

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
CareFirst BlueCross BlueShield Associates' Federal PAC

ADDRESS (number and street) 10455 Mill Run Circle
 Check if different than previously reported. (ACC)
Owings Mill MD 21117

2. **FEC IDENTIFICATION NUMBER** C00286922
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 09 30 2010

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 Jeanne Kennedy

Signature of Treasurer Electronically Filed by Jeanne Kennedy Date 10 15 2010

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2010"/>		10775.16
(b) Cash on Hand at Beginning of Reporting Period	17241.05	
(c) Total Receipts (from Line 19)	3502.71	12472.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20743.76	23247.76
7. Total Disbursements (from Line 31)	4000.00	6504.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16743.76	16743.76
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period: From: To:

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		
(i) Itemized (use Schedule A)	1146.00	2450.00
(ii) Unitemized	2356.71	10022.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3502.71	12472.60
(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)	3502.71	12472.60
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))	3502.71	12472.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3502.71	12472.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	1000.00	2250.00
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	4.00
(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	4.00
29. Other Disbursements.....	3000.00	4250.00
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))..	4000.00	6504.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	6504.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	3502.71	12472.60
34. Total Contribution Refunds (from Line 28(d))	0.00	4.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3502.71	12468.60
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) for 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"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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

A.	Full Name (Last, First, Middle Initial) Gregory A Devou		Date of Receipt
	Mailing Address 3132 River Valley Chase		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	West Friendship	MD	21794
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CareFirst of Maryland, Inc		Occupation EVP & CHIEF MARKETING OFFR	Transaction ID: PR1262109720555
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="288.00"/>	Amount of Each Receipt this Period <input type="text" value="80.00"/>
			P/R Deduction (\$16.00 Weekly)

B.	Full Name (Last, First, Middle Initial) Michael J Felber		Date of Receipt
	Mailing Address 14 Lochmoor Court		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Timonium	MD	21093
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CareFirst of Maryland, Inc		Occupation SVP, SALES	Transaction ID: PR1262109820555
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="252.00"/>	Amount of Each Receipt this Period <input type="text" value="70.00"/>
			P/R Deduction (\$14.00 Weekly)

C.	Full Name (Last, First, Middle Initial) John A Picciotto		Date of Receipt
	Mailing Address 704 Sussex Road		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Towson	MD	21286
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CareFirst of Maryland, Inc		Occupation EVP & GENERAL COUNSEL	Transaction ID: PR1262110220555
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="380.00"/>	Amount of Each Receipt this Period <input type="text" value="120.00"/>
			P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="270.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 12
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)
Rita A Costello

Mailing Address 1911 Corbridge Lane

City State Zip Code
Monkton MD 21111

FEC ID number of contributing federal political committee. **C**

Name of Employer CareFirst of Maryland, Inc Occupation SVP, STRATEGIC MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1262117320555

Amount of Each Receipt this Period 72.00

P/R Deduction (\$12.00 Weekly)

B.

Full Name (Last, First, Middle Initial)
Wanda K Oneferu-bey

Mailing Address 1319 Robin Road

City State Zip Code
Pikesville MD 21208

FEC ID number of contributing federal political committee. **C**

Name of Employer CareFirst of Maryland, Inc Occupation AVP, INDIV SALES, TRNG, DVLPMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1262121120555

Amount of Each Receipt this Period 120.00

P/R Deduction (\$16.00 Weekly)

C.

Full Name (Last, First, Middle Initial)
Gregory M Chaney

Mailing Address 16 Fox Creek Court

City State Zip Code
Owings Mills MD 21117

FEC ID number of contributing federal political committee. **C**

Name of Employer CareFirst of Maryland, Inc Occupation EVP, CFO & TREASURER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1262210220555

Amount of Each Receipt this Period 120.00

P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional) ► **312.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CareFirst BlueCross BlueShield Associates' Federal PAC

