

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
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		10775.16
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	16743.76									
(c) Total Receipts (from Line 19)	2241.60	14714.20								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18985.36	25489.36								
7. Total Disbursements (from Line 31)	500.00	7004.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18485.36	18485.36								
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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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)	1184.00	3634.00
(ii) Unitemized	1057.60	11080.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2241.60	14714.20
(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)	2241.60	14714.20
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))	2241.60	14714.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2241.60	14714.20

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.....	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	2250.00
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	4.00
(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	4.00
29. Other Disbursements.....	500.00	4750.00
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))..	500.00	7004.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500.00	7004.00

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	2241.60	14714.20
34. Total Contribution Refunds (from Line 28(d))	0.00	4.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2241.60	14710.20
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 14
(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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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) John A Picciotto		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 704 Sussex Road		Transaction ID: PR1262110221020
City Towson	State Zip Code MD 21286	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer CareFirst of Maryland, Inc	Occupation EVP & GENERAL COUNSEL	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	

B.

Full Name (Last, First, Middle Initial) Rita A Costello		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 1911 Corbridge Lane		Transaction ID: PR1262117321020
City Monkton	State Zip Code MD 21111	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.00
Name of Employer CareFirst of Maryland, Inc	Occupation SVP, STRATEGIC MARKETING	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	

C.

Full Name (Last, First, Middle Initial) Aliza Rothenberg		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 3413 Deep Willow Avenue		Transaction ID: PR1262119121020
City Baltimore	State Zip Code MD 21208	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer CareFirst of Maryland, Inc	Occupation AVP, MARKET PLNG & ANALYSIS	P/R Deduction (\$0.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	▶	168.00
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 / 14
	<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) Wanda K Oneferu-bey		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1319 Robin Road		Transaction ID: PR1262121121020
	City Pikesville	State MD	Zip Code 21208
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
	Name of Employer CareFirst of Maryland, Inc	Occupation AVP, INDIV SALES, TRNG, DVLPMT	P/R Deduction (\$16.00 Weekly)

B.	Full Name (Last, First, Middle Initial) William V Stack		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 9 Farm Ridge Court		Transaction ID: PR1262156121020
	City Baldwin	State MD	Zip Code 21013
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer CareFirst of Maryland, Inc	Occupation VP, CORPORATE CONTROLLER	P/R Deduction (\$10.00 Weekly)

C.	Full Name (Last, First, Middle Initial) Sandra A Dilworth		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3 Tottenham Court		Transaction ID: PR1262162721020
	City Baltimore	State MD	Zip Code 21234
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer CareFirst of Maryland, Inc	Occupation DIRECTOR, NETWORK & DESKTOP SE	P/R Deduction (\$4.00 Weekly)

SUBTOTAL of Receipts This Page (optional)	160.00
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 / 14
(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) Gregory M Chaney		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 16 Fox Creek Court		Transaction ID: PR1262210221020
City Owings Mills	State Zip Code MD 21117	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
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 ▼ 460.00	

B.

Full Name (Last, First, Middle Initial) Tiffany R Mathis		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 2205 Cloville Avenue		Transaction ID: PR1262214621020
City Baltimore	State Zip Code MD 21214	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer CareFirst of Maryland, Inc	Occupation DIR, VNDR MANG PROC REDESIGN	P/R Deduction (\$0.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.

Full Name (Last, First, Middle Initial) Daniel J Winn		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 468 Five Farms Lane		Transaction ID: PR1262230721020
City Timonium	State Zip Code MD 21093	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer CareFirst of Maryland, Inc	Occupation AVP & MEDICAL DIRECTOR III	P/R Deduction (\$0.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	160.00
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 9 / 14
(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)
Wanda H Moore

Mailing Address 5209 Janesdale Court

City State Zip Code
Glendale MD 20769

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

Name of Employer Occupation
CareFirst of Maryland, Inc DIRECTOR, CORPORATE TAXATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1262249721020

Amount of Each Receipt this Period
40.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)
Kevin C O'neill

Mailing Address 617 W. 40Th Street

City State Zip Code
Baltimore MD 21211

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

Name of Employer Occupation
CareFirst of Maryland, Inc VP, PROJECT MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1262299521020

Amount of Each Receipt this Period
40.00

P/R Deduction (\$10.00 Weekly)

C.

