

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
WASHINGTON, DC 20463

DEC 9 11 54 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) CAREPAC OF KANSAS BLUE CROSS AND BLUE SHIELD	2. FEC IDENTIFICATION NUMBER CODE 97202
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1133 S.W. TOPEKA BLVD	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE TOPEKA, KANSAS 66629	

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)

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 11/5 in the State of KANSAS

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/1/96</u> through <u>11/25/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 3,205.07
(b) Cash on Hand at Beginning of Reporting Period	\$ 1,793.44	
(c) Total Receipts (from Line 19)	\$ 1,827.55	\$ 14,481.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 3,620.99	\$ 17,686.99
7. Total Disbursements (from Line 30)	\$ 1,185.00	\$ 15,251.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2,435.99	\$ 2,435.99
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 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	
<i>I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.</i>		
Type or Print Name of Treasurer KEITH ZACHARIASEN		Date
Signature of Treasurer		12/4/96

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 10/1/96 TO: 11/25/96	
		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)	708.00	2,247.00	11(a)(i)
ii. Unitemized	1,114.75	12,147.75	11(a)(ii)
iii. Total (add i and ii) >	1,822.75	14,394.75	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) >	1,822.75	14,394.75	11(d)
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.)	4.80	87.17	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1,827.55	14,481.92	19
20. Total Federal Receipts (subtract line 18 from line 19) >	1,827.55	14,481.92	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(X)
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures	-0-	-0-	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	-0-	-0-	21(d)
22. Transfers to Affiliated/Other Party Committees	635.00	6,350.00	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:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements	550.00	8,901.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,185.00	15,251.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	1,185.00	15,251.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1,822.75	14,394.75	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,822.75	14,394.75	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 35) >	-0-	-0-	37

SCHEDULE A

ITEMIZED RECEIPTS

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 SEE ATTACHED	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

708.00

ITEMIZED RECEIPTS
SCHEDULE A

PAGE 1 OF 2
FOR LINE NUMBER 11a

NAME & ADDRESS	EMPLOYER/OCCUPATION	DATE	YEAR TO DATE	AMOUNT EACH REC THIS PERI	AMOUNT PER PAY PERIOD
THOMAS L. MILLER 2325 SW PEPPERWOOD ROAD TOPEKA, KS 66614	BLUE CROSS & BLUE SHIELD PRESIDENT & CEO	BI-WEEKLY PAYROLL DEDUCT.		\$100.00	\$25.00 **
	AGGREGATE YEAR-TO-DATE		5600.00		
JOHN W. KNACK JR 6022 NW GLENWOOD TOPEKA, KS 66617	BLUE CROSS & BLUE SHIELD EXECUTIVE VICE PRESIDENT	BI-WEEKLY PAYROLL DEDUCT.		\$40.00	\$10.00 **
	AGGREGATE YEAR-TO-DATE		\$240.00		
DAVID MANLEY 3429 SW STONYBROOK DR TOPEKA, KS 66614-5117	BLUE CROSS & BLUE SHIELD VP SUB SVCS & SR MED OFF	BI-WEEKLY PAYROLL DEDUCT.		\$60.00	\$15.00 **
	AGGREGATE YEAR-TO-DATE		\$360.00		
RONI DAVIS-WATSON 3121 SW BELLE AVE TOPEKA, KS 66614	BLUE CROSS & BLUE SHIELD MGR OPER POLICY/PROC/MBS	BI-WEEKLY PAYROLL DEDUCT.		\$40.00	\$10.00 **
	AGGREGATE YEAR-TO-DATE		\$240.00		
ROSE A MORROW 3620 SW 39TH TERR TOPEKA, KS 66610	BLUE CROSS & BLUE SHIELD MGR NATL & SPEC ACCTS	BI-WEEKLY PAYROLL DEDUCT.		\$40.00	\$10.00 **
	AGGREGATE YEAR-TO-DATE		\$240.00		
LINDA VONDEMKA 3543 SE CROGO RD TOPEKA, KS 66605-3112	BLUE CROSS & BLUE SHIELD VICE PRESIDENT, MEDICARE	BI-WEEKLY PAYROLL DEDUCT.		\$40.00	\$10.00 **
	AGGREGATE YEAR-TO-DATE		\$240.00		
LESLIE WATSON 3121 SW BELLE TOPEKA, KS 66614	BLUE CROSS & BLUE SHIELD DIR PAYMENT SAFEGUARDS	BI-WEEKLY PAYROLL DEDUCT.		\$40.00	\$10.00 **
	AGGREGATE YEAR-TO-DATE		\$240.00		
JOHN EDWARD DEINES 3303 SW 29TH TERR TOPEKA, KS 66614	BLUE CROSS & BLUE SHIELD GROUP CONSULTANT	BI-WEEKLY PAYROLL DEDUCT.		\$40.00	\$10.00 **
	AGGREGATE YEAR-TO-DATE		\$240.00		
		TOTAL THIS PAGE		\$400.00	

