

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION 10/13/98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (to NO)		2. FEC IDENTIFICATION NUMBER	
C00197202	081898 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			
12TH FLOOR			
TOPEKA KS 66629			

Oct 13 1 36 PM '98

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

☐ 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

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
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 30)	\$ 10,655.00	\$ 14,915.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2,253.93	\$ 2,253.93
9. Debts and Obligations Owed TO 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 Tel Free 800-424-9520 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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

10/13/98

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 9/93)

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

		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			11(a)(i)
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(b)
b.	Political Party Committees			11(c)
c.	Other Political Committees (such as PACs)			11(d)
d.	Total Contributions (add a ii, b and c) >	5,148.75	13,474.00	12
12.	Transfers From Affiliated/Other Party Committees			13
13.	All Loans Received			14
14.	Loan Repayments Received			15
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17.	Other Federal Receipts (Dividends, Interest, etc.)	32.98	90.05	18
18.	Transfers from Nonfederal Account for Joint Activity			19
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5,181.73	13,564.05	20
20.	Total Federal Receipts (subtract line 18 from line 19) >	5,181.73	13,564.05	
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i.	Federal Share			21(a)(ii)
ii.	Non-Federal Share	0.00	0.00	21(b)
b.	Other Federal Operating Expenditures	0.00	0.00	21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	1,905.00	5,715.00	22
22.	Transfers to Affiliated/Other Party Committees			23
23.	Contributions to Federal Candidates/Committees and Other Political Committees			24
24.	Independent Expenditures (use Schedule E)			25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26.	Loan Repayments Made			27
27.	Loans Made			
28.	Refunds of Contributions To:			28(a)
a.	Individuals/Persons Other Than Political Committees			28(b)
b.	Political Party Committees			28(c)
c.	Other Political Committees (such as PACs)			28(d)
d.	Total Contribution Refunds (add a, b and c) >	8,750.00	9,200.00	29
29.	Other Disbursements	10,655.00	14,915.00	30
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	10,655.00	14,915.00	31
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	5,148.75	13,474.00	32
33.	Total Contribution 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 schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER 11.a.1.

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 & Blue Shield of Kansas Employee PAC (C00197202)

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

SUBTOTAL of Receipts This Page (optional)

\$798.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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

Use separate schedule(s)
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Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)

Blue Cross & Blue Shield of Kansas Employee PAC (CD01972D2)

A. Full Name, Mailing Address and ZIP Code CAREPAC, BCBSA, PAC 1310 G St., N.W. 12th Floor Washington, D.C. 20005	Purpose of Disbursement Contribution to Affiliated PAC	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	7/31/98	\$635.00
	<input type="checkbox"/> Other (specify)	8/31/98	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)
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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 (C00197202)

