



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		15784.43
(b) Cash on Hand at Beginning of Reporting Period.....	10367.32	
(c) Total Receipts (from Line 19) .....	1603.94	21186.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	11971.26	36971.26
7. Total Disbursements (from Line 31).....	1000.00	26000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	10971.26	10971.26
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	1029.10	5378.75
(ii) Unitemized .....	574.84	15808.07
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1603.94	21186.82
(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) .....	1603.94	21186.82
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	0.01
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 Transfers (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))..... ▶	1603.94	21186.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1603.94	21186.83

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	7500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	16500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	0.00
(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	0.00
29. Other Disbursements .....	0.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	1000.00	26000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	26000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	1603.94	21186.82
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1603.94	21186.82
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: (check only one)	PAGE 6 OF 21
<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**

Full Name (Last, First, Middle Initial) <b>A. Michael J Felber</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1262109826547</b>
Mailing Address 14 Lochmoor Court		Amount of Each Receipt this Period 20.00
City Timonium State MD Zip Code 21093	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$14.00 Weekly)
Name of Employer CareFirst of Maryland, Inc Occupation SVP, SALES	Aggregate Year-to-Date 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. John A Picciotto</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1262110226547</b>
Mailing Address 704 Sussex Road		Amount of Each Receipt this Period 40.00
City Towson State MD Zip Code 21286	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Weekly)
Name of Employer CareFirst of Maryland, Inc Occupation EVP & GENERAL COUNSEL	Aggregate Year-to-Date 520.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Rita A Costello</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1262117326547</b>
Mailing Address 1911 Corbridge Lane		Amount of Each Receipt this Period 24.00
City Monkton State MD Zip Code 21111	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$12.00 Weekly)
Name of Employer CareFirst of Maryland, Inc Occupation SVP, STRATEGIC MARKETING	Aggregate Year-to-Date 312.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	84.00
<b>TOTAL</b> 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 OF 21
<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**

Full Name (Last, First, Middle Initial) <b>A. Aliza Rothenberg</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1262119126547</b>
Mailing Address 3413 Deep Willow Avenue		Amount of Each Receipt this Period 200.00
City Baltimore	State MD	Zip Code 21208
FEC ID number of contributing federal political committee. C		P/R Deduction (\$0.00)
Name of Employer CareFirst of Maryland, Inc	Occupation AVP, MARKET PLNG & ANALYSIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Wanda K Oneferu-bey</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1262121126547</b>
Mailing Address 1319 Robin Road		Amount of Each Receipt this Period 64.00
City Pikesville	State MD	Zip Code 21208
FEC ID number of contributing federal political committee. C		P/R Deduction (\$16.00 Weekly)
Name of Employer CareFirst of Maryland, Inc	Occupation AVP, INDIV SALES, TRNG, DVLPMNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 736.00	

Full Name (Last, First, Middle Initial) <b>C. Andrew J Fitzsimmons</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1262148026547</b>
Mailing Address 150 Murdock Road		Amount of Each Receipt this Period 16.00
City Baltimore	State MD	Zip Code 21212
FEC ID number of contributing federal political committee. C		P/R Deduction (\$0.00)
Name of Employer CareFirst of Maryland, Inc	Occupation VP, FINANCIAL PLAN & DATA MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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 8 OF 21
<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. Jeanne A Kennedy**  
Full Name (Last, First, Middle Initial)

Mailing Address 4915 Bramhope Lane

City Ellicott City State MD Zip Code 21043

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

Name of Employer CareFirst of Maryland, Inc Occupation VP, TREASURY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR1262149026547**

Amount of Each Receipt this Period 16.00

P/R Deduction (\$8.00 Weekly)

**B. Meryl D Burgin**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Sapphire Hill Ct.

City Baltimore State MD Zip Code 21209-1563

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

Name of Employer CareFirst of Maryland, Inc Occupation Vice President & DEPUTY GENERAL COUNSI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR1262151826547**

Amount of Each Receipt this Period 20.00

P/R Deduction (\$2.00 Weekly)

**C. Steven J Sanders**  
Full Name (Last, First, Middle Initial)

Mailing Address 8495 Kings Meade Way

City Columbia State MD Zip Code 21046

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

Name of Employer CareFirst of Maryland, Inc Occupation MEMBER, SR TECHNICAL STAFF

