REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JAN 28 12 08 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
BlueCross BlueShield of Maryland 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

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 _____ in the State of _____

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

SUMMARY

5. Covering Period 7/1/97 through 12/31/97

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 19 97		$ 1910.99
	(b) Cash on Hand at Beginning of Reporting Period	$ 2520.19	
	(c) Total Receipts (from Line 19)	$ 5112.00	$ 10221.20
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 7632.19	$ 12132.19
7.	Total Disbursements (from Line 30)	$ 7175.00	$ 11675.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 457.19	$ 457.19
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
Jeanne Kennedy

Signature of Treasurer
Jeanne Kennedy

Date 1/22/98

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 9/93)
FE-AN101

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

(revised 1/1/91)

NAME OF COMMITTEE: BlueCross BlueShield of Maryland Federal PAC

REPORT COVERING PERIOD FROM: 7/1/97 TO: 12/31/97

	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)	2930.00	2930.00	11(a)(i)
ii. Unitemized	<2182.00	7291.20	11(a)(ii)
iii. Total (add i and ii) ➤	5112.00	10221.20	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) ➤	5112.00	10221.20	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) ➤	5112.00	10221.20	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	5112.00	10221.20	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			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees	1500.00	4000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2875.00	4875.00	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	2800.00	2800.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	7175.00	11675.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	7175.00	11675.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	5112.00	10221.20	32
33. Total Contribution Refunds (from line 28d)	-0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	5112.00	10221.20	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0	37

FE8AH009

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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)

BlueCross BlueShield of Maryland 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. Cummings for Congress handcarried	contribution; Disbursement for: XX Primary ___ General ___ Other (specify)	7/25/97	$500.00
B. Wynn for Congress P O Box 5323 Capitol Heights, MD 20791-5323	contribution; Disbursement for: XX Primary ___ General ___ Other (specify)	10/10/97	$375.00
C. Mikulski for Senate handcarried	contribution; Disbursement for: XX Primary XX General ___ Other (specify) $800 $1200	11/13/97 12/2/98	$1000.00 $1000.00
D.	Disbursement for: ___ Primary ___ General ___ Other (specify)		
E.	Disbursement for: ___ Primary ___ General ___ Other (specify)		
F.	Disbursement for: ___ Primary ___ General ___ Other (specify)		
G.	Disbursement for: ___ Primary ___ General ___ Other (specify)		
H.	Disbursement for: ___ Primary ___ General ___ Other (specify)		
I.	Disbursement for: ___ Primary ___ General ___ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$2875.00
TOTAL This Period (last page this line number only)	$2875.00

FEC Form 3

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 22

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NAME OF COMMITTEE (In Full)
BlueCross BlueShield of Maryland

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CarePAC	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/9/97	$1500.00
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)	$1500.00
TOTAL This Period (last page this line number only)	$1500.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

BlueCross BlueShield of Maryland Federal PAC

A. Full Name, Mailing Address and ZIP Code transfer to: BlueCross BlueShield of Maryland Employees' PAC 10455 Mill Run Circle Owings Mills, MD 21117	Purpose of Disbursement transfer of funds Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/31/97	Amount of Each Disbursement This Period 2800.00
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)	2800.00
TOTAL This Period (last page this line number only)	2800.00

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11.a.1.

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NAME OF COMMITTEE (In Full)

BlueCross BlueShield of Maryland Federal PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Eugene Schramm 7 Scottsdale Court Lutherville, MD 21093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBSMD Occupation: Manager Aggregate Year-to-Date > $ 208.00	8.00 bi-weekly	104.00
B. Wanda Oneferu-Bay 1319 Rovin Road Baltimore, MD 21208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBSMD Occupation: Director Aggregate Year-to-Date > $ 208.00	8.00 bi-weekly	104.00
C. John Picciotto 704 Sussex Road Baltimore, MD 21204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBSMD Occupation: Sr. VP/General Cousel Aggregate Year-to-Date > $	14.00 bi-weekly note pg. 4 of this Sched.	182.00
D. Livio Broccolino 713 E. Seminary Avenue Towson, MD 21204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBSMD Occupation: Chief Legal Officer Aggregate Year-to-Date > $ 208.00	8.00 bi-weekly	104.00
E. Sharon Vecchioni 13003 Jerome Jay Drive Hunt Valley, MD 21030 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBSMD Occupation: VP Aggregate Year-to-Date > $ 208.00	8.00 bi-weekly	104.00
F. Mark Chaney 4 Timber Run Court Reisterstown, MD 21136 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBSMD Occupation: CFO Aggregate Year-to-Date > $ 260.00	10.00 bi-weekly	130.00
G. Chris Alrich 622 Wood Glenn Court Timonium, MD 21093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBSMD Occupation: Director Aggregate Year-to-Date > $ 208.00	8.00 bi-weekly	104.00

