

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 **CITY** **STATE** **ZIP CODE**
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 (12G)
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 04 01 2009 through 06 30 2009

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 07 14 2009

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 **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:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		27702.28
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	23331.08									
(c) Total Receipts (from Line 19)	3834.12	7562.92								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27165.20	35265.20								
7. Total Disbursements (from Line 31)	8768.00	16868.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18397.20	18397.20								
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

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	784.00	1184.00
(ii) Unitemized	3050.12	6378.92
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3834.12	7562.92
(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)	3834.12	7562.92
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))	3834.12	7562.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3834.12	7562.92

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.....	10.00	10.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10.00	10.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	13600.00
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	8.00	8.00
(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))	8.00	8.00
29. Other Disbursements.....	750.00	3250.00
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))..	8768.00	16868.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8768.00	16868.00

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)	3834.12	7562.92
34. Total Contribution Refunds (from Line 28(d))	8.00	8.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3826.12	7554.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10.00	10.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10.00	10.00

**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) Donna L Potter	Date of Receipt MM / DD / YYYY 05 / 28 / 2009
	Mailing Address 2802 Artemus Ct.	Transaction ID: 30641776
	City State Zip Code Baldwin MD 21013	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	[MEMO ITEM] Refund(s) on Schedule B Totaling \$8.00 This changes the YTD Total to \$24.00
	Name of Employer Occupation CareFirst of Maryland, Inc DIRECTOR, REAL ESTATE & FACILI	
Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 24.00		

B.	Full Name (Last, First, Middle Initial) Gregory A Devou	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 3132 River Valley Chase	Transaction ID: PR1262109717325
	City State Zip Code West Friendship MD 21794	Amount of Each Receipt this Period 112.00
	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) ▼ 208.00		

C.	Full Name (Last, First, Middle Initial) David D Wolf	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 2337-1 Boston St	Transaction ID: PR1262110117325
	City State Zip Code Baltimore MD 21224	Amount of Each Receipt this Period 140.00
	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) ▼ 260.00		

SUBTOTAL of Receipts This Page (optional)	252.00
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 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

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

A.	Full Name (Last, First, Middle Initial) John A Picciotto	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 704 Sussex Road	Transaction ID: PR1262110217325
	City State Zip Code Towson MD 21286	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CareFirst of Maryland, Inc Occupation EVP & GENERAL COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Weekly)

B.	Full Name (Last, First, Middle Initial) Wanda K Oneferu-bey	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1319 Robin Road	Transaction ID: PR1262121117325
	City State Zip Code Pikesville MD 21208	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CareFirst of Maryland, Inc Occupation AVP, INDIV SALES, TRNG, DVLPMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$16.00 Weekly)

C.	Full Name (Last, First, Middle Initial) Sharon J Vecchioni	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 13003 Jerome Jay Drive	Transaction ID: PR1262209917325
	City State Zip Code Hunt Valley MD 21030	Amount of Each Receipt this Period 112.00
	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 ▼ 208.00	P/R Deduction (\$16.00 Weekly)

SUBTOTAL of Receipts This Page (optional)	392.00
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)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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) Gregory M Chaney		Date of Receipt	
	Mailing Address 16 Fox Creek Court		M M / D D / Y Y Y Y 06 / 30 / 2009	
	City	State	Zip Code	Transaction ID: PR1262210217325
	Owings Mills	MD	21117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		140.00	
Name of Employer CareFirst of Maryland, Inc		Occupation EVP, CFO & TREASURER		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 ▼ 260.00		

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	784.00

**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 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) Forward Together PAC	Transaction ID: 29329926 Date of Disbursement MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 201 North Union St. Suite 300	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Event for Senator Mark Warner (VA)	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Event for Senator Mark Warner (VA)

B.	Full Name (Last, First, Middle Initial) Ben Cardin For Senate	Transaction ID: 29495220 Date of Disbursement MM / DD / YYYY 04 / 15 / 2009
	Mailing Address P.O. Box 21093	Amount of Each Disbursement this Period 1000.00
	City Catonsville State MD Zip Code 21228	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Benjamin Cardin	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ben Cardin For Senate	Transaction ID: 29495350 Date of Disbursement MM / DD / YYYY 04 / 15 / 2009
	Mailing Address P.O. Box 21093	Amount of Each Disbursement this Period -1000.00
	City Catonsville State MD Zip Code 21228	
	Purpose of Disbursement Void - Ben Cardin For Senate	011 Category/ Type
	Candidate Name Mr. Benjamin Cardin	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - Ben Cardin For Senate

SUBTOTAL of Disbursements This Page (optional)

1000.00

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)

<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) Ben Cardin For Senate	Transaction ID: 29495351 Date of Disbursement																			
	Mailing Address P.O. Box 21093	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	9												
	City Catonsville State MD Zip Code 21228	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Mr. Benjamin Cardin	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Donna Edwards For Congress	Transaction ID: 30083811 Date of Disbursement																			
	Mailing Address P.O. Box 441153	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	0	9												
	City Fort Washington State MD Zip Code 20749	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name Rep. Donna Edwards	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Ben Cardin For Senate	Transaction ID: 30083814 Date of Disbursement																			
	Mailing Address P.O. Box 21093	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	0	9												
	City Catonsville State MD Zip Code 21228	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00																		
4000.00																					
	Candidate Name Mr. Benjamin Cardin	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>5500.00</td></tr></table>	5500.00
5500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

**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

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

A. Full Name (Last, First, Middle Initial) Ben Cardin For Senate <hr/> Mailing Address P.O. Box 21093 <hr/> City Catonsville State MD Zip Code 21228 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Benjamin Cardin <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: <hr/> Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30083815 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Dan 10 <hr/> Mailing Address 1088 Bishop Street Suite 1009 <hr/> City Honolulu State HI Zip Code 96813 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Daniel Inouye <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30451812 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

8000.00

**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

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

A. 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 Tommy Wells, COUNCIL WARD 8th DC Candidate Name Mr. Tommy Wells Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 30247438 Date of Disbursement 06 / 12 / 2009
	Amount of Each Disbursement this Period 250.00 Tommy Wells, COUNCIL WARD 8th DC
B. Full Name (Last, First, Middle Initial) Reelect Cheh 2010 Mailing Address 3908 Morrison St., NW City Washington State DC Zip Code 20015 Purpose of Disbursement Mary Cheh, COUNCIL WARD 3rd DC Candidate Name Ms. Mary Cheh Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 30247461 Date of Disbursement 06 / 12 / 2009
	Amount of Each Disbursement this Period 500.00 Mary Cheh, COUNCIL WARD 3rd DC

SUBTOTAL of Disbursements This Page (optional)	750.00
TOTAL This Period (last page this line number only)	750.00