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR1262155626547**

Amount of Each Receipt this Period 16.00

P/R Deduction (\$8.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 52.00

**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 9 OF 21
<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. William V Stack**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Farm Ridge Court  
City Baldwin State MD Zip Code 21013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CareFirst of Maryland, Inc Occupation VP, CORPORATE CONTROLLER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 260.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR1262156126547**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$10.00 Weekly)

**B. Sandra A Dilworth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Tottenham Court  
City Baltimore State MD Zip Code 21234  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CareFirst of Maryland, Inc Occupation DIRECTOR, NETWORK & DESKTOP SE  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 260.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR1262162726547**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$4.00 Weekly)

**C. Michele K Wise**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3612 Granite Road  
City Woodstock State MD Zip Code 21163  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CareFirst of Maryland, Inc Occupation DIRECTOR, OPERATIONS I  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 208.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR1262164626547**  
Amount of Each Receipt this Period 16.00  
P/R Deduction (\$0.00)

**SUBTOTAL** of Receipts This Page (optional)..... 56.00  
**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 OF 21
<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**

Full Name (Last, First, Middle Initial) <b>A. William W Showman</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1262170826547</b>
Mailing Address 2122 Country Fair Lane		Amount of Each Receipt this Period 16.00
City Sykesville	State MD	Zip Code 21784
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 16.00	
Name of Employer CareFirst of Maryland, Inc	Occupation DIRECTOR, ACCOUNTING OPERATION	P/R Deduction (\$0.00 )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) <b>B. Michael P Whitlock</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1262182326547</b>
Mailing Address 5002 Hollington Drive Unit 202		Amount of Each Receipt this Period 16.00
City Owings Mills	State MD	Zip Code 21117
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 16.00	
Name of Employer CareFirst of Maryland, Inc	Occupation PMO SR. PROJECT MANAGER	P/R Deduction (\$0.00 )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) <b>C. Gregory M Chaney</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1262210226547</b>
Mailing Address 16 Fox Creek Court		Amount of Each Receipt this Period 40.00
City Owings Mills	State MD	Zip Code 21117
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 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 ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	72.00
<b>TOTAL</b> 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 11 OF 21
	<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. Michelle J Wright**  
Full Name (Last, First, Middle Initial)  
Mailing Address 151 Longview Drive  
City Baltimore State MD Zip Code 21228-5412  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CareFirst of Maryland, Inc Occupation SVP, Human Resources  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **208.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : PR1262215526547**  
Amount of Each Receipt this Period **16.00**  
P/R Deduction (\$8.00 Weekly)

**B. Daniel J Winn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 468 Five Farms Lane  
City Timonium State MD Zip Code 21093  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CareFirst of Maryland, Inc Occupation AVP & MEDICAL DIRECTOR III  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : PR1262230726547**  
Amount of Each Receipt this Period **20.00**  
P/R Deduction (\$0.00 )

**C. Wanda H Moore**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5209 Janesdale Court  
City Glendale State MD Zip Code 20769  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CareFirst of Maryland, Inc Occupation DIRECTOR, CORPORATE TAXATION  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : PR1262249726547**  
Amount of Each Receipt this Period **20.00**  
P/R Deduction (\$0.00 )

**SUBTOTAL** of Receipts This Page (optional)..... **56.00**  
**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 12 OF 21
<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**

Full Name (Last, First, Middle Initial) <b>A. Jeffery W Valentine</b>			Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1262275226547</b>
Mailing Address 224 Tyrone Circle			Amount of Each Receipt this Period 16.00
City Baltimore	State MD	Zip Code 21212	P/R Deduction (\$4.00 Weekly)
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.00	
Name of Employer CareFirst of Maryland, Inc	Occupation AVP, CORP COMM & REP MGMT	Aggregate Year-to-Date 208.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Kevin C O'neill</b>			Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1262299526547</b>
Mailing Address 617 W. 40Th Street			Amount of Each Receipt this Period 20.00
City Baltimore	State MD	Zip Code 21211	P/R Deduction (\$10.00 Weekly)
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00	
Name of Employer CareFirst of Maryland, Inc	Occupation VP, PROJECT MANAGEMENT	Aggregate Year-to-Date 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Winston Wong</b>			Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1262303726547</b>
Mailing Address 1998 Conan Doyle Way			Amount of Each Receipt this Period 20.00
City Eldersburg	State MD	Zip Code 21784	P/R Deduction (\$10.00 Weekly)
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00	
Name of Employer CareFirst of Maryland, Inc	Occupation AVP, PHARMACY	Aggregate Year-to-Date 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	56.00
<b>TOTAL</b> 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 13 OF 21
	<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. Michael B Edwards**  
Full Name (Last, First, Middle Initial)