<p>A. Full Name (Last, First, Middle Initial) Michael B Edwards</p> <p>Mailing Address 14236 Bradshaw Drive</p> <p>City State Zip Code Silver Spring MD 20905</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Group Hosp & Med Svcs, Inc Occupation: SVP, NETWORKS MANAGEMENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 266.00</p>	<p>Date of Receipt 09 / 30 / 2010</p> <p>Transaction ID: PR1262403020555</p> <p>Amount of Each Receipt this Period 84.00</p> <p>P/R Deduction (\$10.00 Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Gwendolyn D Skillern</p> <p>Mailing Address 9925 Middle Mill Dr.</p> <p>City State Zip Code Owings Mills MD 21117</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: CareFirst of Maryland, Inc Occupation: SVP, AUDIT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 266.00</p>	<p>Date of Receipt 09 / 30 / 2010</p> <p>Transaction ID: PR1262714620555</p> <p>Amount of Each Receipt this Period 84.00</p> <p>P/R Deduction (\$12.00 Weekly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Andrew Sullivan</p> <p>Mailing Address 720 Bristol Rd</p> <p>City State Zip Code Wilmington DE 19803-2224</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: CareFirst of Maryland, Inc. Occupation: SVP ASU - CONSUMER DIRECT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 304.00</p>	<p>Date of Receipt 09 / 30 / 2010</p> <p>Transaction ID: PR1702348720555</p> <p>Amount of Each Receipt this Period 96.00</p> <p>P/R Deduction (\$0.00)</p>
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SUBTOTAL of Receipts This Page (optional)	264.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for 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	

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NAME OF COMMITTEE (In Full)
CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial) David Grosso		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3619 15th Street, NE		Transaction ID: PR1702348820555
City Washington	State DC	Zip Code 20017-3006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Carefirst, Inc.	Occupation Vice President, Public Policy	P/R Deduction (\$0.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.

Full Name (Last, First, Middle Initial) Mr. Chester Burrell		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3023 O Street		Transaction ID: PR1727227320555
City Washington	State DC	Zip Code 20007-3108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer CareFirst, Inc.	Occupation President and CEO	P/R Deduction (\$0.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	1146.00

**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)

<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

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NAME OF COMMITTEE (In Full)
CareFirst BlueCross BlueShield Associates' Federal PAC

<p>A. Full Name (Last, First, Middle Initial) Re-Elect Tommy Wells</p> <p>Mailing Address 311 4th Street SE #3</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Tommy Wells, COUNCIL WARD 8th DC</p> <p>Candidate Name Mr. Tommy Wells</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 35861801 Date of Disbursement 07 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Tommy Wells, COUNCIL WARD 8th DC</p>
<p>B. Full Name (Last, First, Middle Initial) Kwame for Council Chair 2010</p> <p>Mailing Address 3330 Denver Street, SE</p> <p>City Washington State DC Zip Code 20020</p> <p>Purpose of Disbursement Kwame Brown, COUNCIL CHAIRPERSON DC</p> <p>Candidate Name Kwame R Brown</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36573093 Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Kwame Brown, COUNCIL CHAIRPERSON DC</p>
<p>C. Full Name (Last, First, Middle Initial) Gray for Mayor</p> <p>Mailing Address P.O. Box 1926</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Vincent Gray, MAYOR DC</p> <p>Candidate Name Vincent Gray</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36574142 Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Vincent Gray, MAYOR DC</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

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

**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 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

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NAME OF COMMITTEE (In Full)
CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)
Gray for Mayor

Mailing Address P.O. Box 1926

City Washington State DC Zip Code 20013

Purpose of Disbursement
Vincent Gray, MAYOR DC

Candidate Name
Vincent Gray

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: 36970490
Date of Disbursement

09 / 09 / 2010

Amount of Each Disbursement this Period

1000.00

Vincent Gray, MAYOR DC

B.

Full Name (Last, First, Middle Initial)
Re-Elect Tommy Wells

Mailing Address 311 4th Street SE #3

City Washington State DC Zip Code 20003

Purpose of Disbursement
Void - Re-Elect Tommy Wells

Candidate Name
Mr. Tommy Wells

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: 37172587
Date of Disbursement

07 / 19 / 2010

Amount of Each Disbursement this Period

-250.00

Void - Re-Elect Tommy Wells

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

3000.00

**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 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

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NAME OF COMMITTEE (In Full)
CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)
Dutch Ruppensberger for Congress

Mailing Address 499 South Capitol Street SW Suite

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MD District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 36578238

Date of Disbursement

09 / 09 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1000.00