

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 3 12 17 PM '98

USE FEC MAILING LABEL
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) CAREPAC OF KANSAS BLUE CROSS AND BLUE SHIELD		2. FEC IDENTIFICATION NUMBER C00197202
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1133 S.W. TOPEKA BLVD.		
CITY, STATE and ZIP CODE TOPEKA, KS 66629		
3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate 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

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 <u>07/01/97</u> through <u>12/31/97</u>		
6. (a) Cash on Hand January 1, 19_____		\$ 2,252.22
(b) Cash on Hand at Beginning of Reporting Period	\$ 4,558.22	
(c) Total Receipts (from Line 19)	\$ 7,206.66	\$ 14,622.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 11,764.88	\$ 16,874.88
7. Total Disbursements (from Line 20)	\$ 8,160.00	\$ 13,270.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,604.88	\$ 3,604.88
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 899 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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

1/30/98

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

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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 CAREPAC OF KANSAS BLUE CROSS AND BLUE SHIELD		REPORT COVERING PERIOD FROM 07/01/97 TO 12/31/97	
		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)	2,288.00	4,576.00	11000
ii. Unitemized	4,862.75	9,943.50	11000
iii. Total (add i and ii) >	7,150.75	14,519.50	11000
b. Political Party Committees			1100
c. Other Political Committees (such as PACs)			1100
d. Total Contributions (add a ii, b and c) >	7,150.75	14,519.50	1100
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.)	55.91	103.16	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	7,206.66	14,622.66	19
20. Total Federal Receipts (subtract line 18 from line 19) >	7,206.66	14,622.66	20
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21000
i. Federal Share			21000
ii. Non-Federal Share	0.00	0.00	2100
b. Other Federal Operating Expenditures	0.00	0.00	2100
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	2100
d. Total Operating Expenditures	3,810.00	7,620.00	21
22. Transfers to Affiliated/Other Party Committees			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:			2800
a. Individual/Persons Other Than Political Committees			2800
b. Political Party Committees			2800
c. Other Political Committees (such as PACs)			2800
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	2800
29. Other Disbursements	4,350.00	5,650.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	8,160.00	13,270.00	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	8,160.00	13,270.00	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	7,150.75	14,519.50	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	7,150.75	14,519.50	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)			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 1
FOR LINE NUMBER 11.a.i.

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 AND BLUE SHIELD (C00197202)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SEE ATTACHED	Occupation		
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	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)

TOTAL This Period (last page this line number only)

\$2,288.00

ITEMIZED RECEIPTS

PAGE 1 OF 2
FOR LINE #
11.a.i.

NAME & ADDRESS	EMPLOYER/ OCCUPATION	DATE	YTD	AMOUNT THIS PERIOD	AMOUNT PER PAY PERIOD
John W. Knack, Jr. 5633 Hawick Lane Topeka, KS 66614	Blue Cross Blue Shield President & CEO	Bi-weekly Payroll Deduction	\$260.00	\$130.00	\$10.00
Alvin E. Callahan 4422 Colly Creek Dr. Topeka, KS 66610	Blue Cross Blue Shield Manager, Corporate EDP Audit	Bi-weekly Payroll Deduction	208.00	104.00	8.00
David E. Manley 3429 SW Stonybrook Dr. Topeka, KS 66614	Blue Cross Blue Shield Vice President, Sub. Serv. & Gov't Programs	Bi-weekly Payroll Deduction	390.00	195.00	15.00
Roni L. Davis-Watson 3121 SW Belle Ave. Topeka, KS 66614	Blue Cross Blue Shield Manager, Customer Service	Bi-weekly Payroll Deduction	260.00	130.00	10.00
Rose A. Morrow 3920 SW 39th Terrace Topeka, KS 66610	Blue Cross Blue Shield Manager, Managed Care Adm.	Bi-weekly Payroll Deduction	260.00	130.00	10.00
Linda K. Vondenkamp 6300 SE 81st St. Tecumseh, KS 66542	Blue Cross Blue Shield Vice President, Medicare	Bi-weekly Payroll Deduction	260.00	130.00	10.00
Leslie D. Watson 3121 SW Belle Ave. Topeka, KS 66614	Blue Cross Blue Shield Director, Payment Safeguard	Bi-weekly Payroll Deduction	260.00	130.00	10.00
John Edward Deines 3303 SW 19th Terrace Topeka, KS 66614	Blue Cross Blue Shield Group Consultant	Bi-weekly Payroll Deduction	260.00	130.00	10.00
Barry E. Trulson 315-I Houston St. Manhattan, KS 66502	Blue Cross Blue Shield Group Consultant	Bi-weekly Payroll Deduction	260.00	130.00	10.00
Mary F. Cochran 257 N. Broadway Wichita, KS 67202	Blue Cross Blue Shield Group Consultant	Bi-weekly Payroll Deduction	260.00	130.00	10.00
Sherian Conwell Betz 2731 McAlister Topeka, KS 66614	Blue Cross Blue Shield Senior Specialty Provider Representative	Bi-weekly Payroll Deduction	208.00	104.00	8.00

