

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

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

FOR LINE NUMBER: PAGE 74 OF 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Independence Blue Cross PAC

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

A. Brooks, Ronald, J., ,

Mailing Address 220 Ridings Way

City
AmblerState
PAZip Code
19002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross, LLCOccupation (for Individual)
Sr Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2019

Transaction ID : C7933051

Amount of Each Receipt this Period

390.00

☐ Memo Item

* Payroll Deduction: Bi-weekly \$30

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

B. McHenry, Kathleen, A., ,

Mailing Address 5000 Village Way
#304City
BoothwynState
PAZip Code
19061FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AmeriHealth CaritasOccupation (for Individual)
Business Analysis Mgr COE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2019

Transaction ID : C7933313

Amount of Each Receipt this Period

325.00

☐ Memo Item

* Payroll Deduction: Bi-Weekly \$25.00

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

C. Capaldi, Chris, J., ,

Mailing Address 12535 Ramer Road

City
PhiladelphiaState
PAZip Code
19154FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AmeriHealth AdministratorsOccupation (for Individual)
Dir Bus Solutions - AHA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2019

Transaction ID : C7933061

Amount of Each Receipt this Period

455.00

☐ Memo Item

* Payroll Deduction: Bi-weekly \$35

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

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

1170.00