



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		1438.28
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	5162.68									
(c) Total Receipts (from Line 19) .....	532.80	10657.20								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	5695.48	12095.48								
7. Total Disbursements (from Line 31) .....	3000.00	9400.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2695.48	2695.48								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	234.00	2534.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	298.80	8123.20
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	532.80	10657.20
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	532.80	10657.20
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	532.80	10657.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	532.80	10657.20

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	5600.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1000.00	3800.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3000.00	9400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	3000.00	9400.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	532.80	10657.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	532.80	10657.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial) <b>A. Gregory A Devou</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126210978734
Mailing Address 3132 River Valley Chase		Amount of Each Receipt this Period 16.00
City State Zip Code West Friendship MD 21794	FEC ID number of contributing federal political committee. C	P/R Deduction (\$16.00 Weekly)
Name of Employer Occupation CareFirst of Maryland, Inc EVP & CHIEF MARKETING OFFR	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Michael J Felber</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126210988734
Mailing Address 14 Lochmoor Court		Amount of Each Receipt this Period 14.00
City State Zip Code Timonium MD 21093	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Weekly)
Name of Employer Occupation CareFirst of Maryland, Inc SVP, SALES	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. David D Wolf</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126211018734
Mailing Address 2337-1 Boston St		Amount of Each Receipt this Period 20.00
City State Zip Code Baltimore MD 21224	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Weekly)
Name of Employer Occupation CareFirst of Maryland, Inc EVP, MEDICAL SYSTEMS	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	50.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial) <b>A.</b> John A Picciotto		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126211028734
Mailing Address 704 Sussex Road		Amount of Each Receipt this Period 20.00
City State Zip Code Towson MD 21286	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Weekly)
Name of Employer Occupation CareFirst of Maryland, Inc EVP & GENERAL COUNSEL	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Rita A Costello		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126211738734
Mailing Address 1911 Corbridge Lane		Amount of Each Receipt this Period 12.00
City State Zip Code Monkton MD 21111	FEC ID number of contributing federal political committee. C	P/R Deduction (\$12.00 Weekly)
Name of Employer Occupation CareFirst of Maryland, Inc SVP, STRATEGIC MARKETING	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Wanda K Oneferu-bey		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126212118734
Mailing Address 1319 Robin Road		Amount of Each Receipt this Period 16.00
City State Zip Code Pikesville MD 21208	FEC ID number of contributing federal political committee. C	P/R Deduction (\$16.00 Weekly)
Name of Employer Occupation CareFirst of Maryland, Inc AVP, INDIV SALES, TRNG, DVLPMT	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	48.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Frances P Doherty		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126216828734	
Mailing Address 5715 Meyer Avenue		Amount of Each Receipt this Period 12.00	
City State Zip Code New Market MD 21774	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CareFirst of Maryland, Inc	Occupation VP, GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		
		P/R Deduction (\$12.00 Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Sharon J Vecchioni		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126220998734	
Mailing Address 13003 Jerome Jay Drive		Amount of Each Receipt this Period 16.00	
City State Zip Code Hunt Valley MD 21030	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CareFirst of Maryland, Inc	Occupation EVP, CHIEF OF STAFF		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		
		P/R Deduction (\$16.00 Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Gregory M Chaney		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126221028734	
Mailing Address 16 Fox Creek Court		Amount of Each Receipt this Period 20.00	
City State Zip Code Owings Mills MD 21117	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CareFirst of Maryland, Inc	Occupation EVP, CFO & TREASURER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
		P/R Deduction (\$20.00 Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	48.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial) <b>A. Booker T Carter</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 16905 Federal Hill Court		<b>Transaction ID: PR126225548734</b>
City State Zip Code Bowie MD 20716	Amount of Each Receipt this Period _____ 14.00	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$14.00 Weekly)
Name of Employer CareFirst of Maryland, Inc	Occupation VP, CLAIMS & DC OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 280.00	

Full Name (Last, First, Middle Initial) <b>B. Eric R Baugh</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1211 Bay Highlands Dr		<b>Transaction ID: PR126229948734</b>
City State Zip Code Annapolis MD 21403	Amount of Each Receipt this Period _____ 14.00	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$14.00 Weekly)
Name of Employer CareFirst of Maryland, Inc	Occupation SVP, CHIEF MEDICAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 280.00	

Full Name (Last, First, Middle Initial) <b>C. Gwendolyn D Skillern</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9925 Middle Mill Dr.		<b>Transaction ID: PR126271468734</b>
City State Zip Code Owings Mills MD 21117	Amount of Each Receipt this Period _____ 12.00	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$12.00 Weekly)
Name of Employer CareFirst of Maryland, Inc	Occupation SVP, AUDIT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>40.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial) <b>A. Leon Kaplan</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 13033 Jerome Jay Dr		<b>Transaction ID: PR126275148734</b>		
City State Zip Code Cockeysville MD 21030	Amount of Each Receipt this Period _____ 20.00		P/R Deduction (\$20.00 Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
Name of Employer CareFirst of Maryland, Inc	Occupation EVP, OPERATIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00			

Full Name (Last, First, Middle Initial) <b>B. Edward W O'neil</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 4324 Roland Ave		<b>Transaction ID: PR126280318734</b>		
City State Zip Code Baltimore FL 21210	Amount of Each Receipt this Period _____ 14.00		P/R Deduction (\$14.00 Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
Name of Employer CareFirst of Maryland, Inc	Occupation SVP & CHIEF ACTUARY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 280.00			

Full Name (Last, First, Middle Initial) <b>C. Joseph G Rampone</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 6 Canterbury Court		<b>Transaction ID: PR126295348734</b>		
City State Zip Code Mendham NJ 7945	Amount of Each Receipt this Period _____ 14.00		P/R Deduction (\$14.00 Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
Name of Employer CareFirst of Maryland, Inc	Occupation SVP, OPERATIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 280.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>48.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____ <b>234.00</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial) <b>A. Dutch Ruppensberger for Congress</b>		<b>Transaction ID:</b> 17200613
Mailing Address 499 South Capitol Street SW Suite		Date of Disbursement 10 / 10 / 2006
City Washington	State DC	Zip Code 20003
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name RUPPERSBERGER		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD	District: 2	

Full Name (Last, First, Middle Initial) <b>B. Ben Cardin For Senate</b>		<b>Transaction ID:</b> 17200610
Mailing Address P.O. Box 21093		Date of Disbursement 10 / 10 / 2006
City Catonsville	State MD	Zip Code 21228
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name Mr. Benjamin Cardin		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD	District: 2	

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

2000.00

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

2000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial) <b>A. Fenty 2006</b>		Transaction ID: 17241944 Date of Disbursement 10 / 13 / 2006	
Mailing Address P.O. Box 65086		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20035	Category/ Type 011 Adrian Fenty, MAYOR DC
Purpose of Disbursement Adrian Fenty, MAYOR DC		Candidate Name Mr Adrian Fenty	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00