

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
HALL ROOM

Oct 20 11 42 AM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) CAREPAC OF KANSAS BLUE CROSS AND BLUE SHIELD		2. FEC IDENTIFICATION NUMBER 00197202
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1133 S.W. TOPEKA BLVD		
CITY, STATE and ZIP CODE TOPEKA, KANSAS 66629		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate 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 _____
(Type of Election)
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	07/01/96 through 09/30/96		
6. (a)	Cash on Hand January 1, 1996		\$ 3,205.07
(b)	Cash on Hand at Beginning of Reporting Period	\$ 4,879.53	
(c)	Total Receipts (from Line 19)	\$ 4,318.91	\$ 12,654.37
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 9,198.44	\$ 15,859.44
7.	Total Disbursements (from Line 30)	\$ 7,405.00	\$ 14,066.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 1,793.44	\$ 1,793.44
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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	KEITH ZACHARIASEN	
Signature of Treasurer	<i>Keith Zachariassen</i>	Date
		10/14/96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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

(revised 1/1/91)

NAME OF COMMITTEE

CAREPAC OF KANSAS BLUE CROSS AND BLUE SHIELD

REPORT COVERING PERIOD

FROM 07/01/96

TO 09/30/96

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year	
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	1,239.00	1,539.00	11(e)ii
ii.	Unitemized	3,059.25	11,033.00	11(a)ii
iii.	Total (add i and ii) >	4,298.25	12,572.00	11(a)(i)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a iii, b and c) >	4,298.25	12,572.00	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)	20.66	82.37	17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	4,318.91	12,654.37	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	4,318.91	12,654.37	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share			21(a)ii
ii.	Non-Federal Share			21(a)i
b.	Other Federal Operating Expenditures	-0-	-0-	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	-0-	-0-	21(c)
22.	Transfers to Affiliated/Other Party Committees	1,905.00	5,715.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees			23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements	5,500.00	8,351.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	7,405.00	14,066.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	7,405.00	14,066.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	4,298.25	12,572.00	32
33.	Total Contribution Refunds (from line 28d)	-0-	-0-	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	4,298.25	12,572.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-	35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-	37

SCHEDULE A

ITEMIZED RECEIPTS

Page(s)
Category of the
Summary Page

PAGE 1 OF 1
FOR LINE NUMBER
11a

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)

CAREPAC OF KANSAS BLUE CROSS AND BLUE SHIELD (CO0197202)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SEE ATTACHED	Occupation:		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date \$		
<input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date \$		
<input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date \$		
<input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date \$		
<input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date \$		
<input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date \$		
<input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date \$		
<input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date \$		
<input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

1,239.00

1,239.00

ITEMIZED RECEIPTS
SCHEDULE A

PAGE 1 OF 1
FOR LINE NUMBER 11

NAME & ADDRESS	EMPLOYER/OCCUPATION	DATE	YEAR TO DATE	AMOUNT EACH REC. THIS PERI	AMOUNT PER PAY PERIOD
THOMAS L. MILLER 2925 SW PEPPERWOOD ROAD TOPEKA, KS 66614	BLUE CROSS & BLUE SHIELD PRESIDENT & CEO	BI-WEEKLY PAYROLL DEDUCT.		\$175.00	\$25.00
	AGGREGATE YEAR-TO-DATE		\$500.00		
JOHN W. KNACK JR 6022 NW GLENWOOD TOPEKA, KS 66617	BLUE CROSS & BLUE SHIELD EXECUTIVE VICE PRESIDENT	BI-WEEKLY PAYROLL DEDUCT.		\$70.00	\$10.00
	AGGREGATE YEAR-TO-DATE		\$200.00		
DAVID MANLEY 3428 SW STONYBROOK DR TOPEKA, KS 66614-5117	BLUE CROSS & BLUE SHIELD VP SUB SVCS & SR MED OFF	BI-WEEKLY PAYROLL DEDUCT.		\$105.00	\$15.00
	AGGREGATE YEAR-TO-DATE		\$300.00		
RONI DAVIS-WATSON 3121 SW BELLE AVE TOPEKA, KS 66614	BLUE CROSS & BLUE SHIELD MGR OPER POLICY/PROC/MBS	BI-WEEKLY PAYROLL DEDUCT.		\$70.00	\$10.00
	AGGREGATE YEAR-TO-DATE		\$200.00		
ROSE A MORROW 3820 SW 38TH TERR TOPEKA, KS 66610	BLUE CROSS & BLUE SHIELD MGR NATL & SPEE ACCTS	BI-WEEKLY PAYROLL DEDUCT.		\$70.00	\$10.00
	AGGREGATE YEAR-TO-DATE		\$200.00		
LINDA VONDEKAMP 3543 SE CROCO RD TOPEKA, KS 66605-3112	BLUE CROSS & BLUE SHIELD VICE PRESIDENT, MEDICARE	BI-WEEKLY PAYROLL DEDUCT.		\$70.00	\$10.00
	AGGREGATE YEAR-TO-DATE		\$200.00		
LESLIE WATSON 3121 SW BELLE TOPEKA, KS 66614	BLUE CROSS & BLUE SHIELD DIR PAYMENT SAFEGUARDS	BI-WEEKLY PAYROLL DEDUCT.		\$70.00	\$10.00
	AGGREGATE YEAR-TO-DATE		\$200.00		
JOHN EDWARD DEINES 3303 SW 28TH TERR TOPEKA, KS 66614	BLUE CROSS & BLUE SHIELD GROUP CONSULTANT	BI-WEEKLY PAYROLL DEDUCT.		\$70.00	\$10.00
	AGGREGATE YEAR-TO-DATE		\$200.00		
		TOTAL THIS PAGE		\$700.00	

