

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

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

FOR LINE NUMBER: PAGE 326 OF 464

(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)

Anthem, Inc. Political Action Committee (Anthem PAC)

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

A. Porter, Norma, , ,

Mailing Address 15030 48th Ave N

City  
PlymouthState  
MNZip Code  
55446-2180FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Anthem Companies, Inc.Occupation (for Individual)  
Dir Change Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2019

Transaction ID : 072519-938

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Powell, Karen, , ,

Mailing Address 807 Regents Park Rd

City  
SellersburgState  
INZip Code  
47172-1060FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Anthem Companies, Inc.Occupation (for Individual)  
Clinical Qual/Compli Admin SR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2019

Transaction ID : 071519-148

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Powell, Karen, , ,

Mailing Address 807 Regents Park Rd

City  
SellersburgState  
INZip Code  
47172-1060FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Anthem Companies, Inc.Occupation (for Individual)  
Clinical Qual/Compli Admin SR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2019

Transaction ID : 072519-147

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

80.00

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