

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAR 2000

FEB 4 1 46 PM '97

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

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

## 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 11/26/96 through 12/31/96			\$ 3,205.07
6. (a) Cash on Hand January 1, 1996			
(b) Cash on Hand at Beginning of Reporting Period		\$ 2,435.99	
(c) Total Receipts (from Line 19)		\$ 1,836.23	\$ 16,318.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 4,272.22	\$ 19,523.22
7. Total Disbursements (from Line 30)		\$ 2,020.00	\$ 17,271.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 2,252.22	\$ 2,252.22
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 999 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 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  
KEITH ZACHARIASEN

Signature of Treasurer

Date  
1/30/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--	--

FEC FORM 3X  
(revised 5/93)

**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 11/26/96 TO 12/31/96	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	418.00	2,665.00	11(a)(i)
ii. Unitemized	1,407.75	13,555.50	11(a)(ii)
iii. Total (add i and ii) >	1,825.75	16,220.50	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) >	1,825.75	16,220.50	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.)	10.48	97.65	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1,836.23	16,318.15	19
20. Total Federal Receipts (subtract line 18 from line 19) >	1,836.23	16,318.15	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	-0-	-0-	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	-0-	-0-	21(c)
22. Transfers to Affiliated/Other Party Committees	1,270.00	7,620.00	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	750.00	9,651.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,020.00	17,271.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,020.00	17,271.00	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	1,836.23	16,318.15	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,836.23	16,318.15	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**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11A

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 (G00197202)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SEE ATTACHED	Occupation		
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)

TOTAL This Period (last page this line number only)

418.00

ITEMIZED RECEIPTS  
SCHEDULE A

PAGE 1 OF 3  
FOR LINE NUMBER 11

NAME & ADDRESS	EMPLOYER/OCCUPATION	DATE	YEAR TO DATE	AMOUNT EACH 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.		\$50.00	\$25.00
	AGGREGATE YEAR-TO-DATE		\$850.00		
MURIEL A. MCCLENNY 231 NE 50TH TOPEKA, KS 66617	BLUE CROSS & BLUE SHIELD ADM ASSIST TO PRESIDENT	BI-WEEKLY PAYROLL DEDUCT.		\$16.00	\$8.00
	AGGREGATE YEAR-TO-DATE		\$208.00		
JOHN W. KNACK JR 5633 HAWICK LANE TOPEKA, KS 66614	BLUE CROSS & BLUE SHIELD EXECUTIVE VICE PRESIDENT	BI-WEEKLY PAYROLL DEDUCT.		\$20.00	\$10.00
	AGGREGATE YEAR-TO-DATE		\$260.00		
ALVIN E. CALLAHAN 4422 COLLY CREEK DRIVE TOPEKA, KS 66610-0001	BLUE CROSS & BLUE SHIELD MGR CORPORATE EDP AUDIT	BI-WEEKLY PAYROLL DEDUCT.		\$16.00	\$8.00
	AGGREGATE YEAR-TO-DATE		\$206.00		
DAVID MANLEY 3429 SW STONYBROOK DR TOPEKA, KS 66614-5117	BLUE CROSS & BLUE SHIELD VP SUB SVCS & GOVT PRGMS	BI-WEEKLY PAYROLL DEDUCT.		\$30.00	\$15.00
	AGGREGATE YEAR-TO-DATE		\$380.00		
RONI DAVIS-WATSON 3121 SW BELLE AVE TOPEKA, KS 66614	BLUE CROSS & BLUE SHIELD MGR OPER POLICY/PROC/MBS	BI-WEEKLY PAYROLL DEDUCT.		\$20.00	\$10.00
	AGGREGATE YEAR-TO-DATE		\$260.00		
ROSE A MORROW 3920 SW 39TH TERR TOPEKA, KS 66610	BLUE CROSS & BLUE SHIELD MANAGER MANAGED CARE ADM	BI-WEEKLY PAYROLL DEDUCT.		\$20.00	\$10.00
	AGGREGATE YEAR-TO-DATE		\$260.00		
LINDA VONDEMKAMP 3543 SE CROGO RD TOPEKA, KS 66605-3112	BLUE CROSS & BLUE SHIELD VICE PRESIDENT, MEDICARE	BI-WEEKLY PAYROLL DEDUCT.		\$20.00	\$10.00
	AGGREGATE YEAR-TO-DATE		\$260.00		

