FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

CareFirst BlueCross BlueShield Associates' Federal PAC

ADDRESS (number and street) ▼ 10455 Mill Run Circle

☐ Check if different than previously reported. (ACC)

Owings Mill | MD | 21117 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00286922

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☒ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 07 / 01 / 2016 through 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kennedy, Jeanne, , ,

Signature of Treasurer *Kennedy, Jeanne, , ,* ***[Electronically Filed]*** Date 10 / 14 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period: From: 07 / 01 / 2016 To: 09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		8045.58
(b) Cash on Hand at Beginning of Reporting Period	14588.19	
(c) Total Receipts (from Line 19)	8850.75	19893.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	23438.94	27938.94
7. Total Disbursements (from Line 31)	4100.00	8600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19338.94	19338.94
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** 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

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period: From: 07 / 01 / 2016 To: 09 / 30 / 2016

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)	3934.00	5734.00
(ii) Unitemized	4916.75	14159.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	8850.75	19893.35
(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) ▶	8850.75	19893.35
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.01
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	8850.75	19893.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	8850.75	19893.36

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 05/2016)

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	3500.00	7500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations)	600.00	1100.00
30. Federal Election Activity (52 U.S.C. § 30101(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))	4100.00	8600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	4100.00	8600.00

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 05/2016)

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)	8850.75	19893.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8850.75	19893.35
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Costello, Rita, A, ,

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 (for Individual): CareFirst BlueCross BlueShield
Occupation (for Individual): Health Insurance

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR1262117350109

Amount of Each Receipt this Period: 180.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rothenberg, Aliza, , ,

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 (for Individual): CareFirst of Maryland, Inc
Occupation (for Individual): AVP, MARKET PLNG & ANALYSIS

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR1262119150109

Amount of Each Receipt this Period: 108.00

☐ Memo Item

P/R Deduction ($30.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Oneferu-bey, Wanda, K, ,

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 (for Individual): CareFirst BlueCross BlueShield
Occupation (for Individual): Health Care

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR1262121150109

Amount of Each Receipt this Period: 360.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 648.00

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
CareFirst BlueCross BlueShield Associates' Federal PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fisher, Julie, I, ,

Mailing Address 27 Timbershed Ct

City: Freeland | State: MD | Zip Code: 21053-9789

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CareFirst of Maryland, Inc
Occupation (for Individual): DIRECTOR, DENTAL BUS. OPS

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : PR1262139750109

Amount of Each Receipt this Period: 208.00

☐ Memo Item

P/R Deduction ($520.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burgin, Meryl, D, ,

Mailing Address 3 Sapphire Hill Ct.

City: Baltimore | State: MD | Zip Code: 21209-1563

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CareFirst of Maryland, Inc
Occupation (for Individual): Vice President & DEPUTY GENERAL (

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : PR1262151850109

Amount of Each Receipt this Period: 90.00

☐ Memo Item

P/R Deduction ($25.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stack, William, V, ,

Mailing Address 9 Farm Ridge Court

City: Baldwin | State: MD | Zip Code: 21013-9782

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CareFirst of Maryland, Inc
Occupation (for Individual): VP, CORPORATE CONTROLLER

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : PR1262156150109

Amount of Each Receipt this Period: 90.00

☐ Memo Item

P/R Deduction ($25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 388.00

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dilworth, Sandra, A, ,

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 (for Individual): CareFirst of Maryland, Inc
Occupation (for Individual): DIRECTOR, NETWORK & DESKTOP S

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : PR1262162750109

Amount of Each Receipt this Period: 144.00

☐ Memo Item

P/R Deduction ($40.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chaney, Gregory, M, ,

Mailing Address 12324 Michaelsford Road

City: Cockeysville | State: MD | Zip Code: 21030-2247

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CareFirst BlueCross BlueShield
Occupation (for Individual): Health Insurance

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : PR1262210250109

Amount of Each Receipt this Period: 180.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wright, Michelle, J, ,

Mailing Address 151 Longview Drive

City: Baltimore | State: MD | Zip Code: 21228-5412

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CareFirst of Maryland, Inc
Occupation (for Individual): SVP, Human Resources

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : PR1262215550109

Amount of Each Receipt this Period: 90.00

☐ Memo Item

P/R Deduction ($25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 414.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winn, Daniel, J, ,

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 (for Individual): CareFirst of Maryland, Inc
Occupation (for Individual): AVP & MEDICAL DIRECTOR III

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR1262230750109

Amount of Each Receipt this Period: 90.00

☐ Memo Item

P/R Deduction ($25.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moore, Wanda, H, ,

Mailing Address 5209 Janesdale Court

City: Glenn Dale | State: MD | Zip Code: 20769-2307

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CareFirst of Maryland, Inc
Occupation (for Individual): DIRECTOR, CORPORATE TAXATION

