

**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  
CC: 841 - C2  
Check if different than previously reported. (ACC) Topoka KS 66629

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

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 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)
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Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2003 through 06 30 2003

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 07 29 2003

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								
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**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Blue Cross and Blue Shield of Kansas PAC

Report Covering the Period: From: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2003 <sup>M</sup> <sup>D</sup>		3543.85
(b) Cash on Hand at Beginning of Reporting Period .....	3543.85	
(c) Total Receipts (from Line 19) .....	7137.19	7137.19
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	10681.04	10681.04
<hr/>		
7. Total Disbursements (from Line 31) .....	4088.00	4088.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	6593.04	6593.04
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
<hr/>		
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Blue Cross and Blue Shield of Kansas PAC

Report Covering the Period: From: <sup>M</sup>01 <sup>-</sup>01 <sup>-</sup>2003 To: <sup>M</sup>06 <sup>-</sup>30 <sup>-</sup>2003

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) .....	1020.00	
(ii) Unitemized .....	6107.75	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	7127.75	7127.75
(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) .....	7127.75	7127.75
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.) .....	9.44	9.44
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)) .....	7137.19	7137.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7137.19	7137.19

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	3498.00	3498.00
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.....	590.00	590.00
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))..	4088.00	4088.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	4088.00	4088.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	7127.75	7127.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7127.75	7127.75
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 / 11	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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. John Knack Jr.		Date of Receipt M / D / Y 06 / 13 / 2003
Mailing Address 334D SW Spring Creek Pl		Transaction ID: SA11A1.4128
City Topeka	State KS	Zip Code 66614
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00
Name of Employer Blue Cross and Blue Shield of Kansas	Occupation President & CEO (Retired)	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Donald Lynn		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 6936 Lake Ridge Parkway		Transaction ID: SA11A1.4137
City Ozawie	State KS	Zip Code 66070
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 221.00
Name of Employer Blue Cross and Blue Shield of Kansas	Occupation VP, Finance	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 221.00	

Full Name (Last, First, Middle Initial) C. Leslie Watson		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 3121 SW Belle Ave		Transaction ID: SA11A1.4125
City Topeka	State KS	Zip Code 66614
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 234.00
Name of Employer Blue Cross and Blue Shield of Kansas	Occupation Dir, Payment Safeguards	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	695.00
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 11	
	(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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NAME OF COMMITTEE (In Full)  
Blue Cross and Blue Shield of Kansas PAC

Full Name (Last, First, Middle Initial) A. <b>Ralph Weber, II</b>		Date of Receipt M / D / Y <b>06 / 30 / 2008</b>
Mailing Address <b>9526 SE Ratner Road</b>		Transaction ID: <b>SA11A1.4127</b>
City	State	Zip Code
<b>Berryton</b>	<b>KS</b>	<b>66409</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>325.00</b>
Name of Employer <b>Blue Cross and Blue Shield of Kansas</b>	Occupation <b>VP, Medical Affairs</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>325.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>325.00</b>
TOTAL This Period (last page this line number only) .....	▶	<b>1020.00</b>

**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 / 11
	<input type="checkbox"/> 21b 27	<input checked="" type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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. BluePac		Transaction ID: SB22.4162 Date of Disbursement 01 / 13 / 2003	
Mailing Address 1310 G Street, N.W.			
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period  583.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BluePac		Transaction ID: SB22.4163 Date of Disbursement 02 / 14 / 2003	
Mailing Address 1310 G Street, N.W.			
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period  583.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. BluePac		Transaction ID: SB22.4164 Date of Disbursement 03 / 14 / 2003	
Mailing Address 1310 G Street, N.W.			
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period  583.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	1749.00
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)					PAGE 9 / 11
	<input type="checkbox"/> 21b 27	<input checked="" type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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. BluePac		Transaction ID: SB22.4165 Date of Disbursement 04 / 14 / 2003	
Mailing Address 1310 G Street, N.W.			
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period  583.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BluePac		Transaction ID: SB22.4166 Date of Disbursement 05 / 13 / 2003	
Mailing Address 1310 G Street, N.W.			
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period  583.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. BluePac		Transaction ID: SB22.4167 Date of Disbursement 06 / 16 / 2003	
Mailing Address 1310 G Street, N.W.			
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period  583.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>1749.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>3498.00</b>

**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 10 / 11	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 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. Government Ethics Commission		Transaction ID: SB29.4171 Date of Disbursement 06 / 24 / 2003		
Mailing Address 109 West 9th Street		Amount of Each Disbursement this Period  240.00		
City Topeka	State KS			Zip Code 66612
Purpose of Disbursement State				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Legislative Victory Fund		Transaction ID: SB29.4189 Date of Disbursement 03 / 27 / 2003		
Mailing Address P.O. Box 1014		Amount of Each Disbursement this Period  500.00		
City Topeka	State KS			Zip Code 66601
Purpose of Disbursement State				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mays for Representative		Transaction ID: SB29.4188 Date of Disbursement 01 / 24 / 2003		
Mailing Address 1920 SW Damon		Amount of Each Disbursement this Period  -250.00		
City Topeka	State KS			Zip Code 66611
Purpose of Disbursement Duplicate Payment Returned				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) .....	▶	490.00
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)

PAGE 11 / 11

21b  22  23  24  25  26  
 27  28a  28b  28c  29  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. Shawnee Cty Demo. Legislative Committee		Transaction ID: SB29.4170 Date of Disbursement 04 / 29 / 2003
Mailing Address P.O. Box 2571		Amount of Each Disbursement this Period  100.00
City Topeka,	State KS	
Zip Code 66601		
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) .....	▶	100.00
TOTAL This Period (last page this line number only) .....	▶	590.00