

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>CAREPAC OF KANSAS BLUE CROSS &amp; BLUE SHIELD</b>		2. FEC IDENTIFICATION NUMBER <b>C00197202</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>1133 S.W. TOPEKA BLVD</b>		
CITY, STATE and ZIP CODE <b>TOPEKA, KANSAS 66629-0001</b>		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 114)		

## 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
- Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day 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>10/01/94</u> through <u>11/28/94</u>		
6. (a) Cash on Hand January 1, 1994		\$ 5,484.86
(b) Cash on Hand at Beginning of Reporting Period	\$ 231.33	
(c) Total Receipts (from Line 19)	\$ 3,604.70	\$ 12,998.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	\$ 3,836.03	\$ 18,483.08
7. Total Disbursements (from Line 30)	\$ 2,455.05	\$ 17,102.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 1,380.98	\$ 1,380.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 998 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-	
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 <b>Keith Zachariassen</b>		
Signature of Treasurer <i>Keith Zachariassen</i>		Date <b>07/26/95</b>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

# 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 10/01/94 TO: 11/28/94	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Named (use Schedule A)	528.00	1,178.00
ii.	Unnamed	3,072.75	11,730.50
iii.	Total (add i and ii) >	3,600.75	12,908.50
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions (add a iii, b and c) >	3,600.75	12,908.50
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		
17.	Other Federal Receipts (Dividends, Interest, etc.)	3.95	89.72
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,604.70	12,998.22
20.	Total Federal Receipts (subtract line 18 from line 19) >	3,604.70	12,998.22
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	20.05	20.05
c.	Total Operating Expenditures (add a i, a ii, and b) >	20.05	20.05
22.	Transfers to Affiliated/Other Party Committees	635.00	4,850.00
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.	Individuals/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) >		
29.	Other Disbursements	1,800.00	12,232.05
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,455.05	17,102.10
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,455.05	17,102.10
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	3,604.70	12,998.22
33.	Total Contribution Refunds (from line 28d)		
34.	Net Contributions (other than loans)(subtract line 33 from 32)	3,604.70	12,998.22
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-
36.	Offsets to Operating Expenditures (from line 15)		
37.	Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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 (COD197202)

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	BLUE CROSS & BLUE SHIELD	BI-WEEKLY PAYROLL DEDUCT.	100.00 (\$25 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT & CEO	Aggregate Year-to-Date > \$ 390.00	
JOHN W. KNACK JR. 6022 NW GLENWOOD TOPEKA, KANSAS 66617	BLUE CROSS & BLUE SHIELD	BI-WEEKLY PAYROLL DEDUCT.	40.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXEC. VP	Aggregate Year-to-Date > \$ 240.00	
DAVID E. MANLEY 3429 SW STONYBROOK DR. TOPEKA, KANSAS 66614	BLUE CROSS & BLUE SHIELD	BI-WEEKLY PAYROLL DEDUCT	60.00 (\$15 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 330.00	
LESLIE D. WATSON 3121 SW BELLE TOPEKA, KANSAS 66614	BLUE CROSS & BLUE SHIELD	BI-WEEKLY PAYROLL DEDUCT.	40.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 240.00	
CURTIS CLARK 5124 SW 33RD TERR TOPEKA, KANSAS 66614	BLUE CROSS & BLUE SHIELD	BI-WEEKLY PAYROLL DEDUCT.	40.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: LEAD DA TECHNICIAN	Aggregate Year-to-Date > \$ 240.00	
RALPH H. WEBER II 9526 SE RATNER ROAD BERRYTON, KANSAS 66409	BLUE CROSS & BLUE SHIELD	BI-WEEKLY PAYROLL DEDUCT.	100.00 (\$25 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 420.00	
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) ..... 380.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2  
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

CAREPAC OF KANSAS BLUE CROSS & BLUE SHIELD (CO0197202)

<b>A. Full Name, Mailing Address and ZIP Code</b> LINDA K. VONDEMKAMP 3543 SE CROCO TOPEKA, KANSAS 66605		Name of Employer BLUE CROSS & BLUE SHIELD	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCT.	Amount of Each Receipt this Period 40.00 (\$10 per pay period)
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>B. Full Name, Mailing Address and ZIP Code</b> DONALD R. LYNN 511 MARINER SILVER LAKE, KANSAS 66539		Name of Employer BLUE CROSS & BLUE SHIELD	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCT.	Amount of Each Receipt this Period 48.00 (\$12 per pay period)
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	
<b>C. Full Name, Mailing Address and ZIP Code</b> MELVEN L. TILMAN 1413 NW LOGAN TOPEKA, KANSAS 66608		Name of Employer BLUE CROSS & BLUE SHIELD	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCT.	Amount of Each Receipt this Period 60.00 (\$15 per pay period)
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	
<b>D. Full Name, Mailing Address and ZIP Code</b>		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 > \$	
<b>E. Full Name, Mailing Address and ZIP Code</b>		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 > \$	
<b>F. Full Name, Mailing Address and ZIP Code</b>		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 > \$	
<b>G. Full Name, Mailing Address and ZIP Code</b>		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 (last page this line number only) ..... 528.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

CAREPAC OF KANSAS BLUE CROSS & BLUE SHIELD (00197202)

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

**TOTAL** This Period (last page this line number only) ..... 3.95

9 2 0 3 3 2 1 5 2 2

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

CAREPAC OF KANSAS BLUE CROSS & BLUE SHIELD (00197202)

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., PAC 1310 F. STREET N.W. 12TH FLOOR WASHINGTON, D.C. 20005	CONTRIBUTION TO AFFILIATED PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/30/94	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) ..... 635.00

TOTAL This Period (last page this line number only) ..... 635.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 29-1

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NAME OF COMMITTEE (In Full)

CAREPAC OF KANSAS BLUE CROSS & BLUE SHIELD (00197202)

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 (last page this line number only) ..... 1,800.00

HOUSE GOP PAC P.O. BOX 12710 WICHITA, KS 67277	STATE	10-06-94	\$100.00
BILL GRAVES FOR GOVERNOR P.O. BOX 101 TOPEKA, KS 66601	STATE	10-26-94	\$500.00
MASON FOR HOUSE 1661 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 BLACKWILL WICHITA, KS 67207	STATE	10-28-94	\$100.00
HOWELL FOR HOUSE 728 S. HOLBROOK FT. SCOTT, KS 66701	STATE	10-28-94	\$100.00
BALLOU FOR HOUSE 19180 S. WAVERLY GARDNER, KS 66030	STATE	10-28-94	\$100.00
OTT FOR HOUSE 821 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 66502	STATE	10-28-94	\$100.00
THOMPSON FOR ST TREASURER P.O. BOX 2814 TOPEKA, KS 66601	STATE	10-31-94	\$200.00
TOTAL FOR THIS PAGE			\$1,800.00



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

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DATE OF RECEIPT

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7-25-95

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DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

MRJ

PREPARER

7-29-95

DATE PREPARED

9 5 0 3 9 5 8 1 5 6