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR1262249750109

Amount of Each Receipt this Period: 90.00

☐ Memo Item

P/R Deduction ($25.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Edwards, Michael, B, ,

Mailing Address 1613 Turks Cap Lily Lane

City: Annapolis | State: MD | Zip Code: 21401-6492

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CareFirst BlueCross BlueShield
Occupation (for Individual): Health Insurance

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 294.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR1262403050109

Amount of Each Receipt this Period: 126.00

☐ Memo Item

P/R Deduction ($35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 306.00

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tavakoli, Louisa, L, ,

Mailing Address 47614 Loweland Terrace

City: Potomac Falls | State: VA | Zip Code: 20165-5143

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Group Hosp & Med Srvcs, Inc

Occupation (for Individual): VP, Mandates Strategy & Delive

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR1262456250109

Amount of Each Receipt this Period: 90.00

☐ Memo Item

P/R Deduction ($25.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Greene, Melvelyn, M, ,

Mailing Address 427 Hamilton Street Nw

City: Washington | State: DC | Zip Code: 20011-4046

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Group Hosp & Med Srvcs, Inc

Occupation (for Individual): MANAGER, FEP ADMINISTRATION

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR1262488050109

Amount of Each Receipt this Period: 90.00

☐ Memo Item

P/R Deduction ($25.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Skillern, Gwendolyn, D, ,

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 (for Individual): CareFirst BlueCross BlueShield

Occupation (for Individual): Health Insurance

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 336.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR1262714650109

Amount of Each Receipt this Period: 144.00

☐ Memo Item

P/R Deduction ($40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 324.00

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mcleod, Shawn, P, ,

Mailing Address 3421 Highview Terrace Se

City: Washington | State: DC | Zip Code: 20020-1231

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carefirst BlueCross BlueShield
Occupation (for Individual): VP, CD SBU Service

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR1263079150109

Amount of Each Receipt this Period: 144.00

☐ Memo Item

P/R Deduction ($40.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
House, Clayton, M, ,

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 (for Individual): CareFirst of Maryland, Inc
Occupation (for Individual): ARCHITECT, ENTERPRISE III

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR1263190150109

Amount of Each Receipt this Period: 90.00

☐ Memo Item

P/R Deduction ($25.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lawrence, Darlene, L, ,

Mailing Address 2323 Beckleysville Road

City: Freeland | State: MD | Zip Code: 21053-9443

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Group Hosp & Med Srvcs, Inc
Occupation (for Individual): AVP, PROF REL&PERF BASED PGMS

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR1263207550109

Amount of Each Receipt this Period: 90.00

☐ Memo Item

P/R Deduction ($25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 324.00

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tildon, Maria, Harris, ,

Mailing Address 5616 Cross Country

City: Baltimore | State: MD | Zip Code: 21209-4418

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CareFirst BlueCross BlueShield
Occupation (for Individual): SVP, PUBLIC POLICY

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR1538197950109

Amount of Each Receipt this Period: 90.00

☐ Memo Item

P/R Deduction ($25.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burrell, Chester, , Mr.,

Mailing Address 1300 30th Street NW

City: Washington | State: DC | Zip Code: 20007-3343

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CareFirst BlueCross BlueShield
Occupation (for Individual): Health Insurance

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR1727227350109

Amount of Each Receipt this Period: 360.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Margolis, Steven, J, ,

Mailing Address 6749 Cortina Drive

City: Highland | State: MD | Zip Code: 20777-9501

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CareFirst, Inc.
Occupation (for Individual): Senior Vice President, ASU Small - Med

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR1734774750109

Amount of Each Receipt this Period: 90.00

☐ Memo Item

P/R Deduction ($25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 540.00

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Plumb, Fred, Adrian Walton, Mr.,

Mailing Address 3808 Kings Hill Court

City: Alexandria | State: VA | Zip Code: 22309-2066

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CareFirst BlueCross BlueShield
Occupation (for Individual): Health Insurance

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR1934102950109

Amount of Each Receipt this Period: 360.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rivkin, Deborah, R, Mrs.,

Mailing Address 7581 Morris Street

City: Fulton | State: MD | Zip Code: 20759-2307

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CareFirst BlueCross BlueShield
Occupation (for Individual): VP GOVERNMENT AFFAIRS MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR1937212450109

Amount of Each Receipt this Period: 90.00

☐ Memo Item

P/R Deduction ($25.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Marciante, Mark, , ,

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 (for Individual): CareFirst BlueCross Blue Shield
Occupation (for Individual): Health Insurance

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR2122405650109

Amount of Each Receipt this Period: 90.00

☐ Memo Item

P/R Deduction ($25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 540.00

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Grant, Marie, Louise, ,

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 (for Individual): CareFirst, Inc.
Occupation (for Individual): Health Insurance