SUBTOTAL of Receipts This Page (optional) 832.00

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

FE4ANI01

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (in Full)
BlueCross BlueShield of Maryland Federal PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Greg Devou 3749 Font Hill Drive Ellicott City, MD 21042 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBSMD Occupation: Sr. VP Aggregate Year-to-Date > $ 312.00	12.00 bi-weekly	156.00
B. Eric Baugh, MD 6012 Hiddencreek Court Owings Mills, MD 21117 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBSMD Occupation: Sr. VP Aggregate Year-to-Date > $ 364.00	14.00 bi-weekly	182.00
C. Robert Rosenberg, MD 801 William Street Baltimore, MD 21230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBSMD Occupation: Medical Director Aggregate Year-to-Date > $ 260.00	10.00 bi-weekly	130.00
D. Michael Felber 14 Lochmoor Court Timonium, MD 21093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBSMD Occupation: VP Aggregate Year-to-Date > $ 364.00	14.00 bi-weekly	182.00
E. Carl Repetti 1244 Canterbury Drive Sykesville, MD 21784 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBSMD Occupation: Director Aggregate Year-to-Date > $ 208.00	8.00 bi-weekly	104.00
F. Rita Costello 1911 Corbridge Lane Monkton, MD 21111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBSMD Occupation: VP Aggregate Year-to-Date > $ 208.00	8.00 bi-weekly	104.00
G. David Wolf 2007 Copperwood Way Fallston, MD 21047 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBSMD Occupation: COO Aggregate Year-to-Date > $ 312.00	12.00 bi-weekly	156.00

SUBTOTAL of Receipts This Page (optional) 1014.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11.a.1.

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NAME OF COMMITTEE (In Full)
BlueCross BlueShield of Maryland Federal PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Maryann Heckwolf, 10455 Mill Run Circle, Owings Mills, MD 21117	BCBSMD / VP	10.00 bi-weekly	130.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 260.00		
B. John Moseman, 14840 Silver Ash Court, Burtonsville, MD 20866	BCBSMD / VP	10.00 bi-weekly	130.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 260.00		
C. Ann Gallant, 2311 South Road, Baltimore, MD 21209	BCBSMD / VP	10.00 bi-weekly	130.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 260.00		
D. Booker Carter, 1616 Hutchinson Lane, Silver Spring, MD 20906	BCBSMD / VP	10.00 bi-weekly	130.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 260.00		
E. James Jordan, MD, 7150 Sanner Road, Clarksville, MD 21029	PMG / physician	12.00 bi-weekly	156.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 312.00		
F. Robert Sheff, MD, 5124 Wellinghall Way, Columbia, MD 21044	PMG / Pres./Medical Director	8.00 bi-weekly	104.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 208.00		
G. John Hauer, 723 Heston Lane, Bel Air, MD 21014	Willse / Comptroller	8.00 bi-weekly	104.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 208.00		

SUBTOTAL of Receipts This Page (optional) 884.00

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

FE4AN101

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11.a.1.

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NAME OF COMMITTEE (In Full)

BlueCross BlueShield of Maryland Federal PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John A. Picciotto 704 Sussex Road Towson, MD 21204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: BCBSMD Occupation: Sr. VP/General Counsel Aggregate Year-to-Date > $ 564.00	12/11/97	$200.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	2930.00

4-00173

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 recived.

☐	Hand Delivered	Date of Receipt
☒	First Class Mail	POSTMARKED 1-26-98
☐	Registerd/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
☐	Electronic Filing	

MUD	1-28-98
PREPARER	DATE PREPARED

(7/97)