

Jul 30 11 35 AM '93

To: *William at May Concerns,*

This is the first time we have completed this report. Please check it over to see if there is anything we have omitted, or anything that needs to be done differently. If there is, please contact John Metzger on (913) 291-8421, or Marcia Frazier on (913) 291-7790. Thank you for your help.

Sincerely,

*Marcia Frazier
ECBS of Kansas*

93038515280

(Summary Page)

Jul 30 11 35 AM '93

93030515231

1. NAME OF COMMITTEE (in full) CarePac of Kansas Blue Cross & Blue Shield		2. FEC IDENTIFICATION NUMBER 000197200	
3. ADDRESS (number and street) 1131 S.W. Topoka Blvd		4. CITY, STATE AND ZIP CODE Topoka, Kansas	

3. TYPE OF REPORT

Initial Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Required for all committees)

Termination Report

In this Report an Amendment to a previous report

Reporting Period: January 15, June 30, October 31, March 31, July 31, November 30, April 30, August 31, December 31

SUMMARY		COLUMN A This Period	COLUMN B Cumulative Year-to-Date
5. Covering Period	01/01/93 through 06/30/93		
6. (a) Cash on Hand January 1, 1993			\$ 2,130.30
(b) Cash on Hand at Beginning of Reporting Period		\$ 2,130.30	
(c) Total Receipts (from Lines 7(a) and 7(b))		\$ 5,700.55	\$ 5,700.55
(d) Disbursements (from Lines 8(a) and 8(b))		\$ 1,830.85	\$ 1,830.85
7. Total Disbursements (from Line 7(d))		\$ 3,616.72	\$ 3,616.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(b))		\$ 4,214.13	\$ 4,214.13
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-6530
Local 202-275-3425

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
John Metzger

Signature of Treasurer
John Metzger

Date
7/27/93

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

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

(revised 1/1/91)

NAME OF COMMITTEE CarePac of Kansas Blue Cross & Blue Shield		REPORT COVERING PERIOD FROM 01/01/93 TO: 06/30/93	
		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)		4,860.75	4,860.75
ii. Unitemized,			
iii. Total	(add i and ii) >	4,860.75	4,860.75
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
c. Total Contributions	(add a iii, b and c) >	4,860.75	4,860.75
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		800.00	800.00
17. Other Federal Receipts (Dividends, Interest, etc.)		39.80	39.80
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5,700.55	5,700.55
20. Total Federal Receipts	(subtract line 18 from line 19) >	5,700.55	5,700.55
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		56.72	56.72
c. Total Operating Expenditures	(add a i, a ii, and b) >	56.72	56.72
22. Transfers to Affiliated/Other Party Committees		2,010.00	2,010.00
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds	(add a, b and c) >	1,550.00	1,550.00
29. Other Disbursements			
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,616.72	3,616.72
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	3,616.72	3,616.72
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		4,860.75	4,860.75
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		4,860.75	4,860.75
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	56.72	56.72
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures	(subtract line 36 from 35) >	56.72	56.72

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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)

CarPac of Kansas Blue Cross & Blue Shield (CD0197202)

23038515203

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Republican State Headquarters 214 S.W. 6th Topeka, Kansas 66603	Check Voided	5/18/93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Campaign for Senator Sandy Praeger 2210 Yale Lawrence, Kansas 66049	Check Returned Uncashed	6/03/93	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
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)	800.00
TOTAL This Period (last page this line number only)	800.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
CarePac of Kansas Blue Cross & Blue Shield (C00197202)

93038515284

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Merchants National Bank 8th & Jackson Streets Topeka, Kansas	Interest Earned	01/31/93	5.52
		02/28/93	5.70
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		03/31/93	6.78
		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
Merchants National Bank 8th & Jackson Streets Topeka, Kansas	Interest Earned	04/30/93	6.68
		05/31/93	6.59
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		06/30/93	8.53
		Aggregate Year-to-Date > \$ 39.80	
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):			
		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):			
		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):			
		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):			
		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):			
		Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	39.80
TOTAL This Period (last page this line number only)	39.80

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CarePac of Kansas Blue Cross & Blue Shield (C00197202)

93038515205

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Merchants National Bank 8th and Jackson Streets Topeka, Kansas	Bank Service Charge	01-31-93	9.73
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	02-28-93	9.34
	<input type="checkbox"/> Other (specify)	03-31-93	9.21
Merchants National Bank 8th and Jackson Streets Topeka, Kansas	Bank Service Charge	04-30-93	9.33
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	05-31-93	9.82
	<input type="checkbox"/> Other (specify)	06-30-93	9.29
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 56.72

TOTAL This Period (last page this line number only) 56.72

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

CarePac of Kansas Blue Cross & Blue Shield (C00197202)

93038515287

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Senate Campaign Comm. 3692 S.E. Tomahawk Topeka, Kansas 66605	Fund Raiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02-12-93	150.00
B. Full Name, Mailing Address and ZIP Code Ron Todd for Insurance Comm. P.O. Box 3788 Lawrence, Kansas 66046	Fund Raiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-12-93	200.00
C. Full Name, Mailing Address and ZIP Code Republican House Campaign Comm. 214 S. W. 6th Topeka, Kansas 66603	Fund Raiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-18-93	500.00
D. Full Name, Mailing Address and ZIP Code Campaign for Senator Sandy Praeger 2210 Yale Lawrence, Kansas 66049	Fund Raiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-03-93	300.00
E. Full Name, Mailing Address and ZIP Code Campaign for Senator Sandy Praeger 2210 Yale Lawrence, Kansas 66049	Fund Raiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-15-93	300.00
F. Full Name, Mailing Address and ZIP Code Kansas Committee on Government Standards & Conduct 109 W. 9th St. Suite 504 Topeka, Kansas 66612	Registration Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-18-93	100.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,550.00
TOTAL This Period (last page this line number only)	1,550.00