

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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08/02/1999 14 : 01

1. NAME OF COMMITTEE (in full) <b>Blue Cross and Blue Shield of Kansas Employee PAC</b>		2. FEC IDENTIFICATION NUMBER C00197202
ADDRESS (number and street) 1133 SW Topoka Blvd. cc: 830	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE, and ZIP CODE Topeka KS 66620	3. <input checked="" 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	01/01/1999 through 08/30/1999		
6. (a) Cash on Hand, January 1, 1999	.....		4180.96
(b) Cash on Hand at Beginning of Reporting Period	.....	4180.86	
(c) Total Receipts (from line 19)	.....	8433.45	8433.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	.....	12614.41	12614.41
7. Total Disbursements (from line 30)	.....	5760.00	5760.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	.....	6854.41	6854.41
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 989 E Street, NW Washington, DC 20463 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 <b>Electronically Filed by Janet M. Kuhnert</b>			
Signature of Treasurer		Date 07/29/1999	

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

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**FEC FORM 3X**  
(revised 9/98)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE <b>Blue Cross and Blue Shield of Kansas Employee PAC</b>		REPORT COVERING PERIOD FROM 01/01/1999 TO: 06/30/1999	
<b>I. Receipts</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	1040.00	1040.00	11.a.i.
ii. Unitemized .....	7342.00	7342.00	11.a.ii.
iii. Total .....	8382.00	8382.00	11.a.iii.
b. Political Party Committees .....	0.00	0.00	11.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	11.c.
d. Total Contributions .....	8382.00	8382.00	11.d.
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00	12.
13. All Loans Received .....	0.00	0.00	13.
14. Loan Repayments Received .....	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.) .....	51.45	51.45	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts .....	8433.45	8433.45	19.
20. Total Federal Receipts .....	8433.45	8433.45	20.
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....	0.00	0.00	21.a.i.
ii. Non-Federal Share .....	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures .....	0.00	0.00	21.b.
c. Total Operating Expenditures .....	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees .....	3810.00	3810.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0.00	0.00	23.
24. Independent Expenditures (use Schedule E) .....	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made .....	0.00	0.00	26.
27. Loans Made .....	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees .....	0.00	0.00	28.a.
b. Political Party Committees .....	0.00	0.00	28.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	28.c.
d. Total Contributions Refunds .....	0.00	0.00	28.d.
29. Other Disbursements .....	1950.00	1950.00	29.
30. Total Disbursements .....	5760.00	5760.00	30.
31. Total Federal Disbursements .....	5760.00	5760.00	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	8382.00	8382.00	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	8382.00	8382.00	34.
35. Total Federal Operating Expenditures .....	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	0.00	0.00	37.

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>3 / 6</b>
			FOR LINE NUMBER <b>11A1</b>

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**

<b>Full Name, Mailing Address, and ZIP Code</b> Mr. John Knack 5633 Hawick Lane  Topeka KS 66614	<b>Name of Employer</b> Blue Cross & Blue Shield of Ks, Inc.	<b>Date (month, day, year)</b> 06/30/1998  Biweekly	<b>Amount of Each Receipt this Period</b> 260.00  Payroll Deduction of \$20
	<b>Occupation</b> President & CEO		
<b>Receipt For:</b> <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> Mr. Donald 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> 06/30/1999  Biweekly	<b>Amount of Each Receipt this Period</b> 221.00  Payroll Deduction of \$17
	<b>Occupation</b> Vice President, Finance		
<b>Receipt For:</b> <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 Watson 3121 SW Belle  Topeka KS 66614	<b>Name of Employer</b> Blue Cross & Blue Shield of Ks, Inc.	<b>Date (month, day, year)</b> 06/30/1998  Biweekly	<b>Amount of Each Receipt this Period</b> 234.00  Payroll Deduction of \$18
	<b>Occupation</b> Director, Payment Safeguard		
<b>Receipt For:</b> <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> Mr. Ralph Weber, II 9526 SE Ratner Rd.  Berryton, KS 66409	<b>Name of Employer</b> Blue Cross & Blue Shield of Ks, Inc.	<b>Date (month, day, year)</b> 06/30/1999  Biweekly	<b>Amount of Each Receipt this Period</b> 325.00  Payroll Deduction of \$25
	<b>Occupation</b> Vice President, Medical Affairs		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 325.00		

<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>1040.00</b>

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>4 / 6</b>
			FOR LINE NUMBER <b>17</b>
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.			
<b>NAME OF COMMITTEE (In Full)</b> <b>Blue Cross and Blue Shield of Kansas Employee PAC</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> Mercantile Bank of Topeka P.O. Box 178  Topeka KS 66601-0178	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 06/30/1998	<b>Amount of Each Receipt this Period</b> 51.45 Interest Earned
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5    51.45		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>51.45</b>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>5 / 6</b>
			FOR LINE NUMBER <b>22</b>
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.			
<b>NAME OF COMMITTEE (In Full)</b> <b>Blue Cross and Blue Shield of Kansas Employee PAC</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> BLUEPAC BLUE CROSS AND BLUE SHIELD ASSOCIATION 1310 G STREET NW 12TH FLOOR  WASHINGTON DC 20005	<b>Purpose of Disbursement</b> THE POLITICAL ACTION COMMITTEE Monthly Contribution  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 06/30/1998	<b>Amount of Each Disbursement This Period</b> 3810.00
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>3810.00</b>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>6 / 6</b>
			FOR LINE NUMBER 28

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

<b>Full Name, Mailing Address, and ZIP Code</b> Kansans for a Democratic House P.O. Box 2083  Topeka KS 66601	Purpose of Disbursement  State	Date (month, day, year) 02/03/1998	Amount of Each Disbursement This Period 250.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> Senate Democrats 2001 Committee P.O. Box 1811  Topeka KS 66601	Purpose of Disbursement  State	Date (month, day, year) 03/23/1998	Amount of Each Disbursement This Period 250.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> Don Steffes for Senate P.O. Box 327  Mcpherson KS 67460	Purpose of Disbursement  State	Date (month, day, year) 06/01/1998	Amount of Each Disbursement This Period 250.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> Governmental Ethics Commission 105 West 9th St, Suite 504  Topeka KS 66612	Purpose of Disbursement  State	Date (month, day, year) 06/10/1998	Amount of Each Disbursement This Period 200.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> Allen for Senate 7428 Nail Avenue  Overland Park KS 66208	Purpose of Disbursement  State	Date (month, day, year) 06/28/1998	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> Jennison for Representative 238 N. Rural Eagle Road  Healy KS 67850	Purpose of Disbursement  State	Date (month, day, year) 06/29/1998	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		

<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>1950.00</b>