Mailing Address 142361613 Turks Cap Lily Lane

City Annapolis	State MD	Zip Code 21401
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FEC ID number of contributing federal political committee. **C**

Name of Employer Group Hosp & Med Svcs, Inc	Occupation SVP, NETWORKS MANAGEMENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **364.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : PR1262403026547**

Amount of Each Receipt this Period  

28.00
-------

P/R Deduction (\$10.00 Weekly)

**B. Theresa M Twohig**  
Full Name (Last, First, Middle Initial)

Mailing Address 114 Pinewood Rd

City Elkview	State WV	Zip Code 25071
-----------------	-------------	-------------------

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

Name of Employer Capital Area Services Co, Inc	Occupation VP (SUBSIDIARY), CASCI
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : PR1262516326547**

Amount of Each Receipt this Period  

16.00
-------

P/R Deduction (\$0.00 )

**C. Gwendolyn D Skillern**  
Full Name (Last, First, Middle Initial)

Mailing Address 9925 Middle Mill Dr.

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 SVP, AUDIT
--	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **364.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : PR1262714626547**

Amount of Each Receipt this Period  

28.00
-------

P/R Deduction (\$12.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>72.00</b>
<b>TOTAL</b> 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 14 OF 21
<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**

Full Name (Last, First, Middle Initial) <b>A. Stacey R Breidenstein</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1262762626547</b>
Mailing Address 1717 Boggs Rd		Amount of Each Receipt this Period 16.00
City Forest Hill	State MD	Zip Code 21050
FEC ID number of contributing federal political committee. C		P/R Deduction (\$8.00 Weekly)
Name of Employer CareFirst of Maryland, Inc	Occupation AVP, PROV CONTRACTING&INST REL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) <b>B. Shawn P Mcleod</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1263079126547</b>
Mailing Address 3421 Highview Terrace Se		Amount of Each Receipt this Period 16.00
City Washington	State DC	Zip Code 20020
FEC ID number of contributing federal political committee. C		P/R Deduction (\$0.00 )
Name of Employer Group Hosp & Med Svcs, Inc	Occupation DIRECTOR, OPERATIONS II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) <b>C. Steven D Suttles</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1263185226547</b>
Mailing Address 7257 Conley Street		Amount of Each Receipt this Period 16.00
City Baltimore	State MD	Zip Code 21224
FEC ID number of contributing federal political committee. C		P/R Deduction (\$0.00 )
Name of Employer CareFirst of Maryland, Inc	Occupation ENGINEER, LD SOFTWARE TESTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	48.00
<b>TOTAL</b> 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 15 OF 21
	<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**

Full Name (Last, First, Middle Initial) <b>A. Clayton M House</b>			Date of Receipt
Mailing Address 5221 Bodeaux Cv			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : PR1263190126547</b>
Ellicott City	MD	21043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="16.00"/>
Name of Employer	Occupation		P/R Deduction (\$0.00 )
CareFirst of Maryland, Inc	ARCHITECT, ENTERPRISE III		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Darlene L Lawrence</b>			Date of Receipt
Mailing Address 8152 Bell Tower Crossing			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : PR1263207526547</b>
Pasadena	MD	21122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		P/R Deduction (\$0.00 )
Group Hosp & Med Svcs, Inc	AVP, PROF REL&PERF BASED PGMS		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Zev B Lavon</b>			Date of Receipt
Mailing Address 4804 Hawksbury Road			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : PR1263254226547</b>
Baltimore	MD	21208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		P/R Deduction (\$0.00 )
CareFirst of Maryland, Inc	ARCHITECT, ENTERPRISE III		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="56.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 16 OF 21
<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. Maria H. Tildon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5616 Cross Country Blvd  
 City Baltimore State MD Zip Code 21209-4418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CareFirst BlueCross BlueShield Occupation SVP, PUBLIC POLICY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR1538197926547**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$0.00 )

**B. Brian Wheeler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 I St., NE #114  
 City Washington State DC Zip Code 20002-4490  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CareFirst BlueCross BlueShield Occupation SPEC. ASST TO THE PRES & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 222.30

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR1672113226547**  
 Amount of Each Receipt this Period 17.10  
 P/R Deduction (\$0.00 )