TOTAL THIS PAGE

\$192.00

LESLIE WATSON 3121 SW BELLE TOPEKA, KS 66614	BLUE CROSS & BLUE SHIELD DIR PAYMENT SAFEGUARDS	BI-WEEKLY PAYROLL DEDUCT.	\$20.00	\$10.00
	AGGREGATE YEAR-TO-DATE		\$260.00	
JOHN EDWARD DEINES 3303 SW 28TH TERR TOPEKA, KS 66614	BLUE CROSS & BLUE SHIELD GROUP CONSULTANT	BI-WEEKLY PAYROLL DEDUCT.	\$20.00	\$10.00
	AGGREGATE YEAR-TO-DATE		\$260.00	
BARRY TRULSON 3154 HOUSTON STREET MANHATTAN, KS 66502	BLUE CROSS & BLUE SHIELD GROUP CONSULTANT	BI-WEEKLY PAYROLL DEDUCT.	\$20.00	\$10.00
	AGGREGATE YEAR-TO-DATE		\$260.00	
MARY COCHRAN 257 N BROADWAY WICHITA, KS 67202	BLUE CROSS & BLUE SHIELD GROUP CONSULTANT	BI-WEEKLY PAYROLL DEDUCT.	\$20.00	\$10.00
	AGGREGATE YEAR-TO-DATE		\$260.00	
SHERIAN CONWELL 2731 MCALISTER TOPEKA, KS 66614	BLUE CROSS & BLUE SHIELD SPECIALITY PROVIDER REP	BI-WEEKLY PAYROLL DEDUCT.	\$18.00	\$8.00
	AGGREGATE YEAR-TO-DATE		\$208.00	
JOHN REEDY 5722 WEST 27TH TOPEKA, KS 66614	BLUE CROSS & BLUE SHIELD ASSISTANT MANAGER	BI-WEEKLY PAYROLL DEDUCT.	\$20.00	\$10.00
	AGGREGATE YEAR-TO-DATE		\$260.00	
CURTIS CLARK 5124 SW 33RD TERR TOPEKA, KS 66614	BLUE CROSS & BLUE SHIELD LEAD DA TECHNICIAN	BI-WEEKLY PAYROLL DEDUCT.	\$20.00	\$10.00
	AGGREGATE YEAR-TO-DATE		\$260.00	
DONALD LYNN 511 MARINER SILVER LAKE, KS 66539	BLUE CROSS & BLUE SHIELD VICE PRESIDENT FINANCE	BI-WEEKLY PAYROLL DEDUCT.	\$24.00	\$12.00
	AGGREGATE YEAR-TO-DATE		\$312.00	
RONALD D. SIMMONS RR 3 BOX 504 TOPEKA, KS 66617	BLUE CROSS & BLUE SHIELD MANAGER COST ACCOUNTING	BI-WEEKLY PAYROLL DEDUCT.	\$18.00	\$8.00
	AGGREGATE YEAR-TO-DATE		\$208.00	
TOTAL THIS PAGE			\$176.00	

---

RALPH H. WEBER II 9526 SW RATNER ROAD BERRYTON, KS 66409	BLUE CROSS & BLUE SHIELD VICE PRES MED AFFAIRS	BI-WEEKLY PAYROLL DEDUCT.	\$50.00	\$25.00
	AGGREGATE YEAR-TO-DATE		\$550.00	

---

TOTAL THIS PAGE \$50.00

TOTALS \$5,434.00 \$418.00 \$209.00

**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 AND BLUE SHIELD (C00197202)**

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 8TH AND JACKSON TOPEKA, KANSAS	INTEREST EARNED	11/30/96	5.19
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/31/96	5.29
Aggregate Year-to-Date > \$ 97.65			
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 > \$	
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 > \$	
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) .....

10.48

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

10.48

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary 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 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 SHEILD ASSN., PAC 1310 G STREET N.W. 12TH FLOOR WASHINGTON, D.C. 20005	CONTRIBUTION TO AFFILIATED PAC	11/30/96	635.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/96	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)

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

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
RE-ELECT SENATOR JONES 3736 WEAVER DRIVE KANSAS CITY, KS 66104	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/04/96	250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SUE STORM - ST REP P.O. BOX 40174 OVERLAND PARK, KS 66204	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/96	100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MARTI CROW - ST REP 1200 SOUTH BROADWAY LEAVENWORTH, KS 66048	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/96	100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DOUGLAS JOHNSTON - ST REP 1335 LEWELLEN WICHITA, KS 67203	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/96	100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DIXIE TOELKES - ST REP 3336 SW MEADOWVIEW TOPEKA, KS 66605	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/96	100.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BILLIE VINING - ST REP 3849 N. CLARENCE WICHITA, KS 67204	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/96	100.00
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)	750.00
TOTAL This Period (last page this line number only)	750.00

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

1-31-97

Registered/Certified Mail

POSTMARKED

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

K.C.  
PREPARER

2-4-97  
DATE PREPARED