Full Name (Last, First, Middle Initial)
Winston Wong

Mailing Address 1998 Conan Doyle Way

City State Zip Code
Eldersburg MD 21784

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

Name of Employer Occupation
CareFirst of Maryland, Inc AVP, PHARMACY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1262303721020

Amount of Each Receipt this Period
40.00

P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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 10 / 14
	<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) Michael B Edwards	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 14236 Bradshaw Drive	Transaction ID: PR1262403021020
	City State Zip Code Silver Spring MD 20905	Amount of Each Receipt this Period 56.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Group Hosp & Med Svcs, Inc Occupation SVP, NETWORKS MANAGEMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 322.00	P/R Deduction (\$10.00 Weekly)

B.	Full Name (Last, First, Middle Initial) Gwendolyn D Skillern	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 9925 Middle Mill Dr.	Transaction ID: PR1262714621020
	City State Zip Code Owings Mills MD 21117	Amount of Each Receipt this Period 56.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CareFirst of Maryland, Inc Occupation SVP, AUDIT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 322.00	P/R Deduction (\$12.00 Weekly)

C.	Full Name (Last, First, Middle Initial) Darlene L Lawrence	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 8152 Bell Tower Crossing	Transaction ID: PR1263207521020
	City State Zip Code Pasadena MD 21122	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Group Hosp & Med Svcs, Inc Occupation AVP, PROF REL&PERF BASED PGMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 230.00	P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)	152.00
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 11 / 14
(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)
Zev B Lavon

Mailing Address 4804 Hawksbury Road

City State Zip Code
Baltimore MD 21208

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

Name of Employer Occupation
CareFirst of Maryland, Inc ARCHITECT, ENTERPRISE III

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR1263254221020

Amount of Each Receipt this Period
40.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)
Maria H. Tildon

Mailing Address 5616 Cross Country Blvd

City State Zip Code
Baltimore MD 21209

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR1538197921020

Amount of Each Receipt this Period
40.00

P/R Deduction (\$0.00)

C.

Full Name (Last, First, Middle Initial)
Andrew Sullivan

Mailing Address 720 Bristol Rd

City State Zip Code
Wilmington DE 19803-2224

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

Name of Employer Occupation
CareFirst of Maryland, Inc SVP ASU - CONSUMER DIRECT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 368.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR1702348721020

Amount of Each Receipt this Period
64.00

P/R Deduction (\$0.00)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 14
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
David Grosso

Mailing Address 3619 15th Street, NE

City Washington State DC Zip Code 20017-3006

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

Name of Employer Carefirst, Inc. Occupation Vice President, Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 11 / 22 / 2010
Transaction ID: PR1702348821020
Amount of Each Receipt this Period 40.00
P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)
Tonya Vidal Kinlow

Mailing Address 3952 2nd St., SW

City Washington State DC Zip Code 20032-1421

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

Name of Employer CareFirst, Inc. Occupation Vice President, Government Affairs, DC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 22 / 2010
Transaction ID: PR1705271421020
Amount of Each Receipt this Period 40.00
P/R Deduction (\$0.00)

C.

Full Name (Last, First, Middle Initial)
Mr. Chester Burrell

Mailing Address 3023 O Street

City Washington State DC Zip Code 20007-3108

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

Name of Employer CareFirst, Inc. Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt 11 / 22 / 2010
Transaction ID: PR1727227321020
Amount of Each Receipt this Period 160.00
P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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)

PAGE 14 / 14

<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)
Catania 2010

Mailing Address 2122 Newport Place, NW

City Washington State DC Zip Code 20037

Purpose of Disbursement
David Catania, COUNCIL @ LARGE DC

Candidate Name
Mr. David Catania

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 37184546

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

500.00

David Catania, COUNCIL @
LARGE DC

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

500.00