

# 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, Inc. Employee PAC

ADDRESS (number and street) 1133 SW Topeka Blvd.  
CC:855 - B3  
 Check if different than previously reported. (ACC)  
Topeka KS 66629

2. **FEC IDENTIFICATION NUMBER** 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)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 23 2010 through 12 31 2010

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 Ann M. Shelton  
Signature of Treasurer Electronically Filed by Ann M. Shelton Date 01 11 2011

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. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Blue Cross and Blue Shield of Kansas, Inc. Employee PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		7766.36
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	3884.73									
(c) Total Receipts (from Line 19) .....	663.25	5805.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	4547.98	13571.98								
7. Total Disbursements (from Line 31) .....	684.00	9708.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	3863.98	3863.98								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Blue Cross and Blue Shield of Kansas, Inc. Employee PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	325.50	1498.00
(ii) Unitemized .....	336.75	4299.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	662.25	5797.50
(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) .....	662.25	5797.50
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.) .....	1.00	8.12
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)) .....	663.25	5805.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	663.25	5805.62

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	684.00	8208.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1500.00
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.....	0.00	0.00
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 Activity (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))..	684.00	9708.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	684.00	9708.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	662.25	5797.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	662.25	5797.50
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 9  
(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, Inc. Employee PAC

**A.** Full Name (Last, First, Middle Initial)  
Andrew Corbin  
 Mailing Address 6337 SW Hodges Road  
 City State Zip Code  
 Auburn KS 66402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BCBSKS VP, Ext. Sales & Provider Relations  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 1 0  
**Transaction ID:** SA11AI.4649  
 Amount of Each Receipt this Period  
 60.00  
 \$20 for three pay periods

**B.** Full Name (Last, First, Middle Initial)  
Roni Davis-Watson  
 Mailing Address 3121 SW Belle Ave  
 City State Zip Code  
 Topeka KS 66614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BCBSKS Dir, Mkt Research/Prod Devel.  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 1 0  
**Transaction ID:** SA11AI.4650  
 Amount of Each Receipt this Period  
 30.00  
 \$10 for three pay periods

**C.** Full Name (Last, First, Middle Initial)  
Rusty Doty  
 Mailing Address 4611 SE Paulen Rd  
 City State Zip Code  
 Berryton KS 66409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BCBSKS Manager, Professional Relations  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 234.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 1 0  
**Transaction ID:** SA11AI.4651  
 Amount of Each Receipt this Period  
 27.00  
 \$9 for three pay periods

**SUBTOTAL** of Receipts This Page (optional) ..... ► **117.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 9  
(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, Inc. Employee PAC

**A.**

Full Name (Last, First, Middle Initial)  
Beryl Lowery-Born

Mailing Address 1172 College

City State Zip Code  
Topeka KS 66604

FEC ID number of contributing federal political committee. **C**

Name of Employer BCBSKS Occupation Vice President, Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

**Transaction ID:** SA11AI.4652

Amount of Each Receipt this Period  
75.00

\$25 for three pay periods

**B.**

Full Name (Last, First, Middle Initial)  
Suneetra N. Mickle

Mailing Address 229 Eisenhower Drive

City State Zip Code  
Lawrence KS 66049

FEC ID number of contributing federal political committee. **C**

Name of Employer BCBSKS Occupation Dir, Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

**Transaction ID:** SA11AI.4653

Amount of Each Receipt this Period  
24.00

\$8 for three pay periods

**C.**

Full Name (Last, First, Middle Initial)  
Rose Ann Morrow

Mailing Address 3920 SW 39th Terr

City State Zip Code  
Topeka KS 66610

FEC ID number of contributing federal political committee. **C**

Name of Employer BCBSKS Occupation Mgr, Special Group Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

**Transaction ID:** SA11AI.4654

Amount of Each Receipt this Period  
30.00

\$10 for three pay periods

**SUBTOTAL** of Receipts This Page (optional) ..... ► **129.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 9</span>
	(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, Inc. Employee PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Frederick Palenske		Date of Receipt
	Mailing Address 6225 Vorse Rd		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Auburn	KS	66402
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID:</b> SA11AI.4655
Name of Employer BCBSKS		Occupation Director, Government Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="40.50"/>
		<input type="text" value="351.00"/>	\$13.50 for three pay periods

<b>B.</b>	Full Name (Last, First, Middle Initial) Ronald Simmons		Date of Receipt
	Mailing Address 2700 SE Culvier		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Topeka	KS	66604
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID:</b> SA11AI.4656
Name of Employer BCBSKS		Occupation Controller	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="39.00"/>
		<input type="text" value="338.00"/>	\$13 for three pay periods

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="79.50"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="325.50"/>



# 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 9 / 9

<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, Inc. Employee PAC

A.

Full Name (Last, First, Middle Initial)

BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Transaction ID: SB22.4659

Date of Disbursement

Mailing Address 1310 G STREET NW

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	1	0

City	State	Zip Code
WASHINGTON	DC	20005

Amount of Each Disbursement this Period

684.00

Purpose of Disbursement  
monthly contribution

Category/  
Type

Candidate Name

Office Sought:

House

Senate

President

Disbursement For:

Primary  General

Other (specify) ▼

State: District:

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

684.00

TOTAL This Period (last page this line number only) .....

684.00