Corporate Accounting

1/30/98

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NAME & ADDRESS	EMPLOYER/ OCCUPATION	DATE	YTD	AMOUNT THIS PERIOD	AMOUNT PER PAY PERIOD
John L. Reedy 5722 W. 27th Topeka, KS 66614	Blue Cross Blue Shield Assistant Manager, Systems & Programming	Bi-weekly Payroll Deduction	260.00	130.00	10.00
Curtis J. Clark 5124 SW 33rd Terrace Topeka, KS 66614	Blue Cross Blue Shield Lead DA Technician	Bi-weekly Payroll Deduction	260.00	130.00	10.00
Donald R. Lynn 6936 Lake Ridge Prky Ozawie, KS 66070	Blue Cross Blue Shield Vice President, Finance	Bi-weekly Payroll Deduction	312.00	156.00	12.00
Ronald D. Simmons RR #4, Bpx 108 Sabetha, KS 66534	Blue Cross Blue Shield Manager, Cost Accounting	Bi-weekly Payroll Deduction	208.00	104.00	8.00
Ralph H. Weber II 9526 SE Ratner Rd. Berryton, KS 66409	Blue Cross Blue Shield Vice President, Medical Affairs	Bi-weekly Payroll Deduction	650.00	325.00	25.00
TOTALS			\$4,576.00	\$2,288.00	\$176.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

CAREPAC OF KANSAS BLUE CROSS AND BLUE SHIELD (000197202)

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	07/31/97	\$10.20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	08/31/97	9.32
	Occupation	09/30/97	11.25
	Occupation	10/31/97	9.31
	Aggregate Year-to-Date \rightarrow \$		
		11/30/97	6.92
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/31/97	8.91
	Aggregate Year-to-Date \rightarrow \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date \rightarrow \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date \rightarrow \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date \rightarrow \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date \rightarrow \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date \rightarrow \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date \rightarrow \$		

SUBTOTAL of Receipts This Page (optional) \$55.91

TOTAL This Period (last page this line number only) \$55.91

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)

CAREPAC OF KANSAS BLUE CROSS AND BLUE SHIELD (C00197202)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CAREPAC, BLUE CROSS & BLUE SHIELD ASSN 1310 G STREET N.W., 12TH FLOOR WASHINGTON, D.C. 20005	CONTRIBUTION TO	07/31/97	\$635.00
	AFFILIATED PAC	08/31/97	635.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/30/97	635.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
		10/31/97	635.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11/30/97	635.00
	<input type="checkbox"/> Other (specify)	12/31/97	635.00
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)

\$3,810.00

TOTAL This Period (last page this line number only)

\$3,810.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 29

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 AND BLUE SHIELD (C00197202)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KANSAS DEMOCRATIC PARTY P.O. BOX 1914 TOPEKA, KS 66601	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/28/97	\$250.00
REPUBLICAN HOUSE CAMPAIGNS 2348 SW. TOPEKA BLVD., #201 TOPEKA, KS 66601	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/11/97	150.00
KLINE FOR STATE REPRESENTATIVE P.O. BOX 3426 SHAWNEE, KS 66203	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/14/97	250.00
GOODWIN FOR SENATE 420 EST 23TH AVE. WINFIELD, KS 67156	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/09/97	250.00
DONOVAN FOR SENATE P.O. BOX 12710 WICHITA, KS 67277	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/09/97	150.00
ADKINS FOR REPRESENTATIVE 8021 BELINDER RD. LEAWOOD, KS 66206	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/09/97	250.00
GERINGER FOR REPRESENTATIVE 720 ROCKLEDGE DRIVE JUNCTION CITY, KS 66441	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/17/97	400.00
SENATE DEMOCRATS 2001 COMMITTEE DEMOCRATIC STATE HEADQUARTERS 700 SW JACKSON TOPEKA, KS 66612	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/17/97	500.00
SENATOR LARRY SALMANS BOX 25 HANSTON, KS 67849-0025	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/97	250.00

SUBTOTAL of Disbursements This Page (optional)

\$2,450.00

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 2 OF 2
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

CAREPAC OF KANSAS BLUE CROSS AND BLUE SHIELD (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
KANSANS FOR GRAVES P.O. BOX 101 TOPEKA, KS	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/97	\$500.00
SUSAN WAGLE FOR REPRESENTATIVE P.O. BOX 78109 WICHITA, KS 67278	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/97	250.00
COMMITTEE TO ELECT 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)	10/24/97	150.00
JIM BARONE FOR STATE SENATE 611 W. LEIGHTON FRONTENAC, KS 66763	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/97	250.00
KANSAS REPUBLICAN SENATORIAL COMM P.O. BOX 2663 TOPEKA, KS 66601	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/02/97	500.00
KANSANS FOR THORNBURGH 105 SW. GREENWOOD AVE TOPEKA, KS 66606-1225	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/19/97	250.00
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) \$1,900.00

TOTAL This Period (last page this line number only) \$4,350.00

**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
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/30/98
<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	2/3/98 DATE PREPARED