

DETACH AND RETURN TO THE COMMISSION
OF MEASURES AND ELECTIONS
PAGE 2, THE FORM 10

Period 1994

NAME OF CANDIDATE
CLIFFORD OF KANSAS BLUE CROSS & BLUE SHIELD

REPORT COVERING PERIOD
FROM 10/01/94 TO 11/28/94

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees:			
i. Reported (see Schedule A)	528.00	2,526.00	11000
ii. Unreported	3,072.75	10,382.50	11000
iii. Total (add i and ii) >	3,600.75	12,908.50	11000
b. Political Party Committee			1100
c. Other Political Committees (such as PACs)			1100
d. Total Contributions (add a ii, b and c) >	3,600.75	12,908.50	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.)	3.95	89.72	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,604.70	12,998.22	19
20. Total Federal Receipts (subtract line 18 from line 19) >	3,606.70	12,998.22	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H):			
i. Federal Share			21000
ii. Non-Federal Share			21000
b. Other Federal Operating Expenditures	20.05	20.05	2100
c. Total Operating Expenditures (add a i, a ii, and b) >	20.05	20.05	2100
22. Transfers to Affiliated/Other Party Committees	635.00	4,850.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (see Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/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) >			2800
29. Other Disbursements	1,800.00	12,232.05	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,455.05	17,102.10	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,455.05	17,102.10	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	3,604.70	12,998.22	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from line 32)	3,604.70	12,998.22	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from line 35) >	-0-	-0-	37

94039520453

SCHEDULE A

FINANCIAL RECEIPTS

Use separate worksheets for each category of the Standard Reporting Page

PAGE **1** OF **1**
FORM LINE NUMBER **17**

Any information reported here with Reports and Statements may not be valid 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 (COD197202)

94039520459

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MERCHANTILE BANK OF TOPEKA 9TH & JACKSON TOPEKA, KANSAS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	INTEREST EARNED Occupation: Aggregate Year-to-Date \$ 89.72	10/30/94	3.95
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SUBTOTAL of Receipts This Page (optional)			3.95
TOTAL This Period (fill page this line number only)			3.95

SCHEDULE A

EMPLOYER CONTRIBUTIONS

Use separate schedule for each employer of the United Summary Page

Page **1** of **2**
 FOR LINE NUMBER **111**

Any information omitted from each Receipt and Statement may not be used by any person for the purpose of obtaining contributions or for any other purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF CONTRIBUTOR (in Full)

CAREPAC OF KANSAS BLUE CROSS & BLUE SHIELD (000197202)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS L. MILLER 2325 SW PEPPERWOOD ROAD TOPEKA, KANSAS 66614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BLUE CROSS & BLUE SHIELD Occupation: PRESIDENT & CEO Aggregate Year-to-Date > \$ 390.00	BI-WEEKLY PAYROLL DEDUCT.	100.00
JOHN W. KRACK JR. 6022 NW GLENWOOD TOPEKA, KANSAS 66617 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BLUE CROSS & BLUE SHIELD Occupation: EXEC. VP Aggregate Year-to-Date > \$ 240.00	BI-WEEKLY PAYROLL DEDUCT.	40.00
DAVID E. MANLEY 3429 SW STONYBROOK DR. TOPEKA, KANSAS 66614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BLUE CROSS & BLUE SHIELD Occupation: VP Aggregate Year-to-Date > \$ 330.00	BI-WEEKLY PAYROLL DEDUCT.	60.00
LESLIE D. WATSON 3121 SW BELLE TOPEKA, KANSAS 66614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BLUE CROSS & BLUE SHIELD Occupation: DIRECTOR Aggregate Year-to-Date > \$ 240.00	BI-WEEKLY PAYROLL DEDUCT.	40.00
CURTIS CLARK 5124 SW 3RD TERR TOPEKA, KANSAS 66614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BLUE CROSS & BLUE SHIELD Occupation: LEAD DA TECHNICIAN Aggregate Year-to-Date > \$ 240.00	BI-WEEKLY PAYROLL DEDUCT.	40.00
RALPH H. WEBER II 9526 SE RATHER ROAD HERRYTON, KANSAS 66409 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BLUE CROSS & BLUE SHIELD Occupation: VP Aggregate Year-to-Date > \$ 420.00	BI-WEEKLY PAYROLL DEDUCT.	100.00
D. 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) _____

