

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) CAREFIRST BlueCross BlueShield Associates' Federal PAC

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 10455 Mill Run Circle Owings Mill MD 21117

Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 19 2006 through 11 27 2006

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 12 06 2006

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

Table with 7 columns and 1 row for Office Use Only

**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
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

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	2695.48									
(c) Total Receipts (from Line 19)	1518.40	12175.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4213.88	13613.88								
7. Total Disbursements (from Line 31)	0.00	9400.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4213.88	4213.88								
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

**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
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

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	906.00	3440.00
(i) Itemized (use Schedule A)	612.40	8735.60
(ii) Unitemized	1518.40	12175.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1518.40	12175.60
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))	1518.40	12175.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1518.40	12175.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	0.00	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.....	0.00	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))..	0.00	9400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	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)	1518.40	12175.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1518.40	12175.60
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 13
	<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

A. Full Name (Last, First, Middle Initial) Gregory A Devou Mailing Address 3132 River Valley Chase City West Friendship State MD Zip Code 21794 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126210979342 Amount of Each Receipt this Period 48.00 P/R Deduction (\$16.00 Weekly)
Name of Employer: CareFirst of Maryland, Inc Occupation: EVP & CHIEF MARKETING OFFR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 368.00		

B. Full Name (Last, First, Middle Initial) Michael J Felber Mailing Address 14 Lochmoor Court City Timonium State MD Zip Code 21093 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126210989342 Amount of Each Receipt this Period 42.00 P/R Deduction (\$14.00 Weekly)
Name of Employer: CareFirst of Maryland, Inc Occupation: SVP, SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 322.00		

C. Full Name (Last, First, Middle Initial) David D Wolf Mailing Address 2337-1 Boston St City Baltimore State MD Zip Code 21224 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126211019342 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Weekly)
Name of Employer: CareFirst of Maryland, Inc Occupation: EVP, MEDICAL SYSTEMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL 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 / 13
	<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

Full Name (Last, First, Middle Initial) A. John A Picciotto		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126211029342
Mailing Address 704 Sussex Road		Amount of Each Receipt this Period 60.00
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) ▼ 460.00	

Full Name (Last, First, Middle Initial) B. Rita A Costello		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126211739342
Mailing Address 1911 Corbridge Lane		Amount of Each Receipt this Period 36.00
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) ▼ 276.00	

Full Name (Last, First, Middle Initial) C. Wanda K Oneferu-bey		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126212119342
Mailing Address 1319 Robin Road		Amount of Each Receipt this Period 48.00
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) ▼ 368.00	

SUBTOTAL of Receipts This Page (optional) ▶	144.00
TOTAL 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 / 13
	<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

Full Name (Last, First, Middle Initial) A. C. shekar Subramaniam		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9601 Eagle Court		Transaction ID: PR126213119342	
City State Zip Code Ellicott City MD 21042	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CareFirst of Maryland, Inc	Occupation AVP, BROKER SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.00		
		P/R Deduction (\$10.00 Weekly)	

Full Name (Last, First, Middle Initial) B. William V Stack		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9 Farm Ridge Court		Transaction ID: PR126215619342	
City State Zip Code Baldwin MD 21013	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CareFirst of Maryland, Inc	Occupation VP, CORPORATE CONTROLLER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.00		
		P/R Deduction (\$10.00 Weekly)	

Full Name (Last, First, Middle Initial) C. Sharon J Vecchioni		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 13003 Jerome Jay Drive		Transaction ID: PR126220999342	
City State Zip Code Hunt Valley MD 21030	Amount of Each Receipt this Period _____ 48.00		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 368.00		
		P/R Deduction (\$16.00 Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 108.00
TOTAL 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 9 / 13
	<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

Full Name (Last, First, Middle Initial) A. Gregory M Chaney		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126221029342
Mailing Address 16 Fox Creek Court		Amount of Each Receipt this Period 60.00
City Owings Mills State MD Zip Code 21117	FEC ID number of contributing federal political committee. C	
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 ▼ 460.00	
		P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial) B. Booker T Carter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126225549342
Mailing Address 16905 Federal Hill Court		Amount of Each Receipt this Period 42.00
City Bowie State MD Zip Code 20716	FEC ID number of contributing federal political committee. C	
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 ▼ 322.00	
		P/R Deduction (\$14.00 Weekly)

