

**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=""/>	<input type="text" value="10012.88"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18870.27"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1050.35"/>	<input type="text" value="21907.19"/>
(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="19920.62"/>	<input type="text" value="31920.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1500.00"/>	<input type="text" value="13499.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18420.62"/>	<input type="text" value="18420.62"/>
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

FEC Form 3X (Rev. 06/2004)

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).....	616.00	7172.00
(ii) Unitemized	434.35	14735.19
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1050.35	21907.19
(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)	1050.35	21907.19
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))..... ▶	1050.35	21907.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1050.35	21907.19

DETAILED SUMMARY PAGE

of Disbursements

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.....	1000.00	9000.00
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	500.00	4499.45
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	13499.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	13499.45

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)	1050.35	21907.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1050.35	21907.19
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 17
<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. Aliza Rothenberg
Full Name (Last, First, Middle Initial)
Mailing Address 3413 Deep Willow Avenue
City Baltimore State MD Zip Code 21208-3116
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 **252.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : 12621191
Amount of Each Receipt this Period **12.00**

B. Michael P Whitlock
Full Name (Last, First, Middle Initial)
Mailing Address 5002 Hollington Drive Unit 202
City Owings Mills State MD Zip Code 21117-7012
FEC ID number of contributing federal political committee. **C**
Name of Employer CareFirst of Maryland, Inc Occupation PMO SR. PROJECT MANAGER
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : 12621823
Amount of Each Receipt this Period **10.00**

C. Daniel J Winn
Full Name (Last, First, Middle Initial)
Mailing Address 468 Five Farms Lane
City Timonium State MD Zip Code 21093-2954
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 **210.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : 12622307
Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **32.00**
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 17
	<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	

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. Wanda H Moore
Full Name (Last, First, Middle Initial)

Mailing Address 5209 Janesdale Court

City State Zip Code
Glenn Dale MD 20769-2307

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

Name of Employer Occupation
CareFirst of Maryland, Inc DIRECTOR, CORPORATE TAXATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : 12622497

Amount of Each Receipt this Period
10.00

B. Jon P Shematek
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Steuart Street
Unit 921

City State Zip Code
Baltimore MD 21230-5385

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

Name of Employer Occupation
CareFirst of Maryland, Inc SVP CHIEF MEDICAL OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : 12622844

Amount of Each Receipt this Period
10.00

C. Louisa L Tavakoli
Full Name (Last, First, Middle Initial)

Mailing Address 47614 Loweland Terrace

City State Zip Code
Potomac Falls VA 20165-5143

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

Name of Employer Occupation
Group Hosp & Med Svcs, Inc VP, Mandates Strategy & Delive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : 12624562

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 17
<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. Clayton M House
Full Name (Last, First, Middle Initial)
Mailing Address 5221 Bodeaux Cv
City Ellicott City State MD Zip Code 21043-7086
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 **210.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : 12631901
Amount of Each Receipt this Period **10.00**

B. Darlene L Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 8152 Bell Tower Crossing
City Pasadena State MD Zip Code 21122-3837
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 **210.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : 12632075
Amount of Each Receipt this Period **10.00**

C. 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 **210.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : 15381979
Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **30.00**
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 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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) A. Mr. Chester Burrell		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014 Transaction ID : 17272273
Mailing Address 3023 O Street		Amount of Each Receipt this Period 100.00
City Washington	State DC	
Zip Code 20007-3108		Aggregate Year-to-Date ▼ 2100.00
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) ▼

Full Name (Last, First, Middle Initial) B. Steven Margolis		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014 Transaction ID : 17347747
Mailing Address 6749 Cortina Dr		Amount of Each Receipt this Period 10.00
City Highland	State MD	
Zip Code 20777-9501		Aggregate Year-to-Date ▼ 210.00
FEC ID number of contributing federal political committee. C		
Name of Employer CareFirst, Inc.	Occupation Senior Vice President, ASU Small - Med	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Mr. Fred Plumb		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014 Transaction ID : 19341029
Mailing Address 8207 Mount Vernon Highway		Amount of Each Receipt this Period 100.00
City Alexandria	State VA	
Zip Code 22309-1915		Aggregate Year-to-Date ▼ 1800.00
FEC ID number of contributing federal political committee. C		
Name of Employer CareFirst BlueCross BlueShield	Occupation SVP ASU - FEP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	210.00
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 17
<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. Mrs. Deborah Rivkin
Full Name (Last, First, Middle Initial)

Mailing Address 841 Sand Cherry Lane

City Laurel State MD Zip Code 20723

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

Name of Employer CareFirst BlueCross BlueShield Occupation VP GOVERNMENT AFFAIRS MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : 19372124

Amount of Each Receipt this Period
10.00

B. 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 ▼ **336.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : 19474610

Amount of Each Receipt this Period
16.00

C. Ms. Dawn Audia
Full Name (Last, First, Middle Initial)

Mailing Address 12113 Blue Flag Way

City Columbia State MD Zip Code 21044-2753

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

Name of Employer CareFirst BlueCross BlueShield Occupation Vice President, Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : 20857849

