REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM
Nov 7 4 23 PM '96

1. NAME OF COMMITTEE (in full)
CarePac, The Blue Cross and Blue Shield Association Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1310 G Street, N.W.

CITY, STATE and ZIP CODE
Washington, D.C. 20005

2. FEC IDENTIFICATION NUMBER
C00194746

3. ☐ 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:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ 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 10/1/96 through 10/16/96		
6. (a) Cash on Hand January 1, 1996		$ 18,615.41
(b) Cash on Hand at Beginning of Reporting Period	$ 17,259.67	
(c) Total Receipts (from Line 19)	$ 2,925.12	$ 163,469.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 20,184.79	$ 182,085.27
7. Total Disbursements (from Line 30)	$ 6,000.00	$ 167,900.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 14,184.79	$ 14,184.79
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Brenda Larsen Becker

Signature of Treasurer
Brenda L Becker

Date
11/7/96

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

FEC FORM 3X
(revised 9/93)

FE8AN068

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

(revised 1/1/91)

NAME OF COMMITTEE CarePac, The Blue Cross and Blue Shield Association Political Action Committee

REPORT COVERING PERIOD FROM 10/1/96 TO: 10/16/96

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	103.00	13,845.07	11(
ii. Unitemized	2,187.12	78,469.92	11(
iii. Total (add i and ii) ➤	2,290.12	92,314.99	11(
b. Political Party Committees			11(
c. Other Political Committees (such as PACs)			11(
d. Total Contributions (add a iii, b and c) ➤	2,290.12	92,314.99	11(
12. Transfers From Affiliated/Other Party Committees	635.00	65,481.00	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		5,500.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)		173.87	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	2,925.12	163,469.86	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	2,925.12	163,469.86	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(
ii. Non-Federal Share			21(
b. Other Federal Operating Expenditures		39.47	21(
c. Total Operating Expenditures (add a i, a ii, and b) ➤		39.47	21(
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,000.00	165,361.01	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(
b. Political Party Committees			28(
c. Other Political Committees (such as PACs)		2,500.00	28(
d. Total Contribution Refunds (add a, b and c) ➤		2,500.00	28(
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,000.00	167,900.48	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6,000.00	167,900.48	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	2,290.12	92,314.99	32
33. Total Contribution Refunds (from line 28d)		2,500.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,290.12	89,814.99	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		39.47	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤		39.47	37

SCHEDULE A

ITEMIZED RECEIPTS

10/01/98 through 10/15/98

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

PAGE 1 OF

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, The Blue Cross and Blue Shield Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Kane 54 Edgewood Road South Portland, ME 04106	BCBS System	Monthly payroll deductions from 10/02/98 to 10/02/98	$28.00 per pay period
	Occupation: Health Insurer		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $252.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott Serota 1510 Rosewood Avenue Deerfield, IL 60015	BCBS System	payroll deductions	$40.00 per pay period
	Occupation: Health Insurer		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $280.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date:		

SUBTOTAL of Receipts This Page (optional)	$103.00
TOTAL This Period (last page this line number only)	$103.00

SCHEDULE A

TRANSFERS

ITEMIZED RECEIPTS

10/01/98 through 10/16/98

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

PAGE 1 OF

FOR LINE NUMBER 12

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, The Blue Cross and Blue Shield Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BCBSKansas Post Office Box 1975 Topeka, KS 66601		10/02/98	$635.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date	$4,445.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date		

SUBTOTAL of Receipts This Page (optional)	$635.00
TOTAL This Period (last page this line number only)	$635.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

10/01/96 through 10/16/96

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

PAGE 1 OF

FOR Line NUMBER 23

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, The Blue Cross and Blue Shield Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement this Period
Peter Blute for Congress Reelection Committee Post Office Box 16021 Alexandria, VA 22302	Peter Blute (House, MA-3) Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/01/96	$500.00
Chambliss for Congress Post Office Box 4064 Macon, GA 31208	Saxby Chambliss (House, GA-) Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/10/96	$500.00
Jenkins for Senate 1996 60 North Foster Drive, #C-201 Baton Rouge, LA 70808	Woody Jenkins (Senate, LA) Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/08/96	$1,000.00
Keep McDade in Congress 321 Spruce Street, 11th Floor Scranton, PA 18503	Joe McDade (House, PA-) Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/01/96	$500.00
John Mitnick for Congress Post Office Box 95404 Atlanta, GA 30347	John Mitnick (House, GA-) Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/10/96	$500.00
Cmte to Re-elect Susan Molinari 507 Capitol Court, N.E. #100 Washington, DC 20002	Susan Molinari (House, NY-13) Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/01/96	$500.00
Peppas for Congress 3616 Route 22 West Somerville, NJ 08876	Mike Peppas (House, NJ-) Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/10/96	$250.00
Bob Smith for Congress 5000 Cirrus Drive, #150 Medford, OR 97504	Bob Smith (House, OR-) Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/01/96	$500.00
Teague for Congress Committee Post Office Box 1888 Hyannis, MA 02601	Edward Teague (House, MA-) Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/09/96	$250.00

SUBTOTAL of Receipts This Page (optional)	$4,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

10/01/96 through 10/16/96

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

PAGE 2 OF

FOR LINE NUMBER 23

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, The Blue Cross and Blue Shield Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement this Period
A. Weld for Senate 507 Capitol Court, N.E. Washington, DC 20002	Purpose of Disbursement: William Weld (Senate, MA) Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/01/96	$1,000.00
B. The Weygand Committee Post Office Box 28405 Providence, RI 02909	Purpose of Disbursement: Robert Weygand (House, RI-2) Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/01/96	$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Receipts This Page (optional)	$1,500.00
TOTAL This Period (last page this line number only)	$8,000.00

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.

☑	Hand Delivered	DATE OF RECEIPT 11-7-96
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PREPARER

11-8-96
DATE PREPARED

FEC FORM 70-2 (12/92)