A. Full Name, Mailing Address and ZIP Code Barbara Allen 8136 Rosewood Drive Prairie Village, KS 66208	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period \$150.00
B. Full Name, Mailing Address and ZIP Code Ray Cox 824 S. 131st Bonner Springs, KS 66012	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 150.00
C. Full Name, Mailing Address and ZIP Code Dave Gregory 632 N. Valleyview Wichita, KS 67212	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 150.00
D. Full Name, Mailing Address and ZIP Code Robin Jennison 236 N. Rural Eagle Healy, KS 67850	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 200.00
E. Full Name, Mailing Address and ZIP Code Melvin Neufeld 7405 15 Road Ingalls, KS 67853	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 150.00
F. Full Name, Mailing Address and ZIP Code Jim Garner 601 E 12th Coffeyville, KS 67337	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 100.00
G. Full Name, Mailing Address and ZIP Code Bonnie Sharp 4218 Dixie Court Kansas City, KS 66106	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 100.00
H. Full Name, Mailing Address and ZIP Code Jonathan Wells 830 N. Madison Wichita, KS 67214	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 100.00
I. Full Name, Mailing Address and ZIP Code Mary Compton Route 3, Box 242 Fredonia, KS 66736	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 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 David Huff 10458 Caenen Lake Rd. Lenexa, KS 66215	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period \$100.00
B. Full Name, Mailing Address and ZIP Code Vaughn Flora 431 SE Woodland Ave. Topeka, KS 66607	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 100.00
C. Full Name, Mailing Address and ZIP Code Robert Tomlinson 5722 Birch Roeland Park, KS 66205	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 200.00
D. Full Name, Mailing Address and ZIP Code Bill Feuerborn 1411 E. 4th Ave. Garnett, KS 66032	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 100.00
E. Full Name, Mailing Address and ZIP Code Nancy Kirk 932 Frazier Topeka, KS 66606	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 100.00
F. Full Name, Mailing Address and ZIP Code Gerry Ray 9817 Woodson Overland Park, KS 66207	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 100.00
G. Full Name, Mailing Address and ZIP Code Clifford Franklin 10215 W. 51st Merriam, KS 66203	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 150.00
H. Full Name, Mailing Address and ZIP Code Kent Glasscock P.O. Box 37 Manhattan, KS 66505	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 100.00
I. Full Name, Mailing Address and ZIP Code Carlos Mayans 1842 N. Valleyview Wichita, KS 67212	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 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)
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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 David Haley 936 Cleveland Ave. Kansas City, KS 66101	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period \$100.00
B. Full Name, Mailing Address and ZIP Code Broderick Henderson 2710 N. 8th Kansas City, KS 66101	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 100.00
C. Full Name, Mailing Address and ZIP Code Gerald Henry 3515 Kensington Rd. Cummings, KS 66016	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 100.00
D. Full Name, Mailing Address and ZIP Code David Adkins 8021 Belinder Rd. Leawood, KS 66206	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 100.00
E. Full Name, Mailing Address and ZIP Code Larry Campbell 1330 E. 153rd Terrace Olathe, KS 66062	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 100.00
F. Full Name, Mailing Address and ZIP Code Jim Morrison P.O. Box 266 Colby, KS 67701	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 100.00
G. Full Name, Mailing Address and ZIP Code Clark Shultz 707 Washington Circle Lindsborg, KS 67456	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 100.00
H. Full Name, Mailing Address and ZIP Code Billie Vining 3849 N. Clarence Wichita, KS 67204	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 100.00
I. Full Name, Mailing Address and ZIP Code Bill McGreary 1423 N. C Street Wellington, KS 67512	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period 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)
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PAGE 4 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 Phill Kline 10624 W. 61st Shawnee, KS 66203	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/21/98	Amount of Each Disbursement This Period \$ 150.00
B. Full Name, Mailing Address and ZIP Code Senator Sherman Jones 3736 Weaver Drive Kansas City, KS 66104	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/2/98	Amount of Each Disbursement This Period 100.00
C. Full Name, Mailing Address and ZIP Code Rep. Andrew Howell 728 S. Holbrook Fort Scott, KS 66702	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/2/98	Amount of Each Disbursement This Period 100.00
D. Full Name, Mailing Address and ZIP Code Kansas for Bill Graves P.O. Box 101 Topeka, KS 66601-0101	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/17/98	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Robert Grant 407 W. Magnolia Cherokee, KS 66724	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
F. Full Name, Mailing Address and ZIP Code Ed McKechnie 224 W. Jefferson Pittsburg, KS 66762	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
G. Full Name, Mailing Address and ZIP Code Cindy Eupson P.O. Box 848 Independence, KS 67301	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
H. Full Name, Mailing Address and ZIP Code Kay O'Connor 1101 N. Curtis Olathe, KS 66061	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 150.00
I. Full Name, Mailing Address and ZIP Code John Toplikar 507 E. Spruce Olathe, KS 66061	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 150.00

SUBTOTAL of Disbursements This Page (optional)

