

**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="10012.88"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="7167.39"/> | <input type="text" value="7167.39"/> |
| (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="17180.27"/> | <input type="text" value="17180.27"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="4000.00"/> | <input type="text" value="4000.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="13180.27"/> | <input type="text" value="13180.27"/> |
| 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)..... | 1324.00 | 1324.00 |
| (ii) Unitemized | 5843.39 | 5843.39 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 7167.39 | 7167.39 |
| (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) | 7167.39 | 7167.39 |
| 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))..... ▶ | 7167.39 | 7167.39 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 7167.39 | 7167.39 |

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..... | 1500.00 | 1500.00 |
| 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 | 2500.00 | 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)) .. | 4000.00 | 4000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 4000.00 | 4000.00 |

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) | 7167.39 | 7167.39 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 7167.39 | 7167.39 |
| 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 9 |
| <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 **700.00**

Date of Receipt **03 / 31 / 2014**
Transaction ID : 17272273
Amount of Each Receipt this Period **700.00**

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 **400.00**

Date of Receipt **03 / 31 / 2014**
Transaction ID : 19341029
Amount of Each Receipt this Period **400.00**

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, DVLPMT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **224.00**

Date of Receipt **03 / 31 / 2014**
Transaction ID : PR1262121132079
Amount of Each Receipt this Period **224.00**
P/R Deduction (\$16.00 Weekly)

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1324.00 |
| TOTAL This Period (last page this line number only)..... | 1324.00 |

**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

A. Building a Majority PAC

Full Name (Last, First, Middle Initial)

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) ▼

Date of Disbursement: MM / DD / YYYY
01 / 22 / 2014

Transaction ID : 57886865

Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

B. Herring for Congress

Full Name (Last, First, Middle Initial)

Mailing Address 715 N. Ashton St

City Alexandria State VA Zip Code 22312

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: VA District: 08

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 26 / 2014

Transaction ID : 58994825

Amount of Each Disbursement this Period: 0.00

Category/Type: 011

C. Herring for Congress

Full Name (Last, First, Middle Initial)

Mailing Address 715 N. Ashton St

City Alexandria State VA Zip Code 22312

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: VA District: 08

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 26 / 2014

Transaction ID : 58994830

Amount of Each Disbursement this Period: 500.00

Category/Type: 011

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1500.00 |
| TOTAL This Period (last page this line number only).....▶ | 1500.00 |

**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. Gray for Mayor

Mailing Address 1816 Kalorama Rd, Suite 103

City Washington State DC Zip Code 20009

Purpose of Disbursement
Vincent Gray, MAYOR DC

Candidate Name

Vincent Gray

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 7 | | 2 | 0 | 1 | 4 |

Transaction ID : 57739774

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Vincent Gray, MAYOR DC

Full Name (Last, First, Middle Initial)

B. Muriel Bowser for Mayor

Mailing Address PO Box 60385

City Washington State DC Zip Code 20039

Purpose of Disbursement
Muriel Bowser, MAYOR DC

Candidate Name

Muriel Bowser

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 7 | | 2 | 0 | 1 | 4 |

Transaction ID : 58732398

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Muriel Bowser, MAYOR DC

Full Name (Last, First, Middle Initial)

C. Gray for Mayor

Mailing Address 1816 Kalorama Rd, Suite 103

City Washington State DC Zip Code 20009

Purpose of Disbursement
Vincent Gray, MAYOR DC

Candidate Name

Vincent Gray

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 7 | | 2 | 0 | 1 | 4 |

Transaction ID : 58732399

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Vincent Gray, MAYOR DC

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

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**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. Kenyan McDuffie 2014

Mailing Address PO Box 91398

City Washington State DC Zip Code 20090

Purpose of Disbursement
Kenyan McDuffie, COUNCIL WARD 5th DC

Candidate Name
Kenyan McDuffie

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 07 / 2014

Transaction ID : 58732403

Amount of Each Disbursement this Period

500.00

Kenyan McDuffie, COUNCIL WARD 5th DC

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. Mendelson for Chairman

Mailing Address 6808 6th St., NW

City Washington State DC Zip Code 20012

Purpose of Disbursement
Phil Mendelson, COUNCIL CHAIRPERSON DC

Candidate Name
Phil Mendelson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 07 / 2014

Transaction ID : 58732455

Amount of Each Disbursement this Period

500.00

Phil Mendelson, COUNCIL CHAIRPERSON DC

011
Category/
Type

Full Name (Last, First, Middle Initial)

C.

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 Y Y

Amount of Each Disbursement this Period

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

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

1000.00

2500.00