

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full) BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC FKA CAREPAC OF KANSAS		2. FEC IDENTIFICATION NUMBER C00197202
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1133 8th TOPEKA BLVD CC 830		
CITY, STATE, and ZIP CODE TOPEKA KS 66620		3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report Monthly Report Due On:
- July 15 Quarterly Report February 20 June 20 October 20
 October 15 Quarterly Report March 20 July 20 November 20
 January 31 Year End Report April 20 August 20 December 20
 July 31 Mid-Year Report (Non-election Year Only) May 20 September 20 January 31
- Twelfth day report preceding _____
(election type) _____
election on _____ In the State of _____
- Thirtieth day report following the General Election
on _____ In the State of _____
- Termination report
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/2000</u> through <u>09/30/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		1885.71
(b) Cash on Hand at Beginning of Reporting Period	5011.01	
(c) Total Receipts (from line 19)	3968.99	12810.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8978.00	14496.00
7. Total Disbursements (from line 30)	8970.00	14488.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8.00	8.00
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 999 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 Electronically Filed by Janet M. Blakesley		
Signature of Treasurer	Date 10/11/2000	

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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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC FKA CAREPAC OF KANSAS		REPORT COVERING PERIOD FROM 07/01/2000 TO: 09/30/2000	
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. Itemized (use Schedule A)	2532.00	3572.00	11.a.i.
ii. Unitemized	1422.00	8965.25	11.a.ii.
iii. Total	3954.00	12568.25	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	3954.00	12568.25	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	12.99	42.04	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	3966.99	12610.29	19.
20. Total Federal Receipts	3966.99	12610.29	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	0.00	21.b.
c. Total Operating Expenditures	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	1270.00	5080.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	108.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	108.00	28.d.
29. Other Disbursements	7700.00	9300.00	29.
30. Total Disbursements	8970.00	14488.00	30.
31. Total Federal Disbursements	8970.00	14488.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	3954.00	12568.25	32.
33. Total Contribution Refunds (from line 28d)	0.00	108.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	3954.00	12460.25	34.
35. Total Federal Operating Expenditures	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	0.00	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 8
			FOR LINE NUMBER 11A1

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)
BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC FKA CAREPAC OF KANSAS

Full Name, Mailing Address, and ZIP Code Darrel L. Brake 6017 SW 38th Topeka KS 66610 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross & Blue Shield of Ks., Inc. Occupation Mgr. Systems & Programming Aggregate Year-to-Date > \$ 209.00	Date (month, day, year) 09/30/2000 Biweekly Payroll Deduction	Amount of Each Receipt this Period 209.00 Biweekly Payroll Deduction
Full Name, Mailing Address, and ZIP Code Alvin E. Calahan 4422 Colly Creek Drive Topeka KS 66610 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross & Blue Shield of Ks. Inc. Occupation Mgr. Corporate EDP Audit Aggregate Year-to-Date > \$ 247.00	Date (month, day, year) 09/30/2000 Biweekly Payroll Deduction	Amount of Each Receipt this Period 247.00 Biweekly Payroll Deduction
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer Blue Cross & Blue Shield of Ks., Inc. Occupation IRM Senior Technician Aggregate Year-to-Date > \$ 285.00	Date (month, day, year) 09/30/2000 Biweekly Payroll Deduction	Amount of Each Receipt this Period 285.00 Biweekly Payroll Deduction
Full Name, Mailing Address, and ZIP Code Mary F. Cochran 257 N. Broadway Wichita KS 67202 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross & Blue Shield of Ks. Inc. Occupation Group Consultant Aggregate Year-to-Date > \$ 285.00	Date (month, day, year) 09/30/2000 Biweekly Payroll Deduction	Amount of Each Receipt this Period 285.00 Biweekly Payroll Deduction
Full Name, Mailing Address, and ZIP Code John W. Knack, Jr. 5633 Hawick Lane Topeka KS 66614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross & Blue Shield of Ks. Inc. Occupation President and CEO Aggregate Year-to-Date > \$ 380.00	Date (month, day, year) 09/30/2000 Biweekly Payroll Deduction	Amount of Each Receipt this Period 120.00 Biweekly Payroll Deduction
Full Name, Mailing Address, and ZIP Code Donald R. Lynn 6936 Lake Ridge Parkway Olathe KS 66070 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross & Blue Shield of Ks. Inc. Occupation Vice President, Finance Aggregate Year-to-Date > \$ 323.00	Date (month, day, year) 09/30/2000 Biweekly Payroll Deduction	Amount of Each Receipt this Period 102.00 Biweekly Payroll Deduction
Full Name, Mailing Address, and ZIP Code David E. Marley 3429 SW Storybrook Drive Topeka KS 66614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross & Blue Shield of Ks., Inc. Occupation VP, Sub Services & Gov't Programs Aggregate Year-to-Date > \$ 285.00	Date (month, day, year) 09/30/2000 Biweekly Payroll Deduction	Amount of Each Receipt this Period 285.00 Biweekly Payroll Deduction

