

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

Dec 5 10 19 AM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)

C00197202 101998 P 236

JANET KUHNERT  
BLUE CROSS AND BLUE SHIELD OF  
KANSAS EMPLOYEE PAC FKA CAREPA  
1133 SW TOPEKA BLVD CC 830  
12TH FLOOR  
TOPEKA KS 66629

2. FEC IDENTIFICATION NUMBER  
C00197202

3.  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

- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

- (b) Is this Report an Amendment?  YES  NO

| SUMMARY   |                           | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date   |
|---|---------------------------|-------------------------|---|
| 5. Covering Period  | 10/15/98 through 11/23/98 |                         |   |
| 6. (a) Cash on Hand January 1, 19 98  |                           |                         | \$ 3,604.88   |
| (b) Cash on Hand at Beginning of Reporting Period   |                           | \$ 2,954.60             |   |
| (c) Total Receipts (from Line 19)   |                           | \$ 2,156.07             | \$ 16,440.87  |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)                                |                           | \$ 5,110.67             | \$ 20,045.75  |
| 7. Total Disbursements (from Line 20)   |                           | \$ 1,285.00             | \$ 16,220.08  |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))   |                           | \$ 3,825.67             | \$ 3,825.67   |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)                            |                           | \$ 0.00                 | For further information contact:<br>Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20463<br>Toll Free 800-424-9630<br>Local 202-694-1100 |
| 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<br>JANET M. KUHNERT   |                           |                         |   |
| Signature of Treasurer<br><i>Janet M. Kuhnert</i>   |                           | Date<br>12/1/98         |   |

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<br>BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC                    |          | REPORT COVERING PERIOD<br>FROM 10/15/98 TO 11/23/98 |                           |
|---|----------|---|---------------------------|
|   |          | COLUMN A<br>Total This Period                       | COLUMN B<br>Calendar Year |
| <b>I. Receipts</b>  |          |   |                           |
| 11. Contributions (other than loans) From:  |          |   |                           |
| a. Individual/Persons Other Than Political Committees                                     |          |   |                           |
| i. Itemized (see Schedule A)  | 804.00   | 2,641.00  | 11(a)(i)                  |
| ii. Unitemized  | 1,346.25 | 13,704.00   | 11(a)(ii)                 |
| ii. Total (add i and ii) >  | 2,150.25 | 16,345.00   | 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) >  | 2,150.25 | 16,345.00   | 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.)                                    | 5.82     | 95.87   | 17                        |
| 18. Transfers from Nonfederal Account for Joint Activity                                  |          |   | 18                        |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >                            | 2,156.07 | 16,440.87   | 19                        |
| 20. Total Federal Receipts (subtract line 18 from line 19) >                              | 2,156.07 | 16,440.87   | 20                        |
| <b>II. Disbursements</b>  |          |   |                           |
| 21. Operating Expenditures:   |          |   |                           |
| a. Shared Federal/Non-Federal Activity (from Schedule H4)                                 |          |   |                           |
| i. Federal Share  |          |   | 21(a)(i)                  |
| i. Non-Federal Share  |          |   | 21(a)(ii)                 |
| b. Other Federal Operating Expenditures   | 0.00     | 20.08   | 21(b)                     |
| c. Total Operating Expenditures (add a i, a ii, and b) >                                  | 0.00     | 20.08   | 21(c)                     |
| 22. Transfers to Affiliated/Other Party Committees  | 635.00   | 6,950.00  | 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   | 650.00   | 9,850.00  | 29                        |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >                  | 1,285.00 | 16,220.08   | 30                        |
| 31. Total Federal Disbursements (subtract line 21 a i from line 30) >                     | 1,285.00 | 16,220.08   | 31                        |
| <b>III. Net Contributions/Operating Expenditures</b>                                      |          |   |                           |
| 32. Total Contributions (other than loans) (from line 11d)                                | 2,150.25 | 16,345.00   | 32                        |
| 33. Total Contribution Refunds (from line 28d)  | 0.00     | 0.00  | 33                        |
| 34. Net Contributions (other than loans) (subtract line 33 from 32)                       | 2,150.25 | 16,345.00   | 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 3  
FOR LINE NUMBER 11.a.i.

