



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-5

William Pitsenberger, Treasurer JUL 14 1995
Carepac of Kansas Blue Cross &
Blue Shield
1133 SW Topeka Blvd.
Topeka, KS 66629

Identification Number: C00197202

Reference: Year End Report (7/1/93-12/31/93)

Dear Mr. Pitsenberger:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

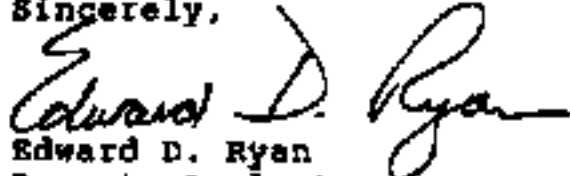
-Please provide the total for Line 11(a)(i), Column A of the Detailed Summary Page.

-The total amount of contributions from individuals itemized on Schedule A supporting Line 11(a)(i), plus the total amount of unitemized contributions reported on Line 11(a)(ii), should equal the total reported on Line 11(a)(iii) of the Detailed Summary Page. Please amend either Schedule A or the Detailed Summary figures to correct this discrepancy. 11 CFR §104.3(a)

-Schedule A supporting Line 11(a)(i) of your report discloses contributions received through what appears to be a payroll deduction plan. Please amend your report to disclose the amount deducted per pay period. 11 CFR §104.8(b) Please refer to the enclosed sample of properly reported payroll deductions.

Any amendment or clarification should be filed with the Federal Election Commission. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,


Edward D. Ryan
Reports Analyst
Reports Analysis Division

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TYROLL DEDUCTIONS

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule for each category of the Detailed Summary Page	PAGE OF
Contributions from Individuals				FOR LINE NUMBER 11(b)(1)	
Any information copied from such Reports and Statements may not be used by any person for the purpose of evading contributions or for assessment purposes. Other than using the name and address of any political committee to solicit contributions from such sources.					
NAME OF COMMITTEE (in Full) National Organization PAC 000000001					
A. Full Name, Mailing Address and ZIP Code		Name of Employer		Date Month, day, year	Amount of Each Receipt (see Form)
Anne Sullivan 21 16th Street City, State ZIP		National Organization, Inc.		payroll deduction	\$90.00
Branch for <input type="checkbox"/> Primary <input type="checkbox"/> General		Branch Manager		Aggregate Year-to-Date > 1	(\$18 biweekly)
B. Full Name, Mailing Address and ZIP Code		Name of Employer		Date Month, day, year	Amount of Each Receipt (see Form)
Rodney Jones 881 Mainbury Road City, State ZIP		National Organization, Inc.		payroll deduction	\$180.00
Branch for <input type="checkbox"/> Primary <input type="checkbox"/> General		Vice President		Aggregate Year-to-Date > 4	(\$90 biweekly)

Itemize payroll deductions only after they have exceeded \$200 per calendar year from an individual.

Payroll Deductions

Once an individual's deductions aggregate over \$200 in a calendar year, report the total amount deducted from the donor's paychecks during the reporting period on Schedule A. In parentheses indicate the amount that was deducted each pay period. Instead of stating a specific date of receipt, write "payroll deduction" under "Date." The other itemized information, including the year-to-date total, must be completed for each donor. 104.6(b).

EXAMPLE: During an election year, a corporate manager authorizes her employer to deduct \$15 per pay period (each pay period is two weeks) for the company's SSF. The SSF, which files FEC reports on a quarterly schedule, includes the manager's first-quarter contributions (\$90 for six pay periods) as "unitemized contributions" on Line 11(a)(ii) in the April quarterly report.

By June 30 (the closing date for the July quarterly report), 13 pay periods have passed, and the manager's aggregate contributions are \$195—still below the \$200 itemization threshold. The manager's second-quarter contributions again are included in "unitemized contributions" in the July report.

By September 30 (the closing date for the October quarterly report), 19 pay periods have passed, and the manager's contributions reach \$285. Now the committee itemizes the total contributions received from the manager during the third quarter (\$90), providing the year-to-date total in the appropriate space. (See Item A in the illustration above.)

IN-KIND CONTRIBUTIONS

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule for each category of the Detailed Summary Page	PAGE OF
Contributions from Individuals				FOR LINE NUMBER 11(b)(1)	
Any information copied from such Reports and Statements may not be used by any person for the purpose of evading contributions or for assessment purposes. Other than using the name and address of any political committee to solicit contributions from such sources.					
NAME OF COMMITTEE (in Full) National Organization PAC 000000001					
A. Full Name, Mailing Address and ZIP Code		Name of Employer		Date Month, day, year	Amount of Each Receipt (see Form)
Martin L. Kress 4 River Road City, State ZIP		National Organization, Inc.		8/18/94	\$3,999.00
Branch for <input type="checkbox"/> Primary <input type="checkbox"/> General		Chairman		Aggregate Year-to-Date > 1	(\$199.95 weekly)

In-Kind Contributions

When determining whether to itemize an in-kind contribution, follow the same guidelines listed above under "When to Itemize Receipts." See page 8 for information on how to determine the dollar value of an in-kind contribution.

