federal Receipts		9641.30	18074.75
[subtract line 18 from line 19]»			
II. Disbursements			
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		0.00	0.00
[add a i, a ii, and b]»			
22. Transfers to Affiliated/Other Party Committees		3810.00	7620.00
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. 441a(d)) (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	0.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions Refunds		0.00	0.00
[add a, b, and c]»			
29. Other Disbursements		10800.00	12750.00
30. Total Disbursements		14810.00	20370.00
31. Total Federal Disbursements		14810.00	20370.00
[subtract line 21 a ii from line 30]»			
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		9578.50	17958.50
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from line 32)		9578.50	17958.50
35. Total Federal Operating Expenditures		0.00	0.00
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures		0.00	0.00
[subtract line 36 from line 35]»			

SCHEDULE A

ITEMIZED RECEIPTS

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

3 / 11

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

Full Name, Mailing Address, and ZIP Code Darrel L. Brake 6017 SW 38th Topeka KS 66610 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Blue Cross & Blue Shield of Ks, Inc. Occupation Mgr. Systems & Programming Aggregate Year-to-Date > \$ 286.00	Date (month, day, year) 12/31/1999 Biweekly	Amount of Each Receipt this Period 286.00 Payroll Deduction of \$11
Full Name, Mailing Address, and ZIP Code Mr. Alvin Callahan 4422 Colly Creek Dr. Topeka KS 66610-0001 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Blue Cross & Blue Shield of Ks, Inc. Occupation Mgr. Corporate EDP Audit Aggregate Year-to-Date > \$ 338.00	Date (month, day, year) 12/31/1999 Biweekly	Amount of Each Receipt this Period 338.00 Payroll Deduction of \$13
Full Name, Mailing Address, and ZIP Code Curtis J. Clark 5124 SW 33rd Terrace Topeka KS 66614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Blue Cross & Blue Shield of Ks, Inc. Occupation IRM Senior Technician Aggregate Year-to-Date > \$ 390.00	Date (month, day, year) 12/31/1999 Biweekly	Amount of Each Receipt this Period 390.00 Payroll Deduction of \$15
Full Name, Mailing Address, and ZIP Code Mary Cochran 1333 Longhorn Wichita KS 67202 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Blue Cross & Blue Shield of Ks, Inc. Occupation Group Consultant Aggregate Year-to-Date > \$ 390.00	Date (month, day, year) 12/31/1999 Biweekly	Amount of Each Receipt this Period 390.00 Payroll Deduction of \$15
Full Name, Mailing Address, and ZIP Code Sherian Conwell-Betz 2731 McAlister Topeka, KS 66614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Blue Cross & Blue Shield of Ks, Inc. Occupation Senior Specialty Provider Rep. Aggregate Year-to-Date > \$ 208.00	Date (month, day, year) 12/31/1999 Biweekly	Amount of Each Receipt this Period 208.00 Payroll Deduction of \$8
Full Name, Mailing Address, and ZIP Code Donald H. Daniels 7209 SW Palace Drive Topeka, KS 66610 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Blue Cross & Blue Shield of Ks, Inc. Occupation Project Leader Aggregate Year-to-Date > \$ 260.00	Date (month, day, year) 12/31/1999 Biweekly	Amount of Each Receipt this Period 260.00 Payroll Deduction of \$10
Full Name, Mailing Address, and ZIP Code Mrs. Roni Davis-Watson 3121 SW Belle Ave. Topeka KS 66614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Blue Cross & Blue Shield of Ks, Inc. Occupation Manager, Primary Services Aggregate Year-to-Date > \$ 260.00	Date (month, day, year) 12/31/1999 Biweekly	Amount of Each Receipt this Period 260.00 Payroll Deduction of \$10

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Rusty Doty 4242 SE 25th Topeka KS 66605	Blue Cross & Blue Shield of Ks, Inc. Occupation Mgr, Medicaid Provider Relations	12/31/1999 Biweekly	234.00 Payroll Deduction of \$9
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 234.00		
Sandra Dolores Jackson 2213 SW Gage Topeka KS 66614	Blue Cross & Blue Shield of Ks, Inc. Occupation Mgr, Group Sales/Retention	12/31/1999 Biweekly	312.00 Payroll Deduction of \$12
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 312.00		
Mr. John Knack 5633 Hawick Lane Topeka KS 66614	Blue Cross & Blue Shield of Ks, Inc. Occupation President & CEO	12/31/1999 Biweekly	520.00 Payroll Deduction of \$20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 520.00		
Mr. Donald Lynn 6936 Lake Ridge Parkway Ozawie KS 66070	Blue Cross & Blue Shield of Ks, Inc. Occupation Vice President, Finance	12/31/1999 Biweekly	221.00 Payroll Deduction of \$17
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 442.00		
Mr. David Manley 3429 SW Stonybrook Drive Topeka KS 66614-5117	Blue Cross & Blue Shield of Ks, Inc. Occupation VP, Subscriber Serv & Gov't Programs	12/31/1999 Biweekly	390.00 Payroll Deduction of \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 390.00		
Rose Morrow 3920 SW 39th Terrace Topeka KS 66610	Blue Cross & Blue Shield of Ks, Inc. Occupation Manager, Special Group Claims	12/31/1998 Biweekly	260.00 Payroll Deduction of \$10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		
Mr. John Murrell 4325 SW Eagle Point Rd. Topeka KS 66610	Blue Cross & Blue Shield of Ks, Inc. Occupation President & COO, AIC	12/31/1999 Biweekly	234.00 Payroll Deduction of \$9
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 234.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

