

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

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, ,** Date / /

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="2023"/>		24269.01
(b) Cash on Hand at Beginning of Reporting Period.....	22939.40	
(c) Total Receipts (from Line 19)	2773.94	5548.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	25713.34	29817.34
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)).....	21609.34	21609.34
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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: / / To: / /

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).....	2405.00	4290.00
(ii) Unitemized	357.50	1235.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2762.50	5525.00
(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)	2762.50	5525.00
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.).....	11.44	23.33
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)).....▶	2773.94	5548.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2773.94	5548.33

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.....	4104.00	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)) ..	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

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Page 5

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)	2762.50	5525.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2762.50	5525.00
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: PAGE 6 OF 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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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. All, Matthew, , ,

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) President & CEO
---	--

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		2023

Transaction ID : SA11AI.5506

Amount of Each Receipt this Period
325.00

Memo Item
\$25 per pay period for 13 periods

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Daoust, Paula, , ,

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		2023

Transaction ID : SA11AI.5509

Amount of Each Receipt this Period
260.00

Memo Item
\$20 per pay period for 13 periods

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Fong, John, , ,

Mailing Address 108 Whirlaway Lane

City Chapel Hill	State NC	Zip Code 27516
---------------------	-------------	-------------------

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

Name of Employer (for Individual) BCBSKS	Occupation (for Individual) VP Medical Affairs & CMO
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2023

Transaction ID : SA11AI.5503

Amount of Each Receipt this Period
975.00

Memo Item
\$75 per pay period for 13 periods

SUBTOTAL of Receipts This Page (optional).....	1560.00
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 7 OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BLUE CROSS AND BLUE SHIELD OF KANSAS, INC. EMPLOYEE PAC

A. Mason, Treena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3633 Buck Brush Ct
 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 Group Sales & CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.5513
 Amount of Each Receipt this Period 325.00
 Memo Item
 \$25 per pay period for 13 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) VP Govt. & Community Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.5512
 Amount of Each Receipt this Period 195.00
 Memo Item
 \$15 per pay period for 13 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 12 / 31 / 2023
Transaction ID : SA11AI.5500
 Amount of Each Receipt this Period 130.00
 Memo Item
 \$10 per pay period for 13 periods

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 8 OF 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 of Individual (Last, First, Middle Initial) or Full Organization Name
 Strecker, Angelene, , ,

Mailing Address 2124 SW Pondview 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) Dir Inst Relations & Health

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 / 2023

Transaction ID : SA11AI.5498

Amount of Each Receipt this Period
 195.00

Memo Item
 \$15 per pay period for 13 periods

B. 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) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	195.00
TOTAL This Period (last page this line number only).....▶	2405.00

**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"/> 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

Mailing Address 1310 G STREET NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement

Monthly Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	2	3

FEC Identification Number

C

Transaction ID : SB22.5516

Amount of Each Disbursement this Period

684.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Mailing Address 1310 G STREET NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement

Monthly Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	2	3

FEC Identification Number

C

Transaction ID : SB22.5517

Amount of Each Disbursement this Period

684.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Mailing Address 1310 G STREET NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement

Monthly Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	2	3

FEC Identification Number

C

Transaction ID : SB22.5518

Amount of Each Disbursement this Period

684.00

Memo Item

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

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)

<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

Mailing Address 1310 G STREET NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement

Monthly Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2023			

FEC Identification Number

C

Transaction ID : SB22.5519

Amount of Each Disbursement this Period

684.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Mailing Address 1310 G STREET NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement

Monthly Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2023			

FEC Identification Number

C

Transaction ID : SB22.5520

Amount of Each Disbursement this Period

684.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Mailing Address 1310 G STREET NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement

Monthly Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2023			

FEC Identification Number

C

Transaction ID : SB22.5521

Amount of Each Disbursement this Period

684.00

Memo Item

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

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

2052.00

4104.00