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR2154083650109

Amount of Each Receipt this Period: 90.00

☐ Memo Item

P/R Deduction ($25.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blum, Jonathan, D, Mr.,

Mailing Address 7216 Garland Avenue

City: Takoma Park | State: MD | Zip Code: 20912-6402

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carefirst BlueCross BlueShield
Occupation (for Individual): EVP, Medical Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR2265223450109

Amount of Each Receipt this Period: 90.00

☐ Memo Item

P/R Deduction ($25.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pieninck, Brian, David, ,

Mailing Address 12410 Hunters Glen

City: Owings Mills | State: MD | Zip Code: 21117-1043

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carefirst BlueCross BlueShield
Occupation (for Individual): EVP, LARGE GROUP SBU

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : PR2322036250109

Amount of Each Receipt this Period: 180.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 360.00

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Chichester, Colette, , ,
Mailing Address: 1935 Jackson Street NE
City: Washington | State: DC | Zip Code: 20018-2433
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Carefirst BlueCross BlueShield
Occupation (for Individual): VP, GOVERNMENT AFFAIRS DC
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 210.00
Date of Receipt: 09 / 30 / 2016
Transaction ID : PR2322036450109
Amount of Each Receipt this Period: 90.00
☐ Memo Item
P/R Deduction ($25.00 Bi-Weekly)

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name:
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
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:
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name:
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
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:
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

TOTAL This Period (last page this line number only) ▶ 3934.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Building a Majority PAC
Mailing Address: 10 G Street, NE, Suite 470
City: Washington | State: DC | Zip Code: 20002
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 08 / 2016
FEC Identification Number: C
Transaction ID : 72215242
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Robert White At Large 2016
Mailing Address: 808 Madison Street NW
City: Washington | State: DC | Zip Code: 20011
Purpose of Disbursement:
Candidate Name: White, Robert, , Mr.,
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 07 / 13 / 2016
FEC Identification Number: C
Transaction ID : 72232487
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Hoyer for Congress Committee
Mailing Address: 7905 Malcolm Road, Suite 102
City: Clinton | State: MD | Zip Code: 20735
Purpose of Disbursement:
Candidate Name: Hoyer, Steny, , ,
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: MD District: 05
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 08 / 2016
FEC Identification Number: C C00140715
Transaction ID : 73473438
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

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

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)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): Hoyer for Congress Committee
Mailing Address: 7905 Malcolm Road, Suite 102
City: Clinton | State: MD | Zip Code: 20735
Purpose of Disbursement:
Candidate Name: Hoyer, Steny, , ,
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: MD District: 05
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 27 / 2016
FEC Identification Number: C C00140715
Transaction ID : 73714730
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): Hoyer for Congress Committee
Mailing Address: 7905 Malcolm Road, Suite 102
City: Clinton | State: MD | Zip Code: 20735
Purpose of Disbursement: Void - Hoyer for Congress Committee
Candidate Name: Hoyer, Steny, , ,
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: MD District: 05
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 29 / 2016
FEC Identification Number: C C00140715
Transaction ID : 73864235
Amount of Each Disbursement this Period: -1500.00
Void - Hoyer for Congress Committee
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 3500.00

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)
☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
Trayon White for Ward 8 2016

Mailing Address 3127-D Martin Luther King Jr. Ave,

City: Washington | State: DC | Zip Code: 20032

Purpose of Disbursement: COUNCIL WARD 8th DC

Candidate Name:

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement: M M 07 / D D 13 / Y Y Y Y 2016

FEC Identification Number: C

Transaction ID : 72232493

Amount of Each Disbursement this Period: 500.00

COUNCIL WARD 8th DC

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Trayon White for Ward 8 2016

Mailing Address 3127-D Martin Luther King Jr. Ave,

City: Washington | State: DC | Zip Code: 20032

Purpose of Disbursement: Void - Trayon White for Ward 8 2016

Candidate Name: Trayon White for Ward 8 2016

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: M M 07 / D D 13 / Y Y Y Y 2016

FEC Identification Number: C

Transaction ID : 72232551

Amount of Each Disbursement this Period: -500.00

Void - Trayon White for Ward 8 2016

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Trayon White for Ward 8 2016

Mailing Address 3127-D Martin Luther King Jr. Ave,

City: Washington | State: DC | Zip Code: 20032

Purpose of Disbursement: , COUNCIL WARD 8th DC

Candidate Name:

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement: M M 07 / D D 13 / Y Y Y Y 2016

FEC Identification Number: C

Transaction ID : 72232552

Amount of Each Disbursement this Period: 500.00

, COUNCIL WARD 8th DC

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶ 500.00