REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

Oct 13 12 00 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Blue Cross and Blue Shield of Maryland Employees' Federal Political Action Committee

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

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 7/1/94 through 9/30/94		
6. (a)	Cash on Hand January 1, 19 94		$ -0-
(b)	Cash on Hand at Beginning of Reporting Period	$ 1342.14	
(c)	Total Receipts (from Line 19)	$ 1913.35	$ 6564.60
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 3255.99	$ 6564.60
7.	Total Disbursements (from Line 30)	$ 2500.00	$ 5808.61
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 755.99	$ 755.99
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 Elector 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
John A. Sweeney

Signature of Treasurer
John A. Sweeney

Date
10/6/94

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 8/93)

9 4 0 3 9 2 6 4 7 0 2

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

(revised 1/1/91)

NAME OF COMMITTEE: Blue Cross and Blue Shield of Maryland Employees' Federal PAC

REPORT COVERING PERIOD FROM 7/1/94 TO: 9/30/94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	895.00	3197.50	11(a)(i)
ii. Unitemized	1018.85	3367.10	11(a)(ii)
iii. Total (add i and ii) ➤	1913.85	6564.60	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	1913.85	6564.60	11(c)
d. Total Contributions (add a iii, b and c) ➤			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) ➤	1913.85	6564.60	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1913.85	6564.60	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) ➤		58.61	21(c)
22. Transfers to Affiliated/Other Party Committees		58.61	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2500.00	5750.00	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			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2500.00	5808.61	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	2500.00	5750.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1913.85	6564.60	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1913.85	6564.60	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	58.61	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	58.61	37

FE4AN101

9403926470 3

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11.a.1

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)

Blue Cross and Blue Shield of Maryland Employees' Federal Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Joe Orange 8468 Greystone Lane Columbia, MD 21045	BCBSM VP	payroll deduction	45.00 bi-weekly 12.50 2 pays 10.00 2 pays
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $207.50		

B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sharon Vecchioni 13003 Jerome Jay Drive Hunt Valley, MD 21030	BCBSM VP	payroll deduction	78.00 bi-weekly 15.00 2 pays 12.00 4 pays
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $273.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Picciotto 704 Sussex Rd. Baltimore, MD 21204	BCBSM VP	payroll deduction	91.00 bi-weekly 12.50 2 pays 14.00 5 pays
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $266.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jim Hirsch 8 Broadridge Lane Lutherville, MD 21093	BCBSM VP	payroll deduction	65.00 bi-weekly 12.50 2 pays 10.00 4 pays
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $227.50		

E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Deborah Kruchka-Craig 2107 Highland Ridge Dr. Phoenix, MD 21131	BCBSM Director	payroll deduction	45.00 bi-weekly 12.50 2 pays 10.00 2 pays
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $207.50		

F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Sweeney 15710 Yeoho Rd. Sparks, MD 21152	BCBSM	payroll deduction	65.00 bi-weekly 12.50 2 pays 10.00 4 pays
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $227.50		

G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dan McCrone 4603 Lagshire Rd. Baltimore, MD 21013	BCBSM Medical Director	payroll deduction	78.00 bi-weekly 15.00 2 pays 12.00 4 pays
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $273.00		

SUBTOTAL of Receipts This Page (optional) > 467.00

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

9 4 0 3 9 2 6 4 7 0 4

FFA4N101

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 11.a.1

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)

Blue Cross and Blue Shield of Maryland Employees' Federal PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Marlin Mueller 8805 Falcon Ridge Randallstown, MD 21133 Receipt For: [X] Primary [ ] General [ ] Other (specify):	BCBSM Occupation: Actuarial Aggregate Year-to-Date > $ 227.50	payroll deduction	65.00 bi-weekly 12.50 2 pays 14.00 4 pays
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael Felber 14 Lochmoor Ct. Timonium, MD 21093 Receipt For: [X] Primary [ ] General [ ] Other (specify):	BCBSM Occupation: VP Aggregate Year-to-Date > $ 283.50	payroll deduction	91.00 bi-weekly 17.50 2 pays 14.00 4 pays
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month day, year)	Amount of Each Receipt this Period
David Wolf 2207 Copperwood Way Fallston, MD 21047 Receipt For: [X] Primary [ ] General [ ] Other (specify):	BCBSM Occupation: CFO Aggregate Year-to-Date > $291.00	payroll deduction	96.00 bi-weekly 15.00 4 pays 12.00 5 pays
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Debbie Holloway 258 Waycross Way Arnold, MD 21012 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CFS Health Services Occupation: VP Aggregate Year-to-Date > $242.50	payroll deduction	80.00 bi-weekly 12.50 4 pays 16.00 5 pays
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month day, year)	Amount of Each Receipt this Period
James E. Jordan, MD 7150 Sanner Road Clarksville, MD 21029 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CMP Occupation: Physician Aggregate Year-to-Date > $ 291.00	payroll deduction	96.00 bi-weekly 15.00 4 pays 13.00 5 pays
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 428.00

TOTAL This Period (last page this line number only) > 895.00

9 4 0 3 9 2 6 4 7 0 5

FE4AN101

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Contributions to other PACS

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

PAGE 1 OF 2

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)

Blue Cross and Blue Shield of Maryland Employees' Federal PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CAREPAC Blue Cross and Blue Shield Association 1310 G Street NW Washington, DC 20005	contribution - Asso. PAC Disbursement for: X Primary ___ General ___ Other (specify)	7/26/94	1000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
CAREPAC Blue Cross and Blue Shield Asso. 1310 G Street, NW Washington, DC 20005	contribution Asso. PAC Disbursement for: X Primary ___ General ___ Other (specify)	8/24/94	1000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ___ Primary ___ General ___ Other (specify)		
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ___ Primary ___ General ___ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ___ Primary ___ General ___ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ___ Primary ___ General ___ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ___ Primary ___ General ___ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ___ Primary ___ General ___ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ___ Primary ___ General ___ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 2000.00

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

9 4 0 3 9 2 6 4 7 0 6

FE4AN/01

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Contribution to Federal Condidate

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

PAGE 2 OF 2

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)

Blue Cross and Blue Shield of Maryland Employees' Federal PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hoyer for Congress c/o John A. Moag, Jr. Suite 1100 250 West Pratt Street Baltimore, MD 21201	State of MD Disbursement for: X Primary ___ General ___ Other (specify)	9/8/94	500.00
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) 500.00

TOTAL This Period (last page this line number only) 2500.00

9 4 0 3 9 2 6 4 7 0 7

FE4AN101

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 received.

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 10-11-94
☐	Registered/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

JMH
PREPARER

10-13-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 2 6 4 7 0 8