

**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 PAC

ADDRESS (number and street)

1133 SW Topoka Blvd.

Check if different than previously reported. (ACC)

CC:841 - C2

Topoka

KS

66629

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00197202

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

X 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 (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

04

01

2004

through

06

30

2004

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

Lisa Berke

Signature of Treasurer

Electronically Filed by Lisa Berke

Date

06

21

2004

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

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

Blue Cross and Blue Shield of Kansas PAC

Report Covering the Period: From: ^M04 ^D01 ^Y2004 To: ^M06 ^D30 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^M ^D		2222.52
(b) Cash on Hand at Beginning of Reporting Period	3455.25	
(c) Total Receipts (from Line 19)	3510.68	6561.91
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6965.93	8784.43
<hr/>		
7. Total Disbursements (from Line 31)	5018.00	6836.50
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1947.93	1947.93
<hr/>		
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**

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Write or Type Committee Name

Blue Cross and Blue Shield of Kansas PAC

Report Covering the Period: From: ^M04 ⁻01 ⁻2004 To: ^M06 ⁻30 ⁻2004

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)	420.00	
(ii) Unitemized	6138.75	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	6558.75	6558.75
(b) Political Party Committees	-3049.50	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)	3509.25	6558.75
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.)	1.43	3.16
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))	3510.68	6561.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3510.68	6561.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....	1752.00	3503.00
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.....	3266.00	3333.50
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 ActMty (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))..	5018.00	6836.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	5018.00	6836.50

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)	3509.25	6558.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3509.25	6558.75
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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 PAC

Full Name (Last, First, Middle Initial) A. Donald Lynn		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 8936 Lake Ridge Parkway		Transaction ID: SA11A1.4115
City Ozawkie	State KS	Zip Code 66070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 119.00
Name of Employer BCBSKS	Occupation Vice President, Finance	Payroll deduction biweekly \$17.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 119.00	

Full Name (Last, First, Middle Initial) B. Leslie Watson		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 3121 SW Belle		Transaction ID: SA11A1.4118
City Topeka	State KS	Zip Code 66614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 126.00
Name of Employer BCBSKS	Occupation Dir, Payment Safeguards	Payroll deduction biweekly \$18.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 126.00	

Full Name (Last, First, Middle Initial) C. Ralph Weber		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 9526 SE Ratner Road		Transaction ID: SA11A1.4117
City Berrinton	State KS	Zip Code 66409
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
Name of Employer BCBSKS	Occupation Vice Pres, Medical Affairs	Payroll deduction biweekly \$25.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

SUBTOTAL of Receipts This Page (optional)	▶	420.00
TOTAL This Period (last page this line number only)	▶	420.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 10

(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)
Blue Cross and Blue Shield of Kansas PAC

Full Name (Last, First, Middle Initial) A. Political Party Comm.		Date of Receipt
Mailing Address 1133 SW Topeka Blvd.		06 / 30 / 2004
City	State	Zip Code
Topeka	KS	66629
FEC ID number of contributing federal political committee.		Transaction ID: SA11B.4121
C		Amount of Each Receipt this Period
		-3049.50
Name of Employer	Occupation	Placed amount on wrong line for 1st qtr.
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
		-3049.50

SUBTOTAL of Receipts This Page (optional)	▶	-3049.50
TOTAL This Period (last page this line number only)	▶	-3049.50

**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)

PAGE 8 / 10

<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 PAC

Full Name (Last, First, Middle Initial)
A. Blue Cross and Blue Shield of Kansas PAC

Mailing Address 1133 SW Topeka Blvd.
CC: B41 - C2

City Topeka State KS Zip Code 66629

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB22.4123
Date of Disbursement

04 / 13 / 2004

Amount of Each Disbursement this Period

584.00

Full Name (Last, First, Middle Initial)
B. Blue Cross and Blue Shield of Kansas PAC

Mailing Address 1133 SW Topeka Blvd.
CC: B41 - C2

City Topeka State KS Zip Code 66629

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB22.4124
Date of Disbursement

05 / 14 / 2004

Amount of Each Disbursement this Period

584.00

Full Name (Last, First, Middle Initial)
C. Blue Cross and Blue Shield of Kansas PAC

Mailing Address 1133 SW Topeka Blvd.
CC: B41 - C2

City Topeka State KS Zip Code 66629

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB22.4125
Date of Disbursement

06 / 14 / 2004

Amount of Each Disbursement this Period

584.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1752.00

TOTAL This Period (last page this line number only) ▶ 1752.00

**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)

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<input type="checkbox"/> 21b	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Blue Cross and Blue Shield of Kansas PAC

Full Name (Last, First, Middle Initial)

A. Bank Fees

Mailing Address P.O. Box 1800

City St. Paul State MN Zip Code 55101

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB29.4133

Date of Disbursement

04 / 14 / 2004

Amount of Each Disbursement this Period

16.00

Full Name (Last, First, Middle Initial)

B. Sam Brownback for US Senate

Mailing Address P.O. Box 2008

City Topeka State KS Zip Code 66601

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB29.4132

Date of Disbursement

04 / 09 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mario Goico for State Representative

Mailing Address 1254 N. Pine Grove Court

City Wichita State KS Zip Code 67212

Purpose of Disbursement

Voided check

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB29.4131

Date of Disbursement

04 / 06 / 2004

Amount of Each Disbursement this Period

-250.00

SUBTOTAL of Disbursements This Page (optional) ▶

766.00

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)

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<input type="checkbox"/> 21b	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Blue Cross and Blue Shield of Kansas PAC

Full Name (Last, First, Middle Initial)
A. Dennis Moore for Congress

Mailing Address P.O. Box 14631

City Lenexa State KS Zip Code 66285

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB29.4135
Date of Disbursement

06 / 14 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Jim Ryun for Congress

Mailing Address P.O. Box 826

City Topeka State KS Zip Code 66601

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB29.4134
Date of Disbursement

04 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Todd Tiaht for Congress

Mailing Address 2250 N. Rock Rd., Suite 118A

City Wichita State KS Zip Code 67226

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB29.4136
Date of Disbursement

06 / 24 / 2004

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶ 3266.00