BARRY TRULSON 315-I HOUSTON STREET MANHATTAN, KS 66502	BLUE CROSS & BLUE SHIELD GROUP CONSULTANT AGGREGATE YEAR-TO-DATE	BI-WEEKLY PAYROLL DEDUCT.	\$40.00	\$10.00 **	\$240.00
MARY COCHRAN 257 N BROADWAY WICHITA, KS 67202	BLUE CROSS & BLUE SHIELD GROUP CONSULTANT AGGREGATE YEAR-TO-DATE	BI-WEEKLY PAYROLL DEDUCT.	\$40.00	\$10.00 **	\$240.00
JOHN REEDY 5722 WEST 27TH TOPEKA, KS 66614	BLUE CROSS & BLUE SHIELD ASSISTANT MANAGER AGGREGATE YEAR-TO-DATE	BI-WEEKLY PAYROLL DEDUCT.	\$40.00	\$10.00 **	\$240.00
CURTIS CLARK 5124 SW 33RD TERR TOPEKA, KS 66614	BLUE CROSS & BLUE SHIELD LEAD DA TECHNICIAN AGGREGATE YEAR-TO-DATE	BI-WEEKLY PAYROLL DEDUCT.	\$40.00	\$10.00 **	\$240.00
DONALD LYNN 511 MARINER SILVER LAKE, KS 66539	BLUE CROSS & BLUE SHIELD VICE PRESIDENT FINANCE AGGREGATE YEAR-TO-DATE	BI-WEEKLY PAYROLL DEDUCT.	\$48.00	\$12.00 **	\$288.00
RALPH H. WEBER, II 9528 SW RATNER ROAD BERRYTON, KS 66409	BLUE CROSS & BLUE SHIELD V.P. MED AFFAIRS AGGREGATE YEAR-TO-DATE	BI-WEEKLY PAYROLL DEDUCT.	\$100.00	\$25.00 **	\$600.00
			TOTAL THIS PAGE	\$308.00	
TOTALS			\$4,248.00	\$708.00	\$177.00

SCHEDULE A

ITEMIZED RECEIPTS

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 AND BLUE SHEILD (000197202)

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 BTH AND JACKSON TOPEKA, KANSAS	INTEREST EARNED	10/31/96	4.80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \rightarrow \$ 87.17	
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 \rightarrow \$	
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 \rightarrow \$	
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 \rightarrow \$	
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 \rightarrow \$	
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 \rightarrow \$	
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 \rightarrow \$	

SUBTOTAL of Receipts This Page (optional)	4.80
TOTAL This Period (last page this line number only)	4.80

SCHEDULE B

ITEMIZED DISBURSEMENTS

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
CAREPAC, BLUE CROSS & BLUE SHIELD ASSN., PAC 1310 G STREET N.W. 12TH FLOOR WASHINGTON, D.C. 20005	CONTRIBUTION TO AFFILIATED PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/96	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

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)

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
JAN WHITE 404 HOCKADAY COUNCIL GROVE, KS 66846	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/96	150.00
PHILIP KLINE	VOID CHECK Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/96	(100.00)
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)	11/15/96	500.00
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)

550.00

TOTAL This Period (last page this line number only)

550.00

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

12-4-96

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

and/or DATE OF RECEIPT

JMU
PREPARER

12-9-96
DATE PREPARED