BARRY TRULSON
315-I HOUSTON STREET
MANHATTAN, KS 66502

BLUE CROSS & BLUE SHIELD
GROUP CONSULTANT

BI-WEEKLY
PAYROLL
DEDUCT.

\$70.00

\$10.00

AGGREGATE YEAR-TO-DATE

\$200.00

MARY COCHRAN
257 N BROADWAY
WIGHTIA, KS 67202

BLUE CROSS & BLUE SHIELD
GROUP CONSULTANT

BI-WEEKLY
PAYROLL
DEDUCT.

\$70.00

\$10.00

AGGREGATE YEAR-TO-DATE

\$200.00

JOHN REEDY
5722 WEST 27TH
TOPEKA, KS 66614

BLUE CROSS & BLUE SHIELD
ASSISTANT MANAGER

BI-WEEKLY
PAYROLL
DEDUCT.

\$70.00

\$10.00

AGGREGATE YEAR-TO-DATE

\$200.00

CURTIS CLARK
5124 SW 33RD TERR
TOPEKA, KS 66614

BLUE CROSS & BLUE SHIELD
LEAD DA TECHNICIAN

BI-WEEKLY
PAYROLL
DEDUCT.

\$70.00

\$10.00

AGGREGATE YEAR-TO-DATE

\$200.00

DONALD LYNN
511 MARINER
SILVER LAKE, KS 66539

BLUE CROSS & BLUE SHIELD
VICE PRESIDENT FINANCE

BI-WEEKLY
PAYROLL
DEDUCT.

\$84.00

\$12.00

AGGREGATE YEAR-TO-DATE

\$240.00

RALPH H. WEBER, II
9526 SW RATNER ROAD
BERRYTON, KS 66409

BLUE CROSS & BLUE SHIELD
V.P. MED AFFAIRS

BI-WEEKLY
PAYROLL
DEDUCT.

\$175.00

\$25.00

AGGREGATE YEAR-TO-DATE

\$500.00

TOTAL THIS PAGE

\$539.00

TOTALS

\$3,540.00 \$1,239.00 \$177.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

CAREPAC OF KANSAS BLUE CROSS AND BLUE SHIELD (000197202)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MERCHANTILE BANK OF TOPEKA 8TH AND JACKSON TOPEKA, KS	INTEREST EARNED	07/31/96	10.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 20.66	08/31/96 09/30/96	6.05 4.28
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) 20.66

TOTAL This Period (last page this line number only) 20.66

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)

CAREPAC OF KANSAS BLUE CROSS BLUE SHIELD (CD0197202)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CAREPAC, BLUE CROSS & BLUE SHIELD ASSN., PAC 1310 G STREET N.W. 12TH FLOOR WASHINGTON, D.C. 20005	CONTRIBUTION TO AFFILIATED PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/31/96 08/31/96 09/30/96	635.00 635.00 635.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1,905.00

TOTAL This Period (last page this line number only)

1,905.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

CAREPAC OF KANSAS BLUE CROSS AND BLUE SHIELD (CO0197202)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SEE ATTACHED			
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