Amount of Each Receipt this Period
14.00

SUBTOTAL of Receipts This Page (optional).....▶	40.00
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 11 OF 17
<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. Vincent Sobocinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 1418 Reiner Rd
 City Norristown State PA Zip Code 19403-3842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareFirst, Inc. Occupation ice President, CAREFIRST ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 21068974
 Amount of Each Receipt this Period
 10.00

B. Mark Marciante
 Full Name (Last, First, Middle Initial)
 Mailing Address 1102 Johnsville Road
 City Eldersburg State MD Zip Code 21784-8432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation ARCHITECT, SOLUTIONS III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 21224056
 Amount of Each Receipt this Period
 10.00

C. 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 Carefirst BlueCross BlueShield Occupation SPEC, SERVICE COORDINATION SR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 488.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 21490802
 Amount of Each Receipt this Period
 28.00

SUBTOTAL of Receipts This Page (optional).....▶	48.00
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 17
	<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	

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. Maire Grant
Full Name (Last, First, Middle Initial)
Mailing Address 433 Academy Road
City Catonsville State MD Zip Code 21228-1811
FEC ID number of contributing federal political committee. **C**
Name of Employer CareFirst, Inc. Occupation
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : 21540836
Amount of Each Receipt this Period **100.00**

B. 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 CareFirst of Maryland, Inc. Occupation SVP, STRATEGIC MARKETING
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **420.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR1262117336622
Amount of Each Receipt this Period **20.00**
P/R Deduction (\$12.00 Weekly)

C. 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, DVLPMPT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1052.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR1262121136622
Amount of Each Receipt this Period **100.00**
P/R Deduction (\$16.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... **130.00**
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 13 OF 17
	<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	

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

Mailing Address 3 Sapphire Hill Ct.

City	State	Zip Code
Baltimore	MD	21209-1563

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR1262151836622

Amount of Each Receipt this Period

10.00

P/R Deduction (\$2.00 Weekly)

B. William V Stack
Full Name (Last, First, Middle Initial)

Mailing Address 9 Farm Ridge Court

City	State	Zip Code
Baldwin	MD	21013-9782

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

Name of Employer	Occupation
CareFirst of Maryland, Inc	VP, CORPORATE CONTROLLER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR1262156136622

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Weekly)

C. Sandra A Dilworth
Full Name (Last, First, Middle Initial)

Mailing Address 3 Tottenham Court

City	State	Zip Code
Baltimore	MD	21234-2013

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

Name of Employer	Occupation
CareFirst of Maryland, Inc	DIRECTOR, NETWORK & DESKTOP SE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR1262162736622

Amount of Each Receipt this Period

16.00

P/R Deduction (\$4.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	36.00
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 17
	<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	

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) A. Gregory M Chaney		Date of Receipt 10 / 15 / 2014 Transaction ID : PR1262210236622
Mailing Address 16 Fox Creek Court		Amount of Each Receipt this Period 20.00
City Owings Mills	State MD	Zip Code 21117-1032
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Weekly)
Name of Employer CareFirst of Maryland, Inc	Occupation EVP, CFO & TREASURER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. Michelle J Wright		Date of Receipt 10 / 15 / 2014 Transaction ID : PR1262215536622
Mailing Address 151 Longview Drive		Amount of Each Receipt this Period 10.00
City Baltimore	State MD	Zip Code 21228-5412
FEC ID number of contributing federal political committee. C		P/R Deduction (\$8.00 Weekly)
Name of Employer CareFirst of Maryland, Inc	Occupation SVP, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Michael B Edwards		Date of Receipt 10 / 15 / 2014 Transaction ID : PR1262403036622
Mailing Address 142361613 Turks Cap Lily Lane		Amount of Each Receipt this Period 14.00
City Annapolis	State MD	Zip Code 21401
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Weekly)
Name of Employer Group Hosp & Med Svcs, Inc	Occupation SVP, NETWORKS MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

SUBTOTAL of Receipts This Page (optional).....▶	44.00
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 15 OF 17
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. 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 ▼ **336.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : PR1262714636622

Amount of Each Receipt this Period
16.00

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	16.00
TOTAL This Period (last page this line number only).....▶	616.00

**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

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)

A. Friends Of Don Beyer

Mailing Address 201 Massachusetts Ave, NE, Suite C

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Donald Beyer Jr

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

Transaction ID : 61901825

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Citizens for Eleanor Holmes Norton

Mailing Address 2201 Wisconsin Avenue NW Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement

011

Category/
Type

Candidate Name

Eleanor Norton

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: DC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

Transaction ID : 61902754

Amount of Each Disbursement this Period

500.00

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

Amount of Each Disbursement this Period

--

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

1000.00

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 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

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)

A. Brianne for DC

Mailing Address P.O. Box 73081

City Washington State DC Zip Code 20056

Purpose of Disbursement
Brianne Nadreau, COUNCIL WARD 1st DC

Candidate Name
Brianne K. Nadeau

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

Transaction ID : 61896666

Amount of Each Disbursement this Period

500.00

Brianne Nadreau, COUNCIL WARD 1st DC

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	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
