REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Blue Cross and Blue Shield of Maryland Employees' Federal PAC

ADDRESS (number and street) ☐ Check if different than previously reported
10455 Mill Run Circle

CITY, STATE and ZIP CODE
Owings Mills, MD 21117

Dec 7 9 20 AM '94

2. FEC IDENTIFICATION NUMBER
C00286922

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

☐ Twelfth day report preceding ____ _____ _____ (Type of Election) election on _____ _____ in the State of _____

☒ Thirtieth day report following the General Election on 11/8/94 in the State of Maryland

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/1/94 through 11/28/94		
6. (a) Cash on Hand January 1, 19____		$ 0
(b) Cash on Hand at Beginning of Reporting Period	$ 755.99	
(c) Total Receipts (from Line 19)	$ 1577.60	$ 8142.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 2333.59	$ 8142.20
7. Total Disbursements (from Line 30)	$ 1250.00	$ 7058.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1083.59	$ 1083.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
John A. Sweeney

Signature of Treasurer
John A. Sweeney

Date
12/5/94

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

FEC FORM 3X
(revised 8/93)

9 4 0 3 7 4 6 2 2 9 1

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Blue Cross and Blue Shield of Maryland Employees' Federal PAC

REPORT COVERING PERIOD FROM: 10/1/94 TO: 11/28/94

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	928.00	4125.50	11(a)(i)
ii. Unitemized	649.60	4016.20	11(a)(ii)
iii. Total (add i and ii) ➤	1577.60	8142.20	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	1577.60	8142.20	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.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1577.60	8142.20	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1577.60	8142.20	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures		58.61	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤		58.61	21(c)
22. Transfers to Affiliated/Other Party Committees	1000.00	4500.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	250.00	6000.00	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. Individuals/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) ➤	0	0	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1250.00	10,558.61	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	1250.00	10,558.61	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1577.60	8142.20	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1577.60	8142.20	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	58.61	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	58.61	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11.a.1

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 and Blue Shield of Maryland Employees' Federal PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sharon Vecchioni 13003 Jerome Jay Drive Hunt Valley, MD 21030 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	BCBSM Occupation: VP Aggregate Year-to-Date > $ 321.00	payroll deduction $12/pay	48.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Chris Alrich 2100 Woodfork Rd. Timonium, MD 21093 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	BCBSM Occupation: Director Aggregate Year-to-Date > $ 214.00	8.00/pay payroll ded	32.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John Picciotto 704 Sussex Rd. Baltimore, MD 21204 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	BCBSM Occupation: VP Aggregate Year-to-Date > $ 322.00	payroll deduction $14/pay	56.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Carl Repetti 1244 Canterbury Dr. Sykesville, MD 21784 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	BCBSM Occupation: VP Aggregate Year-to-Date > $ 274.00	payroll deduction $8/pay	32.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jim Hirsch 8 Broadridge Lane Monkton, MD 21111 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	BCBSM Occupation: Director Aggregate Year-to-Date > $ 267.50	payroll deduction	40.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John Sweeney 15710 Yeoho Rd. Sparks, MD 21152 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	BCBSM Occupation: Financial Aggregate Year-to-Date > $ 267.50	10/pay payroll deduction	40.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Dan McCrone 4603 Langshire Rd. Baltimore, MD 21013 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	BCBSM Occupation: Medical Director Aggregate Year-to-Date > $ 321.00	payroll deduction $12/pay	48.00

SUBTOTAL of Receipts This Page (optional) 296.00

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

9 4 0 3 9 4 6 2 2 9 3

FE4AN101

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 11.a.1

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of Maryland Employees' Federal PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Marlin Mueller 8805 Falcon Ridge Dr. Randallstown, MD 21133 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	BCBSM Occupation: Actuarial Aggregate Year-to-Date $ 267.50	payroll deduction $10.00	40.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael Felber Receipt For: ☐ Primary ☑ General ☐ Other (specify):	BCBSM Occupation: VP Aggregate Year-to-Date $ 339.50	payroll deduction $14./pay	56.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Sheff, MD 5124 Wellinghall Way Columbia, MD 21044 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	BCBSM Occupation: Med. Director Aggregate Year-to-Date $ 400.00		400.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David Wolf 2207 Copperwood Way Fallston, MD 21047 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	BCBSM Occupation: CFO Aggregate Year-to-Date $ 339.00	payroll deduction $12./pay	48.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Debbie Holloway 258 Waycross Way Arnold, MD 21012 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	CFS Health Services Occupation: VP Aggregate Year-to-Date $ 282.50	payroll deduction $10/pay	40.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James E. Jordan 7150 Sanner Road Clarksville, MD 21029 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	CMP Occupation: Physician Aggregate Year-to-Date $ 339.00	payroll deduction $12/pay	48.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) 632.00

TOTAL This Period (last page this line number only) 928.00

9 4 0 3 7 4 6 2 2 9 4

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 22

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of Maryland Employees' Federal PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Blue Cross and Blue Shield Association PAC 1310 G Street NW Washington, DC 20005	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/31/94	1000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

9 4 0 5 9 4 6 2 2 9 5

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of Maryland Employees' Federal PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Albert Wynn for Congress (check picked up)	campaign contribu. / Disbursement for: [ ] Primary [x] General [ ] Other (specify)	11/4/94	$250.00
B.	Purpose of Disbursement / Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
C.	Purpose of Disbursement / Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D.	Purpose of Disbursement / Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E.	Purpose of Disbursement / Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F.	Purpose of Disbursement / Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G.	Purpose of Disbursement / Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Purpose of Disbursement / Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Purpose of Disbursement / Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 250.00

TOTAL This Period (last page this line number only) 1250.00

9 4 0 3 9 4 6 2 2 9 5

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.

☑	Hand Delivered	DATE OF RECEIPT 12-7-94
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PREPARER

12-7-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 7 4 6 2 2 9 7