5,500.00

MARION REYNOLDS FOR SENATE 1300 BRISTOL DODGE CITY, KS 67801	STATE	7-01-96	\$250.00
DAVID CORBIN FOR SENATE COMM 5078 SW FULTON RD TOWANDA, KS 67144	STATE	7-01-96	\$250.00
JERRY MORAN FOR 1ST DISTRICT 2758 THUNDERBIRD DR HAYS, KS 67601	FEDERAL	7-01-96	\$250.00
KAY O'CONNOR FOR HOUSE 1101 N CURTIS OLATHE, KS 66061	STATE	7-09-96	\$250.00
MIKE HARRIS FOR SENATOR 9828 HARVEST COURT WICHITA, KS 67212	STATE	7-09-96	\$250.00
CARLOS MAYANS FOR ST REP 1842 N VALLEYVIEW WICHITA, KS 67212	STATE	7-10-96	\$100.00
VINCE SNOWBARGER FOR CONGRE 1451 ORLEANS OLATHE, KS 66062	STATE	7-10-96	\$500.00
GOODWIN FOR SENATE 420 E 12TH WINFIELD, KS 67156	STATE	7-31-96	\$150.00
RE-ELECT WALKER FOR SENATE 212 1ST STREET OSAWATOMIE, KS 66084	STATE	7-31-96	\$150.00
BECKER FOR SENATE 9225 WOODSTONE LANE LENEXA, KS 66219	STATE	7-31-96	\$200.00
RE-ELECT CLARK FOR SENATE 205 US 83 OAKLEY, KS 67748	STATE	7-31-96	\$200.00
GRANT FOR SENATE 18701 HEMPHILL TONGANOXIE, KS 66086	STATE	7-31-96	\$200.00
TOTAL THIS PAGE			\$2,750.00

RE-ELECT HENSLEY FOR SENATE 2228 SE VIRGINIA TOPEKA, KS 66605	STATE	7-31-96	\$150.00
RE-ELECT PAPAY FOR SENATE 1416 COLLIDGE GREAT BEND KS067530	STATE	7-31-96	\$200.00
RE-ELECT RANSOM FOR SENATE 3031 W. BENJAMIN COURT WICHITA, KS 67201	STATE	7-31-96	\$200.00
RE-ELECT CORRELL FOR REP P.O. BOX 214 OSWEGO, KS 67356	STATE	7-31-96	\$100.00
RE-ELECT FINDLEY FOR REP 1741 W. 19TH STREET - #8A LAWRENCE, KS 66046	STATE	7-31-96	\$100.00
RE-ELECT HUTCHINS FOR REP 700 WYOMING HOLTON, KS 66436	STATE	7-31-96	\$100.00
RE-ELECT SAMUELSON FOR REP 4102 N WEST ROAD NEWTON, KS 67114	STATE	7-31-96	\$100.00
RE-ELECT HELGERSON FOR REP 4008 HAMMOND DRIVE WICHITA, KS 67218	STATE	7-31-96	\$100.00
RE-ELECT EDMONDS FOR REP 1607 TYLER GREAT BEND, KS 67530	STATE	7-31-96	\$100.00
RE-ELECT SHALLENBURGER FOR R 2027 FAIRVIEW BAXTER SPRINGS, KS 66713	STATE	7-31-96	\$150.00
RE-ELECT HOCHHAUSER FOR REP 1836 LEAVENWORTH MANHATTAN, KS 66502	STATE	7-31-96	\$100.00
RE-ELECT HALEY FOR REP 936 CLEVELAND AVENUE KANSAS CITY, KS 66101	STATE	7-31-96	\$100.00
TOTAL THIS PAGE			\$1,500.00

STANLEY DREHER, JR RR #3, BOX 148 IOLA, KS 66749	STATE	7-31-96	\$100.00
DAVID HUFF 10458 CAENEN LAKE RD LENEXA, KS 66215	STATE	7-31-96	\$100.00
LLOYD STONE 1719 HAMMOND DR. EMPORIA, KS 66801	STATE	7-31-96	\$100.00
DAVID MUELLER RR 2 , BOX 2 TAMPA, KS 67483	STATE	7-31-96	\$100.00
DON WIDRIG 1453 BRIARWOOD LANE MCPHERSON, KS 67460	STATE	7-31-96	\$100.00
PEGGY PALMER 5 FLANIGAN AUGUSTA , KS 67010	STATE	7-31-96	\$100.00
NED GRAHAM 431 W. 33RD WINFIELD, KS 67158	STATE	7-31-96	\$100.00
KERWIN SPENCER 1205 N WASHINGTON WELLINGTON, KS 67152	STATE	7-31-96	\$100.00
DAN JOHNSON 1461 HOMESTEAD RD HAYS, KS 67801	STATE	7-31-96	\$100.00
BETTY MICKEY 805 BUFFALO RIDGE ATWOOD, KS 67730	STATE	7-31-96	\$100.00
TOM SAWYER 1041 S ELIZABETH WICHITA, KS 67213	STATE	8-29-96	\$150.00
PHYLLIS GILMORE C/O KEVIN MILBOURN P.O. BOX 23253 STANLEY, KS 66223	STATE	8-29-96	\$100.00
TOTAL THIS PAGE			\$1,250.00

GARRY BOSTON
P.O. BOX 411
NEWTON, KS 67114

STATE

8-29-96

\$100.00

REP GARY MERRITT
VOID CHECK #643

STATE

8-29-96

(\$100.00)

TOTAL THIS PAGE

\$0.00

TOTAL

\$5,500.00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
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