12/10/2001 14 : 10

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

CareFirst Associates' Federal PAC

ADDRESS (Number and street)

550 12th Street

(Check if address is changed)

Washington DC 20065

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

jeanne.kennedy@carefirst.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 01 / 05 / 1994

3. **FEC IDENTIFICATION NUMBER** ▶ C00286922

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement 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 12 / 10 / 2001

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-110

FEC FROM 1
(Revised 1/2001)

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President

State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican,etc.) Party.

(e) X This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Blue Cross Blue Shield Association

Mailing Address 1310 G Street NW

Washington, DC 20005

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliated Committees

Type of Connected Organization:

X Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

CareFirst Associates' Federal PAC

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Linda Pierce**

Mailing Address **Blue Cross/Blue Shield Of Md.**

10455 Mill Run Circle

Owings Mills **MD** **21117** –

Title or Position ▼ **CITY ▲** **STATE▲** **ZIP CODE ▲**

Telephone number **410** – **998** – **5488**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Jeanne Kennedy**

Mailing Address **550 12th Street**

Washington **DC** **20065** –

Title or Position ▼ **CITY ▲** **STATE▲** **ZIP CODE ▲**

Treasurer Telephone number **202** – **479** – **8148**

Full Name of Designated Agent **Linda Pierce**

Mailing Address **Blue Cross/Blue Shield Of Md.**

10455 Mill Run Circle

Owings Mills **MD** **21117** –

Title or Position ▼ **CITY ▲** **STATE▲** **ZIP CODE ▲**

Telephone number **410** – **998** – **5488**

9. **Banks** or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

First Union National Bank

Mailing Address 740 15th Street NW

Washington DC 20005 -

CITY △ STATE △ ZIP CODE △

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

CareFirst BlueCross BlueShield

Mailing Address 10455 Mill Run Circle

Owings Mills MD

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected Organizations

Type of Connected Organization:

X Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name _____

Mailing Address _____

Title or Position ▼ **CITY ▲** **STATE▲** **ZIP CODE ▲**

_____ Telephone number _____ – _____ – _____