



**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="2011"/>		12623.56
(b) Cash on Hand at Beginning of Reporting Period.....	11921.81	
(c) Total Receipts (from Line 19) .....	5362.62	16410.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	17284.43	29034.43
7. Total Disbursements (from Line 31).....	1500.00	13250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	15784.43	15784.43
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).....	2391.30	4783.30
(ii) Unitemized .....	2971.32	11627.57
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5362.62	16410.87
(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) .....	5362.62	16410.87
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 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))..... ▶	5362.62	16410.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5362.62	16410.87

**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.....	500.00	1000.00
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 .....	1000.00	4750.00
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)) ..	1500.00	13250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	13250.00

**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) .....	5362.62	16410.87
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5362.62	16410.87
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 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. John A Picciotto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 704 Sussex Road  
 City Towson State MD Zip Code 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 ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1262110223511**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$20.00 Weekly)

**B. Rita A Costello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1911 Corbridge Lane  
 City Monkton State MD Zip Code 21111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CareFirst of Maryland, Inc Occupation SVP, STRATEGIC MARKETING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1262117323511**  
 Amount of Each Receipt this Period 72.00  
 P/R Deduction (\$12.00 Weekly)

**C. Aliza Rothenberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3413 Deep Willow Avenue  
 City Baltimore State MD Zip Code 21208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CareFirst of Maryland, Inc Occupation AVP, MARKET PLNG & ANALYSIS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1262119123511**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$0.00)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 252.00  
**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 OF 18
	<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	<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. Wanda K Oneferu-bey</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 1319 Robin Road			<b>Transaction ID : PR1262121123511</b>
City Pikesville	State MD	Zip Code 21208	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C			
Name of Employer CareFirst of Maryland, Inc	Occupation AVP, INDIV SALES, TRNG, DVLPMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		P/R Deduction (\$16.00 Weekly)

Full Name (Last, First, Middle Initial) <b>B. Jeanne A Kennedy</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 4915 Bramhope Lane			<b>Transaction ID : PR1262149023511</b>
City Ellicott City	State MD	Zip Code 21043	Amount of Each Receipt this Period 48.00
FEC ID number of contributing federal political committee. C			
Name of Employer CareFirst of Maryland, Inc	Occupation VP, TREASURY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00		P/R Deduction (\$8.00 Weekly)

Full Name (Last, First, Middle Initial) <b>C. R L Wroth</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address Box 490			<b>Transaction ID : PR1262153523511</b>
City St Michaels	State MD	Zip Code 21663	Amount of Each Receipt this Period 48.00
FEC ID number of contributing federal political committee. C			
Name of Employer CareFirst of Maryland, Inc	Occupation DIRECTOR, MEDICAL II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00		P/R Deduction (\$0.00)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	216.00
<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 18
<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. Steven J Sanders</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR1262155623511</b>
Mailing Address 8495 Kings Meade Way		Amount of Each Receipt this Period 48.00
City Columbia	State MD	Zip Code 21046
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$8.00 Weekly)
Name of Employer CareFirst of Maryland, Inc	Occupation MEMBER, SR TECHNICAL STAFF	
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. William V Stack</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR1262156123511</b>
Mailing Address 9 Farm Ridge Court		Amount of Each Receipt this Period 60.00
City Baldwin	State MD	Zip Code 21013
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$10.00 Weekly)
Name of Employer CareFirst of Maryland, Inc	Occupation VP, CORPORATE CONTROLLER	
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>C. Sandra A Dilworth</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR1262162723511</b>
Mailing Address 3 Tottenham Court		Amount of Each Receipt this Period 60.00
City Baltimore	State MD	Zip Code 21234
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$4.00 Weekly)
Name of Employer CareFirst of Maryland, Inc	Occupation DIRECTOR, NETWORK & DESKTOP SE	
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).....▶	168.00
<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 9 OF 18  
(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. 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 / 2011  
**Transaction ID : PR1262164623511**  
 Amount of Each Receipt this Period 48.00  
 P/R Deduction (\$0.00 )

**B. William W Showman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2122 Country Fair Lane  
 City Sykesville State MD Zip Code 21784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CareFirst of Maryland, Inc Occupation DIRECTOR, ACCOUNTING OPERATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1262170823511**  
 Amount of Each Receipt this Period 48.00  
 P/R Deduction (\$0.00 )

**C. Gregory M Chaney**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 520.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1262210223511**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$20.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 216.00  
**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 18
<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. Tiffany R Mathis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2205 Cloville Avenue

City Baltimore	State MD	Zip Code 21214
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FEC ID number of contributing federal political committee. **C**

Name of Employer CareFirst of Maryland, Inc	Occupation DIR, VNDR MANG PROC REDESIGN
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1262214623511**

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$0.00)

**B. Michelle J Wright**  
Full Name (Last, First, Middle Initial)  
Mailing Address 511 Forest Lane

City Baltimore	State MD	Zip Code 21228
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FEC ID number of contributing federal political committee. **C**

Name of Employer CareFirst of Maryland, Inc	Occupation AVP, STAFF SERVICES
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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	/	2011

**Transaction ID : PR1262215523511**

Amount of Each Receipt this Period  
48.00

P/R Deduction (\$8.00 Weekly)

**C. Daniel J Winn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 468 Five Farms Lane

City Timonium	State MD	Zip Code 21093
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FEC ID number of contributing federal political committee. **C**

