

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 185 OF 579

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Anthem, Inc. Political Action Committee (Anthem PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Grimm, Carla, , ,

Mailing Address 6474 Lorinda Dr

City

Fairfield Township

State

OH

Zip Code

45011-0509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Anthem Companies, Inc.

Occupation (for Individual)

Process Improvement Mgr

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 / 18 / 2019

Transaction ID : 101819-1101

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gross, Charles, , ,

Mailing Address 10913 Larkmeade Ln

City

Potomac

State

MD

Zip Code

20854-2747

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Anthem Companies, Inc.

Occupation (for Individual)

Vp Behavioral Health Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2019

Transaction ID : 100419-1072

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gross, Charles, , ,

Mailing Address 10913 Larkmeade Ln

City

Potomac

State

MD

Zip Code

20854-2747

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Anthem Companies, Inc.

Occupation (for Individual)

Vp Behavioral Health Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2019

Transaction ID : 101819-1065

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

210.00