380.00

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

94039520460

SCHEDULE A

EMPLOYER RECEIPTS

Use separate schedule for each category of the Omaha Quarterly Page

PAGE 2 OF 2
FORM LINE NUMBER
11a

Any information copied from such reports and statements may not be used 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 (000197202)

94039520451

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LINDA K. VORDENKAMP 3343 SE CROCO TOPEKA, KANSAS 66605	BLUE CROSS & BLUE SHIELD	BI-WEEKLY PAYROLL DEDUCT.	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SENIOR DIRECTOR GOV PRO Aggregate Year-to-Date > \$ 210.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DONALD R. LYNN 511 HARIYER SILVER LAKE, KANSAS 66539	BLUE CROSS & BLUE SHIELD	BI-WEEKLY PAYROLL DEDUCT.	48.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRES. FINANCE Aggregate Year-to-Date > \$ 216.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MELVEN L. TILMAN 1413 NW LOGAN TOPEKA, KANSAS 66608	BLUE CROSS & BLUE SHIELD	BI-WEEKLY PAYROLL DEDUCT.	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ASST MGR BLDG MAINT Aggregate Year-to-Date > \$ 240.00		
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) 148.00

TOTAL This Period (fill page this the number only) 528.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

List separate disbursements for each category of the Detailed Statement Page

PAGE 1 OF 1
FOR LINE NUMBER 22

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 campaign purposes, other than using the name and address of the political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

CAREPAC OF KANSAS BLUE CROSS & BLUE SHIELD (000197202)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement CONTRIBUTION TO AFFILIATED PAC 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
CAREPAC, BLUE CROSS & BLUE SHIELD ASSN., PAC 1310 F. STREET N.W. 12TH FLOOR WASHINGTON, D.C. 20005	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/94	635.00
B. 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
C. 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
D. 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
E. 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
F. 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
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)

635.00

TOTAL This Period (last page this line number only)

635.00

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SCHEDULE B

(TRACED DISBURSEMENTS)

Use separate schedule for each column of the Budget Tracking Page

PAGE 22
 FEDERAL ELECTION
 22

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

NAME OF COMMITTEE (in Full)

CAREPAC OF KANSAS BLUE CROSS & BLUE SHIELD (00197202)

94039520463

A. 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
SEE ATTACHED LIST			
B. 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
C. 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
D. 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
E. 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
F. 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
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)	1,800.00
TOTAL This Period (see page five line number only)	1,800.00

94039520464

HOUSE GOP PAC P.O. BOX 13710 WICHITA, KS 67277	STATE	10-08-94	\$100.00
BILL GRAVES FOR GOVERNOR P.O. BOX 101 TOPEKA, KS 68601	STATE	10-26-94	\$500.00
MASON FOR HOUSE 1081 ARIZONA EL DORADO, KS 67042	STATE	10-28-94	\$100.00
WILK FOR HOUSE 701 S. DE SOTO LANSING, KS 66043	STATE	10-28-94	\$100.00
FARMER FOR HOUSE 1033 BLACKWELL WICHITA, KS 67207	STATE	10-28-94	\$100.00
HOWELL FOR HOUSE 728 S. HOLBROOK FT. SCOTT, KS 68701	STATE	10-28-94	\$100.00
BALLOU FOR HOUSE 19180 S. WAVERLY GARDNER, KS 68030	STATE	10-28-94	\$100.00
OTT FOR HOUSE 621 LITCHFIELD WICHITA, KS 67203	STATE	10-28-94	\$100.00
POWERS FOR HOUSE RT. 1 BOX 430 MULVANE, KS 67110	STATE	10-28-94	\$100.00
KEJR FOR HOUSE 10143 W. STIMMEL BROOKVILLE, KS 67425	STATE	10-28-94	\$100.00
MEYERS FOR HOUSE 613 BRAIRWOOD DERBY, KS 67037	STATE	10-28-94	\$100.00
STEVENS FOR HOUSE 107 N. 14TH ST MANHATTAN, KS 68502	STATE	10-28-94	\$100.00
THOMPSON FOR ST TREASURER P.O. BOX 2814 TOPEKA, KS 68601	STATE	10-31-94	\$200.00
TOTAL FOR THIS PAGE			\$1,800.00

ENVELOPE WITH ADDED PAGE
FOR INCLUDING DOCUMENTS

The Commission has added the page to the end of the filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

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POSTMARKED

12/8/74

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

DATE OF RECEIPT

J.A.O.
PREPARED

12/13/74
DATE PREPARED

94039520465