

**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="2014"/>	<input type="text" value="10012.88"/>	<input type="text" value="10012.88"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13180.27"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6324.80"/>	<input type="text" value="13492.19"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="19505.07"/>	<input type="text" value="23505.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6000.00"/>	<input type="text" value="10000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="13505.07"/>	<input type="text" value="13505.07"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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).....	2164.00	3488.00
(ii) Unitemized	4160.80	10004.19
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6324.80	13492.19
(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)	6324.80	13492.19
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))..... ▶	6324.80	13492.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6324.80	13492.19

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	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	7500.00
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	2500.00
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)) ..	6000.00	10000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	10000.00

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)	6324.80	13492.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6324.80	13492.19
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 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. 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 ▼ 1300.00

Date of Receipt 06 / 30 / 2014
Transaction ID : 17272273
Amount of Each Receipt this Period 600.00

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 CareFirst BlueCross BlueShield Occupation SVP ASU - FEP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2014
Transaction ID : 19341029
Amount of Each Receipt this Period 600.00

C. Mr. Kenny Kan
Full Name (Last, First, Middle Initial)
Mailing Address 12823 MacBeth Farm Lane
City Clarksville State MD Zip Code 21029-1556
FEC ID number of contributing federal political committee. **C**
Name of Employer CareFirst BlueCross BlueShield Occupation CHIEF ACTUARY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.00

Date of Receipt 06 / 30 / 2014
Transaction ID : 19474610
Amount of Each Receipt this Period 96.00

SUBTOTAL of Receipts This Page (optional).....▶	1296.00
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 11
<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 Gould
Full Name (Last, First, Middle Initial)
Mailing Address 6725 Hinesty Drive
City Bethesda State MD Zip Code 20817-5516
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation EVP, MEDICAL AFFAIRS
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **208.00**

Date of Receipt **06 / 30 / 2014**
Transaction ID : 21380258
Amount of Each Receipt this Period **96.00**

B. Paul Rempert
Full Name (Last, First, Middle Initial)
Mailing Address 11420-901 Little Patuxent Pkwy
City Columbia State MD Zip Code 21044-3771
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **272.00**

Date of Receipt **06 / 30 / 2014**
Transaction ID : 21490802
Amount of Each Receipt this Period **132.00**

C. Rita A Costello
Full Name (Last, First, Middle Initial)
Mailing Address 1911 Corbridge Lane
City Monkton State MD Zip Code 21111-2027
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation SVP, STRATEGIC MARKETING
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR1262117334039
Amount of Each Receipt this Period **120.00**
P/R Deduction (\$12.00 Weekly)

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: (check only one)	PAGE 8 OF 11
<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 K Oneferu-bey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1319 Robin Road
 City Pikesville State MD Zip Code 21208-3620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareFirst of Maryland, Inc Occupation AVP, INDIV SALES, TRNG, DVLPMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1262121134039
 Amount of Each Receipt this Period 208.00
 P/R Deduction (\$16.00 Weekly)

B. Sandra A Dilworth
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Tottenham Court
 City Baltimore State MD Zip Code 21234-2013
 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 ▼ 208.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1262162734039
 Amount of Each Receipt this Period 96.00
 P/R Deduction (\$4.00 Weekly)

C. Gregory M Chaney
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Fox Creek Court
 City Owings Mills State MD Zip Code 21117-1032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareFirst of Maryland, Inc Occupation EVP, CFO & TREASURER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1262210234039
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	424.00
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 9 OF 11
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CareFirst BlueCross BlueShield Associates' Federal PAC

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

Mailing Address 9925 Middle Mill Dr.

City Owings Mills State MD Zip Code 21117-6175

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 ▼ **208.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1262714634039

Amount of Each Receipt this Period
96.00

P/R Deduction (\$12.00 Weekly)

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 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 Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	96.00
TOTAL This Period (last page this line number only).....▶	2164.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Building a Majority PAC

Mailing Address 10 G Street, NE
Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2014

Transaction ID : 59143437

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Building a Majority PAC

Mailing Address 10 G Street, NE
Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
Void - Building a Majority PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : 59207443

Amount of Each Disbursement this Period

-1000.00

Void - Building a Majority PAC

Full Name (Last, First, Middle Initial)

C. Friends Of Mark Warner

Mailing Address 10 G St, NE
Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Sen. Mark Warner

Office Sought: House
 Senate
 President
State: VA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2014

Transaction ID : 59613324

Amount of Each Disbursement this Period

1000.00

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

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

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. O'Say Can You See PAC

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : 60068479

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

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)..... ▶

5000.00

6000.00