

23038251963



1133 SW Topoka Boulevard  
Topoka, Kansas 67629-0001

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In Topoka - (785) 291-7000  
In Kansas - (800) 432-0216

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FEC MAIL  
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2003 DEC 18 A 4 31

December 12, 2003

Federal Election Commission  
999 E Street, NW  
Washington, D.C. 20463

Dear Federal Election Commission:

Enclosed please find an amended FEC Form 1 for Blue Cross and Blue Shield of Kansas Employee PAC. There has been a change in Banks.

Sincerely

A handwritten signature in black ink, appearing to read "W. Pitsenberger", with a long horizontal line extending to the right.

William H. Pitsenberger  
Vice President/General Counsel

**Enclosure**

C: **Michael Mattox, President & CEO**  
**Fred Palenka, Director, Legislative & Regulatory Relations**  
**Lisa Berke, Manager, Accounting Services**

**Brandi Larsen-Becker, Executive Director**  
**Congressional Communications**  
**Office of Policy and Representation**  
**Blue Cross and Blue Shield Association**  
**1310 G Street, NW**  
**Washington, D.C. 20005**

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2003 DEC 18 A 9:31

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

B L U E G R O S S A N D B L U E S H I E L D O F K A N S A S E M P L O Y E E S  
P A C

ADDRESS (number and street)

1133 SW TOPEKA BLVD

(Check if address  
is changed)

TOPEKA

KS

66629

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

12 11 2003

3. FEC IDENTIFICATION NUMBER ▶

C00197202

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

LISA BERFE

Signature of Treasurer

*Lisa Berfe*

Date

12 12 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §457g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 30 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 877-634-6530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Name or Type Committee Name

BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Title or Position \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

\_\_\_\_\_ Telephone number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

8. Treasurers: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Title or Position \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

\_\_\_\_\_ Telephone number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Title or Position \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

\_\_\_\_\_ Telephone number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

I, N, T, E, R, S, T, B, A, N, K

Mailing Address

P, O, B, O, X, O, N, E

1, 0, 5, N, M, A, I, N

W, I, C, H, I, T, A, K, S, 6, 7, 2, 0, 1

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

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