**C. Robert Laurenzano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 273 Hickory Ridge Dr.  
 City Queenstown State MD Zip Code 21658-1392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CareFrist, Inc. Occupation Dental Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR1705271326547**  
 Amount of Each Receipt this Period 16.00  
 P/R Deduction (\$0.00 )

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	53.10
<b>TOTAL</b> 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 17 OF 21
<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**

Full Name (Last, First, Middle Initial) <b>A. Tonya Vidal Kinlow</b>			Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1705271426547</b>
Mailing Address 3952 2nd St., SW			Amount of Each Receipt this Period 20.00
City Washington	State DC	Zip Code 20032-1421	P/R Deduction (\$0.00 )
FEC ID number of contributing federal political committee. C			
Name of Employer CareFirst, Inc.	Occupation Vice President, Government Affairs, DC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Chester Burrell</b>			Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1727227326547</b>
Mailing Address 3023 O Street			Amount of Each Receipt this Period 80.00
City Washington	State DC	Zip Code 20007-3108	P/R Deduction (\$0.00 )
FEC ID number of contributing federal political committee. C			
Name of Employer CareFirst, Inc.	Occupation President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00		

Full Name (Last, First, Middle Initial) <b>C. Steven Margolis</b>			Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1734774726547</b>
Mailing Address 6749 Cortina Dr			Amount of Each Receipt this Period 20.00
City Highland	State MD	Zip Code 20777-9501	P/R Deduction (\$0.00 )
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Senior Vice President, ASU Small - Med		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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 18 OF 21
	<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. Edwin Goodlander**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 Oakdale Road

City Baltimore State MD Zip Code 21210-2560

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

Name of Employer CareFirst BlueCross BlueShield Occupation COUNSEL, ASSISTANT GENERAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 31 / 2012  
Transaction ID : PR1737060226547

Amount of Each Receipt this Period 16.00

P/R Deduction (\$0.00)

**B. Michael Avotins**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Springhill Farm Court

City Cockeysville State MD Zip Code 21030-1400

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

Name of Employer CareFirst BlueCross BlueShield Occupation Senior Vice President, ASU - LARGE GRO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2012  
Transaction ID : PR1932841426547

Amount of Each Receipt this Period 20.00

P/R Deduction (\$0.00)

**C. Mr. Fred Plumb**  
Full Name (Last, First, Middle Initial)

Mailing Address 8207 Mount Vernon Highway

City Alexandria State VA Zip Code 22309-1915

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

Name of Employer CareFirst BlueCross BlueShield Occupation SVP ASU - FEP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 12 / 31 / 2012  
Transaction ID : PR1934102926547

Amount of Each Receipt this Period 80.00

P/R Deduction (\$0.00)

**SUBTOTAL** of Receipts This Page (optional).....▶ 116.00

**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 19 OF 21
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Deborah Rivkin</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1937212426547</b>
Mailing Address 841 Sand Cherry Lane		Amount of Each Receipt this Period 200.00
City Laurel	State MD	Zip Code 20723
FEC ID number of contributing federal political committee. C	P/R Deduction (\$0.00)	
Name of Employer CareFirst BlueCross BlueShield	Occupation VP GOVERNMENT AFFAIRS MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Randolph Sergent</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1947460926547</b>
Mailing Address 2513 Holly Springs Ct.		Amount of Each Receipt this Period 16.00
City Ellicott City	State MD	Zip Code 21043-1968
FEC ID number of contributing federal political committee. C	P/R Deduction (\$0.00)	
Name of Employer CareFirst BlueCross BlueShield	Occupation Assistant General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Kenny Kan</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR1947461026547</b>
Mailing Address 12823 MacBeth Farm Lane		Amount of Each Receipt this Period 32.00
City Clarksville	State MD	Zip Code 21029-1556
FEC ID number of contributing federal political committee. C	P/R Deduction (\$0.00)	
Name of Employer CareFirst BlueCross BlueShield	Occupation CHIEF ACTUARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	68.00
<b>TOTAL</b> 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 20 OF 21  
(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. Mr. Harry D Fox**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10421 Logan Drive  
City Potomac State MD Zip Code 20854-3912  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CareFirst BlueCross BlueShield Occupation SVP, TECHNICAL & OPS SUPPORT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2012  
**Transaction ID : PR1961330626547**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$0.00 )

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1029.10

# 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

Full Name (Last, First, Middle Initial)

### A. Friends Of Mark Warner

Mailing Address 10 G St, NE  
Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Mark Warner

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

Transaction ID : 48944116

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1000.00
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1000.00
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