

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

Oct 18 10 57 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)		2. FEC IDENTIFICATION NUMBER
000197202	086892 P 236	C00197202
JANET KUHNERT		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC FKA CAREPA		
1133 SW TOPEKA BLVD CC 830 15TH FLOOR		
TOPEKA KS 66629		

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 |

12-Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____

30-Day Post-Election 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	7/1/98 through 9/30/98		
6. (a) Cash on Hand January 1, 1998			\$ 3,604.88
(b) Cash on Hand at Beginning of Reporting Period		\$ 7,727.20	
(c) Total Receipts (from Line 19)		\$ 5,181.73	\$ 13,564.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 12,908.93	\$ 17,168.93
7. Total Disbursements (from Line 39)		\$ 10,675.08	\$ 14,935.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 2,233.85	\$ 2,233.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C 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 202-694-1100

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:

JANET M. KUHNERT

Signature of Treasurer

Janet M. Kuhnert

Date

10/14/98

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

FEC FORM 3X

(revised 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE BLUE CROSS & BLUE SHIELD OF KANSAS EMPLOYEE PAC		REPORT COVERING PERIOD FROM 7/1/98 TO: 9/30/98	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,288.00	1,613.00	11(a)i.
ii. Unitemized	3,860.75	11,861.00	11(a)ii.
iii. Total (add i and ii) >	5,148.75	13,474.00	11(a)iii.
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) >	5,148.75	13,474.00	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.)	32.98	90.05	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5,181.73	13,564.05	19
20. Total Federal Receipts (subtract line 18 from line 19) >	5,181.73	13,564.05	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)i.
ii. Non-Federal Share			21(a)ii.
b. Other Federal Operating Expenditures	20.08	20.08	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	20.08	20.08	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. Individual/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	8,750.00	9,200.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	10,675.08	14,935.08	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	10,675.08	14,935.08	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11c)	5,148.75	13,474.00	32
33. Total Contributor Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	5,148.75	13,474.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Blue Cross & Blue Shield of Kansas Employee PAC (C00197202)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John W. Knack, Jr. 5633 Hawick Lane Topeka, KS 66614	Blue Cross & Blue Shield of Kansas, Inc.	Biweekly Payroll Deduction	\$140.00 (\$20 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President & CEO Aggregate Year-to-Date > \$310.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alvin E. Callahan 4422 Colly Creek Dr. Topeka, KS 66610	Blue Cross & Blue Shield of Kansas Inc.	Biweekly Payroll Deduction	\$ 91.00 (\$13 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mgr, Corp EDP Audit Aggregate Year-to-Date > \$225.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David E. Manley 3429 SW Stonybrook Dr. Topeka, KS 66614	BCBSK, Inc.	Biweekly Payroll Deduction	\$105.00 (\$15 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP, Sub Serv & Gov Prog Aggregate Year-to-Date > \$300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda K. Vondenkamp 6300 SE 61st St. Tecumseh, KS 66542	BCBSK, Inc.	Biweekly Payroll Deduction	\$105.00 (\$15 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP, Gov't Programs Aggregate Year-to-Date > \$260.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leslie D. Watson 3121 SW Belle Topeka, KS 66614	BCBSK, Inc.	Biweekly Payroll Deduction	\$126.00 (\$18 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir., Payment Safeguard Aggregate Year-to-Date > \$296.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Edward Deines 3303 SW 29th Terrace Topeka, KS 66614	BCBSK, Inc.	Biweekly Payroll Deduction	\$126.00 (\$18 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Group Consultant Aggregate Year-to-Date > \$304.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary F. Cochran 257 N. Broadway Wichita, KS 67202	BCBSK, Inc.	Biweekly Payroll Deduction	\$105.00 (\$15 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Group Consultant Aggregate Year-to-Date > \$265.00		

SUBTOTAL of Receipts This Page (optional)

\$798.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 2
FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (in Full)

