

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

(revised 1/1/81)

NAME OF COMMITTEE BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC		REPORT COVERING PERIOD		
		FROM 11/24/98	TO: 12/31/98	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			11(a)iii
i.	Itemized (use Schedule A)	933.00	3,574.00	11(a)ii
ii.	Unitemized	1,181.25	14,885.25	11(a)ii
iii.	Total (add i and ii) >	2,114.25	18,459.25	11(b)
b.	Political Party Committees			11(c)
c.	Other Political Committees (such as PACs)			11(d)
d.	Total Contributions (add a ii, b and c) >	2,114.25	18,459.25	12
12.	Transfers From Affiliated/Other Party Committees			13
13.	All Loans Received			14
14.	Loan Repayments Received			15
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17.	Other Federal Receipts (Dividends, Interest, etc.)	11.04	106.91	18
18.	Transfers from Nonfederal Account for Joint Activity			19
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2,125.29	18,566.16	20
20.	Total Federal Receipts (subtract line 16 from line 19) >	2,125.29	18,566.16	
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(f)
i.	Federal Share			21(a)(f)
ii.	Non-Federal Share	0.00	20.08	21(b)
b.	Other Federal Operating Expenditures	0.00	20.08	21(c)
c.	Total Operating Expenditures (add a ii, a li, and b) >	1,270.00	7,620.00	22
22.	Transfers to Affiliated/Other Party Committees			23
23.	Contributions to Federal Candidates/Committees and Other Political Committees			24
24.	Independent Expenditures (use Schedule E)			25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26.	Loan Repayments Made			27
27.	Loans Made			
28.	Refunds of Contributions To:			28(a)
a.	Individuals/Persons Other Than Political Committees			28(b)
b.	Political Party Committees			28(c)
c.	Other Political Committees (such as PACs)			28(d)
d.	Total Contribution Refunds (add a, b and c) >	500.00	10,350.00	29
29.	Other Disbursements	1,770.00	17,990.08	30
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,770.00	17,990.08	31
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	2,114.25	18,459.25	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	2,114.25	18,459.25	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	20.08	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0.00	20.08	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMBER 11.a.1.

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NAME OF COMMITTEE (In Full)

BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC (C00197202)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fredrick D. Palenske 6225 Vorse Rd. Auburn, KS 66402	Blue Cross & Blue Shield of Kansas, Inc.	Biweekly Payroll Deduction	\$30.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir, Legislative & Reg.	Aggregate Year-to-Date > \$ 228.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John W. Knack, Jr. 5633 Hawick Lane Topeka, KS 66614	BCBKS, Inc.	Biweekly Payroll Deduction	60.00 (\$20 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 > \$ 450.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John D. Murrell 4325 SW Lagel Point Rd. Topeka, KS 66610	BCBSK, Inc.	Biweekly Payroll Deduction	27.00 (\$9 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President & COO, AIG	Aggregate Year-to-Date > \$ 208.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alvin E. Callahan 4422 Colly Creek Dr. Topeka, KS 66610	BCBSK, Inc.	Biweekly Payroll Deduction	39.00 (\$13 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mgr, Corp. EDP Audit	Aggregate Year-to-Date > \$ 316.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David, E. Manley 3429 SW Stonybrook Dr. Topeka, KS 66614-5117	BCBSK, Inc.	Biweekly Payroll Deduction	45.00 (\$15 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP, Sub Serv & Gov Prog	Aggregate Year-to-Date > \$ 405.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roni L. Davis-Watson 3121 SW Belle Ave. Topeka, KS 66614	BCBSK, Inc.	Biweekly Payroll Deduction	30.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mgr, Customer Service	Aggregate Year-to-Date > \$ 270.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rose A. Morrow 3920 SW 39th Terrace Topeka, KS 66610	BCBSK, Inc.	Biweekly Payroll Deduction	30.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mgr, Managed Care Adm	Aggregate Year-to-Date > \$ 270.00	

SUBTOTAL of Receipts This Page (optional)

\$261.00

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 4

FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (In Full)

BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC (C00197202)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda K. Vondenkamp 6300 SE 61st St. Tecumseh, KS 66542	Blue Cross & Blue Shield of Kansas, Inc.	Biweekly Payroll Deduction	45.00 (\$15 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Government Programs	Aggregate Year-to-Date > \$ 365.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol A. Slavin 325 Country Club Dr. Topeka, KS 66611	BCBSK, Inc.	Biweekly Payroll Deduction	30.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir, Medicare/Medicaid	Aggregate Year-to-Date > \$ 252.50	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leslie D. Watson 3121 SW Belle Topeka, KS 66614	BCBSK, Inc.	Biweekly Payroll Deduction	54.00 (\$18 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Payment Safeguard	Aggregate Year-to-Date > \$ 422.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rusty E. Doty 4242 SE 25th Topeka, KS 66605	BCBSK, Inc.	Biweekly Payroll Deduction	27.00 (\$9 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mgr, Mraid Prov Rel& Rec	Aggregate Year-to-Date > \$ 208.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Edward Deines 3303 SW 29th Terrace Topeka, KS 66614	BCBSK, Inc.	Biweekly Payroll Deduction	18.00 (\$6 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Group Consultant	Aggregate Year-to-Date > \$ 394.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry E. Trulson 315-I Houston St. Manhattan, KS 66502	BCBSK, Inc.	Biweekly Payroll Deduction	30.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Group Consultant	Aggregate Year-to-Date > \$ 270.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary F. Cochran 257 N. Broadway Wichita, KS 67202	BCBSK, Inc.	Biweekly Payroll Deduction	45.00 (\$15 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Group Consultant	Aggregate Year-to-Date > \$ 370.00	

SUBTOTAL of Receipts This Page (optional)

\$249.00

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 3 OF 4
FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (In Full)

BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC (C00197202)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sandra Delores Jackson 2213 SW Gage Topeka, KS 66614	BCBSK, Inc.	Biweekly Payroll Deduction	36.00 (\$12 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mgr, Group Sales Aggregate Year-to-Date > \$ 268.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sherian Conwell-Betz 2731 McAlister Topeka, KS 66614	BCBSK, Inc.	Biweekly Payroll Deduction	24.00 (\$8 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sen Specialty Proj Rep 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
John L. Reedy 5722 SW 27th Topeka, KS 66614	BCBSK, Inc.	Biweekly Payroll Deduction	30.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Asst Mgr, S & P Aggregate Year-to-Date > \$ 270.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald H. Daniels 1040 SW Cambridge Ave. Topeka, KS 66604-1716	BCBSK, Inc.	Biweekly Payroll Deduction	30.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Project Leader Aggregate Year-to-Date > \$ 214.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven E. Rolin 815 Saline Topeka, KS 66606-1969	BCBSK, Inc.	Biweekly Payroll Deduction	27.00 (\$9 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Systems Analyst Aggregate Year-to-Date > \$ 208.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Darrel L. Brake 6017 SW 38th Topeka, KS 66610	BCBSK, Inc.	Biweekly Payroll Deduction	33.00 (\$11 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mgr, Systems & Programming Aggregate Year-to-Date > \$262.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard M. Schroeder 1501 SW Belle Ave. Topeka, KS 66604	BCBSK, Inc.	Biweekly Payroll Deduction	33.00 (\$11 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DE Standards & Bus Resump! Aggregate Year-to-Date > \$ 262.00		

SUBTOTAL of Receipts This Page (optional)

\$213.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE **4** OF **4**
FOR LINE NUMBER **11.a.i.**

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NAME OF COMMITTEE (in Full)

BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC (C00197202)

A. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year) Deduction	Amount of Each Receipt this Period
Curtis J. Clark 5124 SW 33rd Terrace Topeka, KS 66614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BCBSK, Inc. Lead DA Technician \$ 370.00	Biweekly Payroll Deduction	45.00 (\$15 per pay period)
B. Full Name, Mailing Address and ZIP Code Donald R. Lynn 6936 Lake Ridge Parkway Ozawie, KS 66070 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BCEKS, Inc. VP, Finance \$ 424.00	Biweekly Payroll Deduction	51.00 (\$17. per pay period)
C. Full Name, Mailing Address and ZIP Code Ronald D. Simmons RR #4, Box 106 Sabetha, KS 66534 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BCBSK, Inc. Mgr, Cost Accounting \$ 316.00	Biweekly Payroll Deduction	39.00 (\$13 per pay period)
D. Full Name, Mailing Address and ZIP Code Ralph H. Weher II 9526 SE Ratner Rd. Berryton, KS 66409 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BCBSK, Inc. VP, Medical Affairs \$ 675.00	Biweekly Payroll Deduction	75.00 (\$25. per pay period)
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) \$210.00
TOTAL This Period (last page this line number only) \$933.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC (C00197202)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mercantile Bank of Topeka P.O. Box 178 Topeka, KS 66601-0178	Interest Earned Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/98 12/31/98	\$ 5.23 5.81
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)

\$11.04

TOTAL This Period (last page this line number only)

\$11.04

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)

BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC (C00197202)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution to Affiliated PAC	Date (month, day, year)	Amount of Each Disbursement This Period
CAREPAC, BCBSA, PAC 1310 G. St., N.W. 12th Floor Washington, D.C. 20005	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/98 12/31/98	\$635.00 635.00
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)

\$1,270.00

TOTAL This Period (last page this line number only)

\$1,270.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC (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
Senate Leadership PAC P.O. Box 1772 Topeka, KS 66601		12/29/98	\$ 500.00
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)	\$ 500.00
TOTAL This Period (last page this line number only)	\$ 500.00

