

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

CareFirst BlueCross BlueShield Associates' Federal PAC

ADDRESS (number and street)

10455 Mill Run Circle

(Check if address is changed)

Owings Mill

MD

21117

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

Jeanne.Kennedy@carefirst.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

410-998-4500

2. DATE

12 / 27 / 2007

3. FEC IDENTIFICATION NUMBER

C C00286922

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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

12 / 27 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

CareFirst Blue Cross BlueShield \_\_\_\_\_

Mailing Address  10455 Mill Run Circle  
 01-960  
 Owings Mills  MD  21117 -  
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship  Affiliated Committee \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

- 7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Debbie Credito

Mailing Address 10455 Mill Run Circle

Owings Mills MD 21117

Title or Position CITY STATE ZIP CODE

Telephone number 410 998 5230

- 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Jeanne Kennedy

Mailing Address 10455 Mill Run Circle

Owings Mill MD 21117

Title or Position CITY STATE ZIP CODE

Vice President, Corp Telephone number 410 998 6767

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Susquehanna Bank

Mailing Address

10455 Mill Run Circle

Owings Mills

MD

21117

CITY ▲

STATE ▲

ZIP CODE ▲

Image# 27931717609

Form/Schedule: **F1A**  
Transaction ID:

CommunityBank was purchased by Susquehanna Bank. This is a name change only. This amendment is to corrected items cited in letter from FEC dated 12/12/2007.

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