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 8
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC FKA CAREPAC OF KANSAS

Full Name, Mailing Address, and ZIP Code Richard M. Schroeder 1501 SW Belle Ave. Topoka KS 66604 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross & Blue Shield of Ks., Inc.	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 209.00 Biweekly Payroll Deduction
	Occupation IS Standards & Business Resumption		
	Aggregate Year-to-Date > \$ 209.00		
Full Name, Mailing Address, and ZIP Code Ronald D. Simmons 108 Marilyn Drive Haton KS 66436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross & Blue Shield of Ks., Inc.	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 247.00 Biweekly Payroll Deduction
	Occupation Manager, Cost Accounting		
	Aggregate Year-to-Date > \$ 247.00		
Full Name, Mailing Address, and ZIP Code Linda K. Vonderkamp 6300 SE 61st St. Tecumseh KS 66542 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross & Blue Shield of Ks., Inc.	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 285.00 Biweekly Payroll Deduction
	Occupation Vice President, Gov't Programs		
	Aggregate Year-to-Date > \$ 285.00		
Full Name, Mailing Address, and ZIP Code Leslie D. Watson 3121 SW Belle Topoka KS 66614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross & Blue Shield of Ks., Inc.	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 108.00 Biweekly Payroll Deduction
	Occupation Director, Payment Safeguard		
	Aggregate Year-to-Date > \$ 342.00		
Full Name, Mailing Address, and ZIP Code Ralph H. Weber, II 9526 SE Ratner Road Berryton, KS 66409 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross & Blue Shield of Ks., Inc.	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 150.00 Biweekly Payroll Deduction
	Occupation Vice President, Medical Affairs		
	Aggregate Year-to-Date > \$ 475.00		

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SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	2532.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 8 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 commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC FKA CAREPAC OF KANSAS			
Full Name, Mailing Address, and ZIP Code BLUEPAC BLUE CROSS AND BLUE SHIELD ASSOCIATION THE POLITICAL ACTION COMMITTEE 1310 G STREET NW 12TH FLOOR WASHINGTON DC 20005	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 07/31/2000	Amount of Each Disbursement This Period 635.00
Full Name, Mailing Address, and ZIP Code BLUEPAC BLUE CROSS AND BLUE SHIELD ASSOCIATION THE POLITICAL ACTION COMMITTEE 1310 G STREET NW 12TH FLOOR WASHINGTON DC 20005	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 635.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			1270.00

SCHEDULE B		ITEMIZED DISBURSEMENTS		6 / 8
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 28
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) BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC FKA CAREPAC OF KANSAS				
Full Name, Mailing Address, and ZIP Code Barnett for Senate 1400 Lincoln Emporia KS 66801	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 07/19/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code Kerr for Senate 72 Willowbrook Hutchinson KS 67502	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 07/19/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code Landwehr for Representative 1927 N. Gow St. Wichita KS 67203	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 07/19/2000	Amount of Each Disbursement This Period 150.00	
Full Name, Mailing Address, and ZIP Code Schmidt for Senate 416 1/2 N. 5th St., P.O. Box 747 Independence KS 67301	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 07/19/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code Teichman for Senate 402 N. Union Stafford KS 67578	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 07/19/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code Brungardt for Senate 522 Fairdale Rd Salina KS 67401	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code Corbin for Senate 5079 800 Fulton Rd. Towanda KS 67144	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code Geringer for Representative 720 Rockledge Drive Junction City KS 66441	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 150.00	
Full Name, Mailing Address, and ZIP Code Jenkins for Senate 5940 800 Clarion Lane Topeka KS 66610	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 250.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		7 / 8
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 28
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NAME OF COMMITTEE (In Full) BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC FKA CAREPAC OF KANSAS				
Full Name, Mailing Address, and ZIP Code Kerr for Senate 72 Willowbrook Hutchinson KS 67502	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Landwehr for Representative 1927 N. Gow St. Wichita KS 67203	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 150.00	
Full Name, Mailing Address, and ZIP Code Mays for Representative 1920 SW Damon Court Topeka KS 66611	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code O'Neal for Representative 8 Windemere Ct. Hutchinson KS 67502	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code Powell for Representative 7313 Winterberry Wichita KS 67226	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code Praeger for Senate 3601 Quail Creek Ct. Lawrence KS 66047	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Salmans for Senate 105 South Logan Street Hanston KS 67849	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code Schodorf for Senate 3039 Benjamin Ct. Wichita KS 67204	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code Tomlinson for Representative 5722 Birch Roland Park KS 66205	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 250.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		8 / 8
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 28
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NAME OF COMMITTEE (In Full) BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC FKA CAREPAC OF KANSAS				
Full Name, Mailing Address, and ZIP Code Umbarger for Senate 1585 70th Street Thayer KS 66776	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code Wagle for Senate 14 N. Sandalwood Wichita KS 67230	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code Wilk for Representative 715 Cottonwood Drive Lansing KS 66043	Purpose of Disbursement Contribution/State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 250.00	
Empty space for additional entries				
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)			5450.00	