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

Full Name, Mailing Address, and ZIP Code Mr. Frederick Palenska 8225 Vorse Road Auburn KS 66402	Name of Employer Blue Cross & Blue Shield of Ks., Inc.	Date (month, day, year) 12/31/1999 Biweekly	Amount of Each Receipt this Period 260.00 Payroll Deduction of \$10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Legislative & Reg.	Aggregate Year-to-Date > \$ 260.00	
Full Name, Mailing Address, and ZIP Code John Reedy 5722 West 27th Topeka KS 66614	Name of Employer Blue Cross & Blue Shield of Ks., Inc.	Date (month, day, year) 12/31/1999 Biweekly	Amount of Each Receipt this Period 260.00 Payroll Deduction of \$10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Asst Manager, Systems & Programming	Aggregate Year-to-Date > \$ 260.00	
Full Name, Mailing Address, and ZIP Code Steven E. Rolin 815 Saina Topeka, KS 66606	Name of Employer Blue Cross & Blue Shield of Ks., Inc.	Date (month, day, year) 12/31/1999 Biweekly	Amount of Each Receipt this Period 234.00 Payroll Deduction of \$9
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Systems Analyst	Aggregate Year-to-Date > \$ 234.00	
Full Name, Mailing Address, and ZIP Code Richard M. Schroeder 1501 SW Belle Ave. Topeka KS 66604	Name of Employer Blue Cross & Blue Shield of Ks., Inc.	Date (month, day, year) 12/31/1999 Biweekly	Amount of Each Receipt this Period 286.00 Payroll Deduction of \$11
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation IS Standards & Bus. Resumption	Aggregate Year-to-Date > \$ 286.00	
Full Name, Mailing Address, and ZIP Code Ronald D. Simmons RR 4, Box 106 Sabetha KS 66534	Name of Employer Blue Cross & Blue Shield of Ks., Inc.	Date (month, day, year) 12/31/1999 Biweekly	Amount of Each Receipt this Period 338.00 Payroll Deduction of \$13
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager, Cost Accounting	Aggregate Year-to-Date > \$ 338.00	
Full Name, Mailing Address, and ZIP Code Carol Slavin 4822 West Hills Drive Topeka, KS 66606	Name of Employer Blue Cross & Blue Shield of Ks., Inc.	Date (month, day, year) 12/31/1999 Biweekly	Amount of Each Receipt this Period 260.00 Payroll Deduction of \$10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Medicare/Medicaid	Aggregate Year-to-Date > \$ 260.00	
Full Name, Mailing Address, and ZIP Code Barry Trulson 2212 Snowbird Manhattan KS 66502	Name of Employer Blue Cross & Blue Shield of Ks., Inc.	Date (month, day, year) 12/31/1999 Biweekly	Amount of Each Receipt this Period 260.00 Payroll Deduction of \$10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Group Consultant	Aggregate Year-to-Date > \$ 260.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

8 / 11

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

Full Name, Mailing Address, and ZIP Code Linda K. Vonderkamp 6300 SE 51st St. Tecumseh KS 66642	Name of Employer Blue Cross & Blue Shield of Ks. Inc.	Date (month, day, year) 12/31/1999 Biweekly	Amount of Each Receipt This Period 390.00 Payroll Deduction of \$15
	Occupation VP, Government Programs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 390.00		
Full Name, Mailing Address, and ZIP Code Leslie Watson 3121 SW Belle Topeka KS 66614	Name of Employer Blue Cross & Blue Shield of Ks. Inc.	Date (month, day, year) 12/31/1999 Biweekly	Amount of Each Receipt This Period 234.00 Payroll Deduction of \$18
	Occupation Director, Payment Safeguard		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 468.00		
Full Name, Mailing Address, and ZIP Code Mr. Ralph Weber, II 9525 SE Retner Rd. Berryton, KS 66409	Name of Employer Blue Cross & Blue Shield of Ks. Inc.	Date (month, day, year) 12/31/1999 Biweekly	Amount of Each Receipt This Period 325.00 Payroll Deduction of \$25
	Occupation Vice President, Medical Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 650.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