Name of Employer CareFirst of Maryland, Inc	Occupation AVP & MEDICAL DIRECTOR III
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1262230723511**

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$0.00)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	168.00
<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 18
<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. Wanda H Moore**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5209 Janesdale Court

City Glendale	State MD	Zip Code 20769
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FEC ID number of contributing federal political committee. **C**

Name of Employer CareFirst of Maryland, Inc	Occupation DIRECTOR, CORPORATE TAXATION
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1262249723511**

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$0.00 )

**B. Jeffery W Valentine**  
Full Name (Last, First, Middle Initial)  
Mailing Address 224 Tyrone Circle

City Baltimore	State MD	Zip Code 21212
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FEC ID number of contributing federal political committee. **C**

Name of Employer CareFirst of Maryland, Inc	Occupation AVP, CORP COMM & REP MGMT
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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	/	2011

**Transaction ID : PR1262275223511**

Amount of Each Receipt this Period  
48.00

P/R Deduction (\$4.00 Weekly)

**C. Kevin C O'neil**  
Full Name (Last, First, Middle Initial)  
Mailing Address 617 W. 40Th Street

City Baltimore	State MD	Zip Code 21211
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FEC ID number of contributing federal political committee. **C**

Name of Employer CareFirst of Maryland, Inc	Occupation VP, PROJECT MANAGEMENT
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1262299523511**

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$10.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	168.00
<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 12 OF 18  
(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. Winston Wong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1998 Conan Doyle Way  
 City Eldersburg State MD Zip Code 21784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CareFirst of Maryland, Inc Occupation AVP, PHARMACY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1262303723511**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$10.00 Weekly)

**B. Michael B Edwards**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14236 Bradshaw Drive  
 City Silver Spring State MD Zip Code 20905  
 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 12 / 31 / 2011  
**Transaction ID : PR1262403023511**  
 Amount of Each Receipt this Period 84.00  
 P/R Deduction (\$10.00 Weekly)

**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 12 / 31 / 2011  
**Transaction ID : PR1262714623511**  
 Amount of Each Receipt this Period 84.00  
 P/R Deduction (\$12.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 228.00  
**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 13 OF 18  
(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. Stacey R Breidenstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1717 Boggs Rd  
 City Forest Hill State MD Zip Code 21050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CareFirst of Maryland, Inc Occupation AVP, PROV CONTRACTING&INST REL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1262762623511**  
 Amount of Each Receipt this Period 48.00  
 P/R Deduction (\$8.00 Weekly)

**B. Darlene L Lawrence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8152 Bell Tower Crossing  
 City Pasadena State MD Zip Code 21122  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1263207523511**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$0.00 )

**C. Zev B Lavon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4804 Hawksbury Road  
 City Baltimore State MD Zip Code 21208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CareFirst of Maryland, Inc Occupation ARCHITECT, ENTERPRISE III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1263254223511**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$0.00 )

**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 14 OF 18
	<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. Maria H. Tildon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5616 Cross Country Blvd  
 City Baltimore State MD Zip Code 21209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1538197923511**  
 Amount of Each Receipt this Period  
 60.00  
 P/R Deduction (\$0.00 )

**B. Brian Wheeler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1825 Ingleside Terrace, NW  
 City Washington State DC Zip Code 20010-1009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1672113223511**  
 Amount of Each Receipt this Period  
 51.30  
 P/R Deduction (\$0.00 )

**C. David Grosso**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Carefirst, Inc. Vice President, Public Policy  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1702348823511**  
 Amount of Each Receipt this Period  
 60.00  
 P/R Deduction (\$0.00 )

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	171.30
<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 18
	<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	<input type="checkbox"/> 17

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

**A. Robert Laurenzano**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15809 Lautree Ct.  
City North Potomac State MD Zip Code 20878-3460  
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 / 2011  
**Transaction ID : PR1705271323511**  
Amount of Each Receipt this Period 48.00  
P/R Deduction (\$0.00 )

**B. Tonya Vidal Kinlow**  
Full Name (Last, First, Middle Initial)  
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 ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1705271423511**  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$0.00 )

**C. Mr. Chester Burrell**  
Full Name (Last, First, Middle Initial)  
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 ▼ 1040.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1727227323511**  
Amount of Each Receipt this Period 240.00  
P/R Deduction (\$0.00 )

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 348.00  
**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 16 OF 18  
(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. Edwin Goodlander**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 Oakdale Road  
 City Baltimore State MD 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 ▼  
 208.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1737060223511**  
 Amount of Each Receipt this Period  
 48.00  
 P/R Deduction (\$0.00 )

**B. 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 Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 560.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1934102923511**  
 Amount of Each Receipt this Period  
 240.00  
 P/R Deduction (\$0.00 )

**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 Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	288.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2391.30

**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. Citizens for Eleanor Holmes Norton**

Mailing Address 2201 Wisconsin Avenue NW Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement

011

Candidate Name

Eleanor Norton

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: DC District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2011

Transaction ID : 42418462

Amount of Each Disbursement this Period

500.00

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

500.00

500.00

# 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 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

Full Name (Last, First, Middle Initial)

### A. CareFirst Associates' PAC MD

Mailing Address 10455 Mill Run Circle

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			28			2011					

Transaction ID : 43413292

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	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

1000.00
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**TOTAL** This Period (last page this line number only)..... ▶

1000.00
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