In addition, add the value of the in-kind contribution to the operating expenditures total on Line 21(b) (in order to avoid inflating the cash-on-hand amount). 104.13(a)(2).

If the in-kind contribution must be itemized on Schedule A, then it must also be itemized on a Schedule B for operating expenditures. See the illustration at right.

SCHEDULE B		ITEMIZED DEDUCTIONS		Use separate schedule for each category of the Detailed Summary Page	PAGE OF
Operating Expenditures/Other Factors				FOR LINE NUMBER 21(b)	
Any information copied from such Reports and Statements may not be used by any person for the purpose of evading contributions or for assessment purposes. Other than using the name and address of any political committee to solicit contributions from such sources.					
NAME OF COMMITTEE (in Full) National Organization PAC 000000001					
A. Full Name, Mailing Address and ZIP Code		Purpose of Contribution		Date Month, day, year	Amount of Each Deduction (see Form)
Martin L. Kress 4 River Road City, State ZIP		raffle prize		8/18/94	\$3,999.00
Branch for <input type="checkbox"/> Primary <input type="checkbox"/> General		Other than <input type="checkbox"/> Primary <input type="checkbox"/> General		IN-KIND CONTRIBUTION	

Itemize in-kind contributions on both Schedules A and B so as not to inflate the cash-on-hand amount.

Contributions from Individuals/Persons Other Than Political Committees, p. 18

Payroll Deduction, pp. 11 and 19

Aggregation, p. 19

Emarked Contributions, pp. 45 and 57

Total This Period, see highlighted instructions on facing page.

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Individuals/
Persons Other Than Political Committees)

Part 1 of 1 for
LINE NUMBER 11(a)
Date entered (month/year) for each
entry on the Donor
Summary Page.

Any information entered from such Returns or Statements may not be used or used by any person for the purpose of obtaining contributions or for commercial purposes, other than using the name and picture of any national committee to obtain contributions from such committee.			
Name of Committee (or Full)			
National Organization Political Action Committee 00000001			
A. Full Name, Mailing Address and ZIP Code Celeste Elifant 9594 Palm Court City, State 00000		Name of Employer National Organization	Date Recd., day, year
Reason For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <i>not applicable</i>		Description executive assistant	Amount of Each Receipt This Period \$60.00 (\$30 per pay period)
		Approximate Year-to-Date-\$450.00	Day Recd., day, year twice- monthly payroll deduction
B. Full Name, Mailing Address and ZIP Code Gertrude Fox 1211 Oxford Street City, State 00000		Name of Employer National Organization	Date Recd., day, year
Reason For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Description editor	Amount of Each Receipt This Period \$30.00 (\$15 per pay period)
		Approximate Year-to-Date-\$140.00	Day Recd., day, year twice- monthly payroll deduction
C. Full Name, Mailing Address and ZIP Code Francis Hopkinson 2340 Ellsworth Avenue City, State 00000		Name of Employer National Organization	Date Recd., day, year
Reason For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Description attorney	Amount of Each Receipt This Period \$15.00
		Approximate Year-to-Date-\$210.00	Day Recd., day, year 8/1/84
D. Full Name, Mailing Address and ZIP Code J.S. Hill 77 Stealing Street City, State 00000		Name of Employer National Organization	Date Recd., day, year
Reason For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Description economist	Amount of Each Receipt This Period \$225.00
		Approximate Year-to-Date-\$225.00	Day Recd., day, year 8/14/84
E. Full Name, Mailing Address and ZIP Code Justin MINEA 460 Hiemel Road City, State 00000		Name of Employer National Organization	Date Recd., day, year
Reason For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Description auditor	Amount of Each Receipt This Period \$250.00 (emarked for Garfield Katz)
		Approximate Year-to-Date-\$	Day Recd., day, year 8/18/84
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date Recd., day, year
Reason For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Description	Amount of Each Receipt This Period
		Approximate Year-to-Date-\$	Day Recd., day, year
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date Recd., day, year
Reason For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Description	Amount of Each Receipt This Period
		Approximate Year-to-Date-\$	Day Recd., day, year
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (see highlighted instructions on facing page)			\$580.00

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