

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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FEC MAIL ROOM

1/5

2001 JUL 27 A 10:22

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) 1188 SW Topeka Blvd., c/c: 603C2	<input checked="" type="checkbox"/> Check if different than previously reported	
CITY, STATE, and ZIP CODE Topeka KS 66629		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:

February 20

March 20

April 20

May 20

June 20

July 20

August 20

September 20

October 20

November 20

December 20

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
6. Covering Period <u>01/01/2001</u> through <u>06/30/2001</u>		
6. (a) Cash on Hand, January 1, <u>2001</u> .....		2116.02
(b) Cash on Hand at Beginning of Reporting Period .....	2116.02	
(c) Total Receipts (from line 19) .....	8552.97	8552.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	10667.99	10667.99
7. Total Disbursements (from line 30) .....	4050.00	4050.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	6617.99	6617.99
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule G 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	

For further information  
contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

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-**

Signature of Treasurer

*Janet M. Blakesley*

Date

7/23/01

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 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
(PAGE 2, FEC FORM 3X)**

(revised 1/1/01)

NAME OF COMMITTEE <b>Blue Cross and Blue Shield of Kansas Employee PAC</b>		REPORT COVERING PERIOD FROM 01/01/2001 TO: 08/30/2001	
<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 .....	7492.25	7492.25	11.a.ii.
iii. Total .....	8532.25	8532.25	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 .....	8532.25	8532.25	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.) .....	20.72	20.72	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts .....	8552.97	8552.97	19.
20. Total Federal Receipts .....	8552.97	8552.97	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 .....	8810.00	8810.00	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 441b(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 .....	240.00	240.00	29.
30. Total Disbursements .....	4050.00	4050.00	30.
31. Total Federal Disbursements .....	4050.00	4050.00	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	8532.25	8532.25	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	8532.25	8532.25	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

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**

<b>Full Name, Mailing Address, and ZIP Code</b> John W. Knack, Jr. 5833 Hawick Lane  Topeka KS 66614	<b>Name of Employer</b> Blue Cross & Blue Shield of Ks, Inc.	<b>Date (month, day, year)</b> 06/30/2001 Biweekly Payroll Deduction	<b>Amount of Each Receipt this Period</b> 260.00
	<b>Occupation</b> President & CEO		
Receipt For: <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> Donald R. Lynn 6936 Lake Ridge Parkway  Ozwie KS 66070	<b>Name of Employer</b> Blue Cross & Blue Shield of Ks, Inc.	<b>Date (month, day, year)</b> 06/30/2001 Biweekly Payroll Deduction	<b>Amount of Each Receipt this Period</b> 221.00
	<b>Occupation</b> Vice President, Finance		
Receipt For: <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> Leggie D. 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> 06/30/2001 Biweekly Payroll Deduction	<b>Amount of Each Receipt this Period</b> 234.00
	<b>Occupation</b> Director, Payment Safeguard		
Receipt For: <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> Ralph H. Weber, II 8526 SE Patner Road  Bernton KS 66409	<b>Name of Employer</b> Blue Cross & Blue Shield of Ks, Inc.	<b>Date (month, day, year)</b> 06/30/2001 Biweekly Payroll Deduction	<b>Amount of Each Receipt this Period</b> 325.00
	<b>Occupation</b> Vice President, Medical Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 325.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

**1040.00**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER  
22

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BLUEPAC BLUE CROSS AND BLUE SHIELD ASSOCIATION 1310 G STREET NW 12TH FLOOR WASHINGTON DC 20005	THE POLITICAL ACTION COMMITTEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	01/09/2001	835.00
BLUEPAC BLUE CROSS AND BLUE SHIELD ASSOCIATION 1310 G STREET NW 12TH FLOOR WASHINGTON DC 20005	THE POLITICAL ACTION COMMITTEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	02/07/2001	835.00
BLUEPAC BLUE CROSS AND BLUE SHIELD ASSOCIATION 1310 G STREET NW 12TH FLOOR WASHINGTON DC 20005	THE POLITICAL ACTION COMMITTEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	03/08/2001	835.00
BLUEPAC BLUE CROSS AND BLUE SHIELD ASSOCIATION 1310 G STREET NW 12TH FLOOR WASHINGTON DC 20005	THE POLITICAL ACTION COMMITTEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	04/06/2001	835.00
BLUEPAC BLUE CROSS AND BLUE SHIELD ASSOCIATION 1310 G STREET NW 12TH FLOOR WASHINGTON DC 20005	THE POLITICAL ACTION COMMITTEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/08/2001	835.00
BLUEPAC BLUE CROSS AND BLUE SHIELD ASSOCIATION 1310 G STREET NW 12TH FLOOR WASHINGTON DC 20005	THE POLITICAL ACTION COMMITTEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/08/2001	835.00

**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

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FOR LINE NUMBER  
29

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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**Governmental Ethics Commission  
109 SW 9th Street, #604

Topeka, KS 66612

**Purpose of Disbursement****Date (month,  
day, year)**

08/25/2001

**Amount of Each  
Disbursement This  
Period**

240.00

Disbursement for:  Primary  General  
 Other (specify):**SUBTOTALS** of Disbursements This Page (Optional) .....**TOTALS** This Period (last page this line number only) .....

240.00

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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7-24-01
<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
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<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SEL</i>	7-27-01
PREPARER	DATE PREPARED