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 & BLUE SHIELD OF KANSAS EMPLOYER PAC (C00197202)

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year)    | Amount of Each Receipt this Period |
|---|---|----------------------------|------------------------------------|
| John W. Knack, Jr.<br>5633 Hawick Lane<br>Topeka, KS 66614  | Blue Cross & Blue Shield of Kansas, Inc.                                  | Biweekly Payroll Deduction | \$ 60.00<br>(\$20 per pay period)  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: President & CEO<br>Aggregate Year-to-Date > \$ 390.00         |                            |                                    |
| Alvin E. Callahan<br>4422 Colly Creek Dr.<br>Topeka, KS 66610   | Blue Cross & Blue Shield of Kansas Inc.                                   | Biweekly Payroll Deduction | \$ 39.00<br>(\$13 per pay period)  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Mgr, Corp EDP Audit<br>Aggregate Year-to-Date > \$ 277.00     |                            |                                    |
| David E. Manley<br>3429 SW Stonybrook Dr.<br>Topeka, KS 66614   | BCBSK, Inc.   | Biweekly Payroll Deduction | \$ 45.00<br>(\$15 per pay period)  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: VP, Sub Serv & Gov Prog<br>Aggregate Year-to-Date > \$ 360.00 |                            |                                    |
| Roni L. Davis-Watson<br>3121 SW Belle Ave.<br>Topeka, KS 66614  | BCBSK, Inc.   | Biweekly Payroll Deduction | \$ 30.00<br>(\$10 per pay period)  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Mgr, Customer Service<br>Aggregate Year-to-Date > \$ 240.00   |                            |                                    |
| Rose A. Morrow<br>3920 SW 39th Terrace<br>Topeka, KS 66610  | BCBSK, Inc.   | Biweekly Payroll Deduction | \$ 30.00<br>(\$10 per pay period)  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Mgr, Med Care Admin<br>Aggregate Year-to-Date > \$ 240.00     |                            |                                    |
| Linda K. Vondenkamp<br>6300 SE 61st St.<br>Tecumseh, KS 66542   | BCBSK, Inc.   | Biweekly Payroll Deduction | \$ 45.00<br>(\$15 per pay period)  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: VP, Gov't Programs<br>Aggregate Year-to-Date > \$ 320.00      |                            |                                    |
| Leslie D. Watson<br>3121 SW Belle Ave.<br>Topeka, KS 66614  | BCBSK, Inc.   | Biweekly Payroll Deduction | \$ 54.00<br>(\$18 per pay period)  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Dir, Payment Safeguard<br>Aggregate Year-to-Date > \$ 368.00  |                            |                                    |

**SUBTOTAL** of Receipts This Page (optional) ..... \$303.00

**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 3  
FOR LINE NUMBER 11.a.1.

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**NAME OF COMMITTEE (In Full)**

**BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC**

| A. Full Name, Mailing Address and ZIP Code   | Name of Employer   | Date (month, day, year)    | Amount of Each Receipt this Period |
|--|--|----------------------------|------------------------------------|
| Carol A. Slavin<br>325 Country Club Drive<br>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<br>Aggregate Year-to-Date > \$ 222.50 |                            |                                    |
| John Edward Deines<br>3303 SW 29th Terrace<br>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: Group Consultant<br>Aggregate Year-to-Date > \$ 376.00       |                            |                                    |
| Barry E. Trulson<br>315-I Houston St.<br>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<br>Aggregate Year-to-Date > \$ 240.00       |                            |                                    |
| Mary F. Cochran<br>257 N. Broadway<br>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<br>Aggregate Year-to-Date > \$ 325.00       |                            |                                    |
| Sandra Delores Jackson<br>2213 SW Gage<br>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<br>Aggregate Year-to-Date > \$ 232.00       |                            |                                    |
| John L. Reedy<br>5722 SW 27th<br>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<br>Aggregate Year-to-Date > \$ 240.00       |                            |                                    |
| Darrel L. Brake<br>6017 SW 38th<br>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 & Program<br>Aggregate Year-to-Date > \$ 229.00 |                            |                                    |