\$1,950.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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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 Tom Burroughs 5343 Locust Lane Kansas City, KS 66106	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
B. Full Name, Mailing Address and ZIP Code Joann Flower P.O. Box 97 Oskaloosa, KS 66066	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
C. Full Name, Mailing Address and ZIP Code Becky Hutchins 700 Wyoming Holton, KS 66436	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
D. Full Name, Mailing Address and ZIP Code Cindy Hermes 2418 SW Brookhaven Lane Topeka, KS 66614	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
E. Full Name, Mailing Address and ZIP Code Lynn Jenkins 5940 SW Clarion Lane Topeka, KS 66610	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
F. Full Name, Mailing Address and ZIP Code Doug Mays 1920 SW Damon Ct. Topeka, KS 66611	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 150.00
G. Full Name, Mailing Address and ZIP Code Gerald Geringer 720 Rockledge Drive Junction City, KS 66441	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 200.00
H. Full Name, Mailing Address and ZIP Code Jerry Aday P.O. Box 1 Ellsworth, KS 67439	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
I. Full Name, Mailing Address and ZIP Code Shari Weber 934 Union Rd. Herington, KS 67449	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 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)
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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 Denna Horst 920 S. 9th Salina, KS 67401	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
B. Full Name, Mailing Address and ZIP Code Garry Boston 14 Circle Drive Newton, KS 67114	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
C. Full Name, Mailing Address and ZIP Code Anthony Powell 7313 Winterberry Wichita, KS 67226	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 200.00
D. Full Name, Mailing Address and ZIP Code Mike Farmer 1033 Blackwill Wichita, KS 67027	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 200.00
E. Full Name, Mailing Address and ZIP Code Brenda Landwehr 1927 N. Gow Wichita, KS 67203	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
F. Full Name, Mailing Address and ZIP Code Douglas Johnston 1335 Lewellen Wichita, KS 67203	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
G. Full Name, Mailing Address and ZIP Code George Dean 2646 Exchange Wichita, KS 67217	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
H. Full Name, Mailing Address and ZIP Code Susan Wagle 14 N. Sandalwood Wichita, KS 67230	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 200.00-
I. Full Name, Mailing Address and ZIP Code Carlos Mayans 1842 N. Valleyview Wichita, KS 67212	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 150.00

SUBTOTAL of Disbursements This Page (optional)

\$1,250.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Blue Cross & Blue Shield of Kansas Employee PAC (C0D197202)

A. Full Name, Mailing Address and ZIP Code Mike O'Neal 8 Windemere Court Hutchinson, KS 67502	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 200.00
B. Full Name, Mailing Address and ZIP Code Dan Johnson Box 247 Hays, KS 67601	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
C. Full Name, Mailing Address and ZIP Code John Edmonds 1607 Tyler Great Bend, KS 67530	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
D. Full Name, Mailing Address and ZIP Code Bob Bethell 104 E. 3rd Alden, KS 67512	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
E. Full Name, Mailing Address and ZIP Code Melvin Minor Route 2, Box 31 Stafford, KS 67578	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
F. Full Name, Mailing Address and ZIP Code Gayle Mollenkamp Route 3, Box 14 Quinter, KS 67752	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
G. Full Name, Mailing Address and ZIP Code Gary Hayzlett 308 E. Russell Rd. Lakin, KS 67860	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
H. Full Name, Mailing Address and ZIP Code Ward Loyd 1304 Cloud Circle Garden City, KS 67846	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 100.00
I. Full Name, Mailing Address and ZIP Code Bill Light 504 Washington, Rolla, KS 67954	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/98	Amount of Each Disbursement This Period 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)
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FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Blue Cross & Blue Shield of Kansas Employee PAC (CDG1972D2)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution/State	Date (month, day, year)	Amount of Each Disbursement This Period
Carl Holmes P.O. Box 2288 Liberal, KS 67905	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
Edward Pugh 16705 Military Trail Rd Wamego, KS 66547	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	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)

TOTAL This Period (last page this line number only)

\$8,750.00

Federal Election Commission

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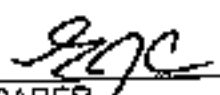
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