

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 7
01/31/2000 15 : 47

1. NAME OF COMMITTEE (in full) Blue Cross and Blue Shield of Kansas Employee PAC		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 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	07/01/1999 through 12/31/1999		
6. (a) Cash on Hand, January 1, 1999	.....		4180.96
(b) Cash on Hand at Beginning of Reporting Period	.....	6854.41	
(c) Total Receipts (from line 19)	.....	6954.80	15388.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	.....	13809.21	19569.21
7. Total Disbursements (from line 30)	.....	0.00	5760.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	.....	13809.21	13809.21
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 Electronically Filed by Janet M. Blakesley			
Signature of Treasurer		Date 01/26/2000	

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 Blue Cross and Blue Shield of Kansas Employee PAC		REPORT COVERING PERIOD	
		FROM 07/01/1999	TO: 12/31/1999
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	6890.00	7930.00	11.a.i.
ii. Unitemized	0.00	7342.00	11.a.ii.
iii. Total	6890.00	15272.00	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	6890.00	15272.00	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.)	64.80	116.25	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	6954.80	15388.25	19.
20. Total Federal Receipts	6954.80	15388.25	20.
II. Disbursements			
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	0.00	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	0.00	1950.00	29.
30. Total Disbursements	0.00	5760.00	30.
31. Total Federal Disbursements	0.00	5760.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	6890.00	15272.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	6890.00	15272.00	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.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 7
			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.	Date (month, day, year) 12/31/1998	Amount of Each Receipt this Period 286.00
	Occupation Mgr. Systems & Programming	Aggregate Year-to-Date > \$ 286.00	
Full Name, Mailing Address, and ZIP Code Mr. Alvin Callahan 4422 Colby 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.	Date (month, day, year) 12/31/1999	Amount of Each Receipt this Period 338.00
	Occupation Mgr. Corporate EDP Audit	Aggregate Year-to-Date > \$ 338.00	
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.	Date (month, day, year) 12/31/1998	Amount of Each Receipt this Period 390.00
	Occupation IRM Senior Technician	Aggregate Year-to-Date > \$ 390.00	
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.	Date (month, day, year) 12/31/1999	Amount of Each Receipt this Period 390.00
	Occupation Group Consultant	Aggregate Year-to-Date > \$ 390.00	
Full Name, Mailing Address, and ZIP Code Sherian Cornwell-Betz 2731 McAister 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.	Date (month, day, year) 12/31/1999	Amount of Each Receipt this Period 208.00
	Occupation Senior Specialty Provider Rep.	Aggregate Year-to-Date > \$ 208.00	
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.	Date (month, day, year) 12/31/1999	Amount of Each Receipt this Period 260.00
	Occupation Project Leader	Aggregate Year-to-Date > \$ 260.00	
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.	Date (month, day, year) 12/31/1998	Amount of Each Receipt this Period 260.00
	Occupation Manager, Primary Services	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		4 / 7
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) Blue Cross and Blue Shield of Kansas Employee PAC				
Full Name, Mailing Address, and ZIP Code Mr. Rusty Doty 4242 SE 25th Topeka KS 66605 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. Medicaid Provider Relations Aggregate Year-to-Date > \$ 234.00	Date (month, day, year) 12/31/1998	Amount of Each Receipt this Period 234.00	
Full Name, Mailing Address, and ZIP Code Sandra Delores Jackson 2213 SW Gage 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 Mgr. Group Sales/Retention Aggregate Year-to-Date > \$ 312.00	Date (month, day, year) 12/31/1998	Amount of Each Receipt this Period 312.00	
Full Name, Mailing Address, and ZIP Code Mr. John Knack 5633 Havick Lane 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 President & CEO Aggregate Year-to-Date > \$ 520.00	Date (month, day, year) 12/31/1998 Biweekly Payroll Deduction of \$20	Amount of Each Receipt this Period 260.00	