Full Name (Last, First, Middle Initial) C. Michael J Fierro		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126229569342
Mailing Address 5208 Grovemont Dr		Amount of Each Receipt this Period 30.00
City Elkridge State MD Zip Code 21075	FEC ID number of contributing federal political committee. C	
Name of Employer CareFirst of Maryland, Inc Occupation AVP, MEDICAL INFORMATICS	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00	
		P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional)	132.00
TOTAL 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 / 13
	<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

Full Name (Last, First, Middle Initial) A. Eric R Baugh		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1211 Bay Highlands Dr		Transaction ID: PR126229949342
City State Zip Code Annapolis MD 21403	Amount of Each Receipt this Period _____ 42.00	
FEC ID number of contributing federal political committee. C _____		
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 ▼ _____ 322.00	
		P/R Deduction (\$14.00 Weekly)

Full Name (Last, First, Middle Initial) B. Kevin C O'neill		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 617 W. 40Th Street		Transaction ID: PR126229959342
City State Zip Code Baltimore MD 21211	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer CareFirst of Maryland, Inc	Occupation VP, PROJECT MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.00	
		P/R Deduction (\$10.00 Weekly)

Full Name (Last, First, Middle Initial) C. Winston Wong		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1998 Conan Doyle Way		Transaction ID: PR126230379342
City State Zip Code Eldersburg MD 21784	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer CareFirst of Maryland, Inc	Occupation AVP, PHARMACY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.00	
		P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 102.00
TOTAL 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 11 / 13
	<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

Full Name (Last, First, Middle Initial) A. Michael B Edwards		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 14236 Bradshaw Drive		Transaction ID: PR126240309342
City State Zip Code Silver Spring MD 20905	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer Group Hosp & Med Svcs, Inc	Occupation SVP, NETWORKS MANAGEMENT	P/R Deduction (\$10.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Gwendolyn D Skillern		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9925 Middle Mill Dr.		Transaction ID: PR126271469342
City State Zip Code Owings Mills MD 21117	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 36.00
Name of Employer CareFirst of Maryland, Inc	Occupation SVP, AUDIT	P/R Deduction (\$12.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.00	

Full Name (Last, First, Middle Initial) C. Leon Kaplan		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 13033 Jerome Jay Dr		Transaction ID: PR126275149342
City State Zip Code Cockeysville MD 21030	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00
Name of Employer CareFirst of Maryland, Inc	Occupation EVP, OPERATIONS	P/R Deduction (\$20.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

SUBTOTAL of Receipts This Page (optional)	126.00
TOTAL 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 12 / 13
	<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

Full Name (Last, First, Middle Initial) A. Edward W O'neil		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 4324 Roland Ave		Transaction ID: PR126280319342		
City State Zip Code Baltimore FL 21210	Amount of Each Receipt this Period _____ 42.00		P/R Deduction (\$14.00 Weekly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 322.00		
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) ▼				

Full Name (Last, First, Middle Initial) B. Joseph G Rampone		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 6 Canterbury Court		Transaction ID: PR126295349342		
City State Zip Code Mendham NJ 7945	Amount of Each Receipt this Period _____ 42.00		P/R Deduction (\$14.00 Weekly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 322.00		
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) ▼				

Full Name (Last, First, Middle Initial) C. Dennis A Cupido		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 281 Hancock Avenue		Transaction ID: PR126325059342		
City State Zip Code Bridgewater NJ 8807	Amount of Each Receipt this Period _____ 30.00		P/R Deduction (\$10.00 Weekly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 230.00		
Name of Employer CareFirst of Maryland, Inc	Occupation VP, OPERATIONS SUPPORT SERV			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	_____ 114.00
TOTAL 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:		PAGE 13 / 13	
	(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)
Garry L Davis

Mailing Address 19302 Falls Rd.

City State Zip Code
Hampstead MD 21074

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

Name of Employer Occupation
CareFirst of Maryland, Inc DIRECTOR, SYSTEMS DEVELOPMENT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
M M / D D / Y Y Y Y

Transaction ID: PR126325679342

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	906.00