Blue Cross & Blue Shield of Kansas Employee PAC (C00197202)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Curtis Clark 5124 SW 33rd Terrace Topeka, KS 66614	BCBSK, INC.	Biweekly Payroll Deduction	\$105.00 (\$15 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lead DA Technician Aggregate Year-to-Date > \$265.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald R. Lynn 6936 Lake Ridge Parkway Ozawie, KS 66070	BCBSK, Inc.	Biweekly Payroll Deduction	\$119.00 (\$17 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Finance Aggregate Year-to-Date > \$305.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald D. Simmons RR #4, Box 106 Sabetha, KS 66534	BCBSK, Inc.	Biweekly Payroll Deduction	\$ 91.00 (\$13 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mgr, Cost Accounting Aggregate Year-to-Date > \$225.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ralph H. Weber II 9526 SE Retner Rd. Berryton, KS 66409	BCBSK, Inc.	Biweekly Payroll Deduction	\$175.00 (\$25 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Medical Affairs Aggregate Year-to-Date > \$500.00		
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) \$ 490.00

TOTAL This Period (last page this line number only) \$1,288.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

Blue Cross & Blue Shield of Kansas Employee PAC (C00197202)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mercantile Bank of Topeka P.O. Box 178 Topeka, KS 66601-0178	Interest Earned	7/31/98 8/31/98 9/30/98	\$12.67 10.86 9.45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
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) \$32.98

TOTAL This Period (last page this line number only) \$32.98

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Blue Cross & Blue Shield of Kansas Employee PAC (C00197202)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CAREPAC, BCBSA, PAC 1310 G St., N.W. 12th Floor Washington, D.C. 20005	Contribution to Affiliated PAC	7/31/98	\$635.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8/31/98	635.00
	<input type="checkbox"/> Other (specify)	9/30/98	635.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

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 8
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Blue Cross & Blue Shield of Kansas Employee PAC (CD0197202)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Barbara Allen 8136 Rosewood Drive Prairie Village, KS 66208	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	\$150.00
B. Full Name, Mailing Address and ZIP Code Ray Cox 824 S. 131st Bonner Springs, KS 66012	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	150.00
C. Full Name, Mailing Address and ZIP Code Dave Gregory 632 N. Valleyview Wichita, KS 67212	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	150.00
D. Full Name, Mailing Address and ZIP Code Robin Jennison 236 N. Rural Eagle Realy, KS 67850	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	200.00
E. Full Name, Mailing Address and ZIP Code Melvin Neufeld 7405 15 Road Ingalls, KS 67853	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	150.00
F. Full Name, Mailing Address and ZIP Code Jim Garner 601 E 12th Coffeyville, KS 67337	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	100.00
G. Full Name, Mailing Address and ZIP Code Bonnie Sharp 4218 Dixie Court Kansas City, KS 66106	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	100.00
H. Full Name, Mailing Address and ZIP Code Jonathan Wells 830 N. Madison Wichita, KS 67214	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	100.00
I. Full Name, Mailing Address and ZIP Code Mary Compton Route 3, Box 242 Fredonia, KS 66736	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	100.00

SUBTOTAL of Disbursements This Page (optional)

\$1,200.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 2 OF 8
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Blue Cross & Blue Shield of Kansas Employee PAC (C00197202)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David Kuff 10458 Caenen Lake Rd. Lenexa, KS 66215	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	\$100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Vaughn Flora 431 SE Woodland Ave. Topeka, KS 66607	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Tomlinson 5722 Birch Roeland Park, KS 66205	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	200.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Feuerborn 1411 E. 4th Ave. Garnett, KS 66032	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nancy Kirk 932 Frazier Topeka, KS 66606	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	100.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gerry Ray 9817 Woodson Overland Park, KS 66207	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	100.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Clifford Franklin 10215 W. 51st Merriam, KS 66203	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	150.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kent Glasscock P.O. BOX 37 Manhattan, KS 66505	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	100.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carlos Mayans 1842 N. Valleyview Wichita, KS 67212	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	100.00

SUBTOTAL of Disbursements This Page (optional) \$1,050.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 8
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Blue Cross & Blue Shield of Kansas Employee PAC (C00197202)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David Haley 936 Cleveland Ave. Kansas City, KS 66101	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	\$100.00
Broderick Henderson 2710 N. 8th Kansas City, KS 66101	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	100.00
Gerald Henry 3515 Neosho Rd. Cummings, KS 66016	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	100.00
David Adkins 8021 Belinder Rd. Leawood, KS 66206	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	100.00
Larry Campbell 1330 E. 153rd Terrace Olathe, KS 66062	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	100.00
Jim Morrison P.O. Box 266 Colby, KS 67701	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	100.00
Clark Shultz 707 Washington Circle Lindsborg, KS 67456	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	100.00
Billie Vining 3849 N. Clarence Wichita, KS 67204	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	100.00
Bill McCreary 1423 N. C Street Wellington, KS 67512	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	100.00