Full Name, Mailing Address, and ZIP Code Mr. Donald Lynn 8936 Lake Ridge Parkway Olathe KS 66070 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 Vice President, Finance Aggregate Year-to-Date > \$ 442.00	Date (month, day, year) 12/31/1998 Biweekly Payroll Deduction of \$17	Amount of Each Receipt this Period 221.00	
Full Name, Mailing Address, and ZIP Code Mr. David Manley 3429 SW Storybrook Drive Topeka KS 66614-5117 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 VP. Subscriber Serv & Govt Programs Aggregate Year-to-Date > \$ 390.00	Date (month, day, year) 12/31/1998	Amount of Each Receipt this Period 390.00	
Full Name, Mailing Address, and ZIP Code Rose Morrow 3920 SW 39th Terrace 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 Manager, Special Group Claims Aggregate Year-to-Date > \$ 260.00	Date (month, day, year) 12/31/1998	Amount of Each Receipt this Period 260.00	
Full Name, Mailing Address, and ZIP Code Mr. John Murrell 4325 SW Eagle Point Rd. 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 President & CEO, AIC Aggregate Year-to-Date > \$ 234.00	Date (month, day, year) 12/31/1998	Amount of Each Receipt this Period 234.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		5 / 7
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) Blue Cross and Blue Shield of Kansas Employee PAC				
Full Name, Mailing Address, and ZIP Code Mr. Frederick Palenske 6225 Vorse Road Auburn KS 66402	Name of Employer Blue Cross & Blue Shield of Ks., Inc.	Date (month, day, year) 12/31/1998	Amount of Each Receipt this Period 260.00	
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	Amount of Each Receipt this Period 260.00	
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. Rohn 815 Saine Topeka, KS 66606	Name of Employer Blue Cross & Blue Shield of Ks, Inc.	Date (month, day, year) 12/31/1998	Amount of Each Receipt this Period 234.00	
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 Surr Belle Ave. Topeka KS 66604	Name of Employer Blue Cross & Blue Shield of Ks, Inc.	Date (month, day, year) 12/31/1999	Amount of Each Receipt this Period 266.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation IS Standards & Bus. Resumption	Aggregate Year-to-Date > \$ 266.00		
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	Amount of Each Receipt this Period 338.00	
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 Glavin 4622 West Hills Drive Topeka, KS 66606	Name of Employer Blue Cross & Blue Shield of Ks, Inc.	Date (month, day, year) 12/31/1999	Amount of Each Receipt this Period 260.00	
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) 12/31/1998	Amount of Each Receipt this Period 260.00	
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	6 / 7
			FOR LINE NUMBER 11A1

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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 61st St. Tecumseh KS 66542 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.	Date (month, day, year) 12/31/1998	Amount of Each Receipt this Period 390.00
	Occupation VP, Government Programs		
	Aggregate Year-to-Date > \$ 390.00		
Full Name, Mailing Address, and ZIP Code Leslie Watson 3121 50th Belle 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.	Date (month, day, year) 12/31/1998 Biweekly	Amount of Each Receipt this Period 234.00 Payroll Deduction of \$18
	Occupation Director, Payment Safeguard		
	Aggregate Year-to-Date > \$ 468.00		
Full Name, Mailing Address, and ZIP Code Mr. Ralph Weber, II 9526 SE Ratner Rd. Barryton KS 66409 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.	Date (month, day, year) 12/31/1998 Biweekly	Amount of Each Receipt this Period 325.00 Payroll Deduction of \$25
	Occupation Vice President, Medical Affairs		
	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	717
		FOR LINE NUMBER 17
<small>Use separate schedule(s) for each category of the Detailed Summary Page</small>		
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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) 12/31/1998 Amount of Each Receipt this Period 64.80 Interest Earned
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5 118.25	
SUBTOTALS of Receipts This Page (Optional)		
TOTALS This Period (last page this line number only)		64.80