**SUBTOTAL** of Receipts This Page (optional) .....

\$258.00

**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 3  
FOR LINE NUMBER 11, a. i.

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**NAME OF COMMITTEE (in Full)**

**BLUE CROSS & BLUE SHIELD OF KANSAS EMPLOYEE PAC (000197202)**

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer                            | Date (month, day, year)            | Amount of Each Receipt this Period |
|---|---|------------------------------------|------------------------------------|
| Richard M. Schroeder<br>1501 SW Belle Ave.<br>Topeka, KS 66604  | BCBSK, Inc.                                 | Biweekly Payroll Deduction         | \$ 33.00<br>(\$11 per pay period)  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>DP Standards & Bus Resumption | Aggregate Year-to-Date > \$ 229.00 |                                    |
| B. Full Name, Mailing Address and ZIP Code  | Name of Employer                            | Date (month, day, year)            | Amount of Each Receipt this Period |
| Curtis J. Clark<br>5124 SW 33rd Terrace<br>Topeka, KS 66614   | BCBSK, Inc.                                 | Biweekly Payroll Deduction         | \$ 45.00<br>(\$15 per pay period)  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Lead DA Technician            | Aggregate Year-to-Date > \$ 325.00 |                                    |
| C. Full Name, Mailing Address and ZIP Code  | Name of Employer                            | Date (month, day, year)            | Amount of Each Receipt this Period |
| Donald R. Lynn<br>6936 Lake Ridge Parkway<br>Ozawie, KS 66070   | BCBSK, Inc.                                 | Biweekly Payroll Deduction         | \$ 51.00<br>(\$17 per pay period)  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>VP, Finance                   | Aggregate Year-to-Date > \$ 373.00 |                                    |
| D. Full Name, Mailing Address and ZIP Code  | Name of Employer                            | Date (month, day, year)            | Amount of Each Receipt this Period |
| Ronald D. Simmons<br>RR #4, Box 106<br>Sabetha, KS 66534  | BCBSK, Inc.                                 | Biweekly Payroll Deduction         | \$ 39.00<br>(\$13 per pay period)  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Mgr, Cost Accounting          | Aggregate Year-to-Date > \$ 277.00 |                                    |
| E. Full Name, Mailing Address and ZIP Code  | Name of Employer                            | Date (month, day, year)            | Amount of Each Receipt this Period |
| Ralph H. Weber II<br>9526 SE Ratner Rd.<br>Berryton, KS 66409   | BCBSK, Inc.                                 | Biweekly Payroll Deduction         | \$ 75.00<br>(\$25 per pay period)  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>VP, Medical Affairs           | Aggregate Year-to-Date > \$ 600.00 |                                    |
| 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<br><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<br><input type="checkbox"/> Other (specify): | Occupation                                  | Aggregate Year-to-Date > \$        |                                    |

**SUBTOTAL** of Receipts This Page (optional) ..... \$ 243.00

**TOTAL** This Period (last page this line number only) ..... \$ 804.00

**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<br>P.O. Box 178<br>Topeka, KS 66601-0178 | Interest Earned<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | 10/31/98                | \$ 5.82                                 |
| B. Full Name, Mailing Address and ZIP Code                         | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional) .....

\$ 5.82

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

\$ 5.82

**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<br>Contribution to<br>Affiliated PAC<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| CAREPAC, BCBSA, PAC<br>1310 G St., N.W. 12th Floor<br>Washington, D.C. 20005 |   | 10/31/98                | \$ 635.00                               |
| B. Full Name, Mailing Address and ZIP Code                                   | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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)**

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

| A. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement<br>Contribution/State<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Kansas Republican Senatorial Comm.<br>P.O., Box 2663<br>Topeka, KS 66601  | Contribution/State<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | 11/11/98                | \$ 500.00                               |
| B. Full Name, Mailing Address and ZIP Code<br>Elect Chris Steineger for State Senate<br>51 South 64th St.<br>Kansas City, KS 66111-2002 | Purpose of Disbursement<br>Contribution/State<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 11/23/98                | 150.00                                  |
| C. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional) .....

\$ 650.00

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

\$ 650.00



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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