SUBTOTAL of Disbursements This Page (optional)

\$ 900.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 6
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Blue Cross & Blue Shield of Kansas Employee PAC (C00197202)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Phill Kline 10624 W. 61st Shawnee, KS 66203	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	\$ 150.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Senstor Sherman Jones 3736 Weaver Drive Kansas City, KS 66104	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/2/98	100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Rep. Andrew Howell 728 S. Holbrook Fort Scott, KS 66702	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/2/98	100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Kansans for Bill Graves P.O. Box 101 Topeka, KS 66601-0101	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/98	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Grant 407 W. Magnolia Cherokee, KS 66724	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Ed McRechnie 224 W. Jefferson Pittsburg, KS 66762	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Cindy Empson P.O. Box 848 Independence, KS 67301	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Kay O'Connor 1101 N. Curtis Olathe, KS 66061	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	150.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
John Toplikar 507 E. Spruce Olathe, KS 66061	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	150.00

SUBTOTAL of Disbursements This Page (optional)

\$1,950.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 Blue Cross & Blue Shield of Kansas Employee PAC (C00197202)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Burroughs 5343 Locust Lane Kansas City, KS 66106	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
Joann Flower P.O. Box 97 Oekaloosa, KS 66066	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
Becky Hutchins 700 Wyoming Holton, KS 66436	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
Cindy Hermes 2418 SW Brookhaven Lane Topeka, KS 66614	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
Lynn Jenkins 5940 SW Clarion Lane Topeka, KS 66610	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
Doug Mays 1920 SW Damon Ct. Topeka, KS 66611	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	150.00
Gerald Geringer 720 Rockledge Drive Junction City, KS 66441	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	200.00
Jerry Aday P.O. Box 1 Ellsworth, KS 67439	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
Shari Weber 934 Union Rd. Berington, KS 67449	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00

SUBTOTAL of Disbursements This Page (optional)	\$1,050.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 8
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Blue Cross & Blue Shield of Kansas Employee PAC (CD0197202)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Dennis Horst 920 S. 9th Salina, KS 67401	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Garry Boston 14 Circle Drive Newton, KS 67114	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Anthony Powell 7313 Winterberry Wichita, KS 67226	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	200.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Farmer 1033 Blackwill Wichita, KS 67027	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	200.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Brenda Landwehr 1927 N. Gow Wichita, KS 67203	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Douglas Johnston 1335 Levellen Wichita, KS 67203	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
George Dean 2646 Exchange Wichita, KS 67217	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Susan Wagle 14 N. Sandalwood Wichita, KS 67230	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	200.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Carlos Mayans 1842 N. Valleyview Wichita, KS 67212	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	150.00

SUBTOTAL of Disbursements This Page (optional)

\$1,250.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 7 OF 8
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Blue Cross & Blue Shield of Kansas Employee PAC (C00197202)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Mike O'Neal 8 Windemere Court Hutchinson, KS 67502	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	200.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Dan Johnson Box 247 Hays, KS 67601	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
John Edmonds 1607 Tyler Great Bend, KS 67530	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Bethell 104 E. 3rd Alden, KS 67512	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Malvin Minor Route 2, Box 31 Stafford, KS 67578	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Gayle Mollenkamp Route 3, Box 14 Quinter, KS 67752	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Gary Hayzlett 308 E. Russell Rd. Lakin, KS 67860	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Ward Loyd 1304 Cloud Circle Garden City, KS 67846	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Light 504 Washington Rolla, KS 67954	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00

SUBTOTAL of Disbursements This Page (optional)

\$1,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

Blue Cross & Blue Shield of Kansas Employee PAC (C00197202)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State 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
Carl Holmes P.O. Box 2288 Liberal, KS 67905	Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	100.00
B. Full Name, Mailing Address and ZIP Code Edward Pugh 16705 Military Trail Rd Wamego, KS 66547	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	250.00
C. Full Name, Mailing Address and ZIP Code Jeff Peterson 1850 Claflin Manhattan, KS 66502	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	150.00
D. Full Name, Mailing Address and ZIP Code Jeff Peterson 1850 Claflin Manhattan, KS 66502	Purpose of Disbursement Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/6/98	(150.00)
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)

\$8,750.00

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
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<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
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	<i>10/18/98</i> DATE PREPARED