

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
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 (12S)
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 2010 through 06 30 2010

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 13 2010

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									
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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	1	0

 To:

M	M
0	6

D	D
3	0

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	14507.56									
(c) Total Receipts (from Line 19)	4483.49	8969.89								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18991.05	19745.05								
7. Total Disbursements (from Line 31)	1750.00	2504.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17241.05	17241.05								
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: To:

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)	1064.00	1304.00
(ii) Unitemized	3419.49	7665.89
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4483.49	8969.89
(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)	4483.49	8969.89
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))	4483.49	8969.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4483.49	8969.89

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.....	1250.00	1250.00
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	1250.00
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))..	1750.00	2504.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1750.00	2504.00

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	4483.49	8969.89
34. Total Contribution Refunds (from Line 28(d))	0.00	4.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4483.49	8965.89
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 / 11
(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

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 State Zip Code
West Friendship MD 21794

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

Name of Employer CareFirst of Maryland, Inc Occupation EVP & CHIEF MARKETING OFFR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR1262109719755

Amount of Each Receipt this Period
112.00

P/R Deduction (\$16.00 Weekly)

B.

Full Name (Last, First, Middle Initial)
David D Wolf

Mailing Address 2337-1 Boston St

City State Zip Code
Baltimore MD 21224

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

Name of Employer CareFirst of Maryland, Inc Occupation EVP, MEDICAL SYSTEMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR1262110119755

Amount of Each Receipt this Period
140.00

P/R Deduction (\$20.00 Weekly)

C.

Full Name (Last, First, Middle Initial)
John A Picciotto

Mailing Address 704 Sussex Road

City State Zip Code
Towson MD 21286

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

Name of Employer CareFirst of Maryland, Inc Occupation EVP & GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR1262110219755

Amount of Each Receipt this Period
140.00

P/R Deduction (\$20.00 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 7 / 11
(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 K Oneferu-bey

Mailing Address 1319 Robin Road

City Pikesville State MD Zip Code 21208

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

Name of Employer CareFirst of Maryland, Inc Occupation AVP, INDIV SALES, TRNG, DVLPMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR126212119755

Amount of Each Receipt this Period 140.00

P/R Deduction (\$16.00 Weekly)

B.

Full Name (Last, First, Middle Initial)
Gregory M Chaney

Mailing Address 16 Fox Creek Court

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR1262210219755

Amount of Each Receipt this Period 140.00

P/R Deduction (\$20.00 Weekly)

C.

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

Mailing Address 720 Bristol Rd

City Wilmington State DE Zip Code 19803-2224

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR1702348719755

Amount of Each Receipt this Period 112.00

P/R Deduction (\$0.00)

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 / 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Chester Burrell		Date of Receipt
	Mailing Address 3023 O Street		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Washington	State DC	Zip Code 20007-3108
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: PR1727227319755
	Name of Employer CareFirst, Inc.		Occupation President and CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="280.00"/>	
Aggregate Year-to-Date ▼ <input type="text" value="520.00"/>		P/R Deduction (\$0.00)	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="280.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1064.00"/>

**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) Van Hollen For Congress Mailing Address 10537 St. Paul Street City Kensington State MD Zip Code 20895 Purpose of Disbursement Candidate Name Rep. Chris Van Hollen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 34362369 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Frank Kratovil For Congress Mailing Address 222 Main Sail Drive PO Box 518 City Stevensville State MD Zip Code 21666 Purpose of Disbursement Candidate Name Rep. Frank Kratovil, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 34598356 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 0 Amount of Each Disbursement this Period 250.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Frank Kratovil For Congress Mailing Address 222 Main Sail Drive PO Box 518 City Stevensville State MD Zip Code 21666 Purpose of Disbursement Void - Frank Kratovil For Congress Candidate Name Rep. Frank Kratovil, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 34602247 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 0 Amount of Each Disbursement this Period -250.00 011 Category/ Type Void - Frank Kratovil For Congress

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

**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 10 / 11

<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)
Frank Kratovil For Congress

Transaction ID: 34602263

Date of Disbursement

Mailing Address 222 Main Sail Drive
PO Box 518

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	0

City State Zip Code
Stevensville MD 21666

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement

011
Category/ Type

Candidate Name
Rep. Frank Kratovil, Jr.

Office Sought: House
 Senate
 President
State: MD District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

1250.00

**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 11 / 11

<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)

Yvette Alexander Constituent Fund

Mailing Address 1350 Pennsylvania Ave, NW
Suite 400

City Washington State DC Zip Code 20004

Purpose of Disbursement
Yvette Alexander, COUNCIL WARD 7th DC

Candidate Name
Yvette Alexander

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: 34772058

Date of Disbursement

05 / 18 / 2010

Amount of Each Disbursement this Period

500.00

Yvette Alexander, COUNCIL
WARD 7th DC

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00