6890.00

SCHEDULE A

ITEMIZED RECEIPTS

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

7 / 11

FOR LINE NUMBER
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 Employee PAC

Full Name, Mailing Address, and ZIP Code

Mercantile Bank of Topeka
P.O. Box 178

Topeka KS 66601-0178

Name of Employer

Occupation

**Date (month,
day, year)**

12/31/1999

**Amount of Each
Receipt this Period**

64.80

Interest Earned

Receipt For:

Primary

General

Other (specify):

Aggregate Year-to-Date >

\$ 116.25

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

64.80

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

8 / 11

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

Full Name, Mailing Address, and ZIP Code
BLUFFPAC BLUE CROSS AND BLUE SHIELD ASSOCIATION
1310 G STREET NW 12TH FLOOR

WASHINGTON DC 20005

Purpose of Disbursement
THE POLITICAL ACTION COMMITTEE
Monthly Contribution

Disbursement for: Primary General
 Other (specify):

**Date (month,
day, year)**
12/31/1999

**Amount of Each
Disbursement This
Period**
3810.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

3810.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER
29

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

<p>Full Name, Mailing Address, and ZIP Code Adkins for Senate 8021 Belinder Road Leawood KS 66206</p>	<p>Purpose of Disbursement State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 08/26/1999</p>	<p>Amount of Each Disbursement This Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code Kansans for a Democratic House P.O. Box 2083 Topeka KS 66601</p>	<p>Purpose of Disbursement State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 08/26/1999</p>	<p>Amount of Each Disbursement This Period 500.00</p>
<p>Full Name, Mailing Address, and ZIP Code Glasscock for Senate Representative 6509 SW 25th Street Topeka KS 66614</p>	<p>Purpose of Disbursement State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 09/27/1999</p>	<p>Amount of Each Disbursement This Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code Kansans for Praeger 3601 Quail Creek Court Lawrence KS 66047</p>	<p>Purpose of Disbursement State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 09/30/1999</p>	<p>Amount of Each Disbursement This Period 600.00</p>
<p>Full Name, Mailing Address, and ZIP Code Yretil for Senate Committee 9534 Lee Blvd Leawood KS 66205</p>	<p>Purpose of Disbursement State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 10/12/1999</p>	<p>Amount of Each Disbursement This Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code Clark for Senate 206 U.S. 83 Oakley KS 67448</p>	<p>Purpose of Disbursement State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 11/06/1999</p>	<p>Amount of Each Disbursement This Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code Lynn Jenkins for Senate 5940 SW Clarion Lane Topeka KS 66610</p>	<p>Purpose of Disbursement State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 11/08/1999</p>	<p>Amount of Each Disbursement This Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code Wagle for Representative 14 N. Sandalwood Wichita KS 67230</p>	<p>Purpose of Disbursement State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 11/19/1999</p>	<p>Amount of Each Disbursement This Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code Powell for Representative 7313 Winterberry Wichita KS 67226</p>	<p>Purpose of Disbursement State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 11/24/1999</p>	<p>Amount of Each Disbursement This Period 250.00</p>

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

10 / 11

FOR LINE NUMBER
29

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement State	Date (month, day, year)	Amount of Each Disbursement This Period
Kerr for Senate P.O. Box 2620 Hutchinson KS 67504-2620	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/03/1999	500.00
Corbin for State Senate RR 1, Box 73 Towanda KS 67144	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/06/1999	250.00
Barone for Senate 611 W. Laighton Frontenac KS 66762	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/21/1999	250.00
Ewert for Senate P.O. Box 747 Independence KS 67301	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/21/1999	250.00
Feledano for Senate 815 Barbara Wichita, KS 67217	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/21/1999	250.00
Hensley for Senate 2226 SE Virginia Topeka KS 66605	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/21/1999	250.00
Lawrence for Senate 315 N. Roosevelt Wichita KS 67208	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/21/1999	250.00
Morris for Senate 600 Trindle Hugoton, KS 67951	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/21/1999	250.00
Republican House Campaign Committee 2025 SW Gage Blvd Topeka KS 66604	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/21/1999	250.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

11 / 11

FOR LINE NUMBER
29

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Selmons for Senate P.O. Box 25 Hanston KS 67849	State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	12/21/1998	250.00
Tomlinson for Representative 5722 Birch Roeland Park KS 66205	State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	12/21/1998	250.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

5850.00

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>11-5-01</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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>JM 10</i> PREPARER	<i>1-15-02</i> DATE PREPARED