

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
COMMISSION MAIL ROOM

JAN 29 9 45 AM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) ANTHEM INSURANCE COMPANIES, INC. GOOD GOVERNMENT PROGRAM PAC ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 120 MONUMENT CIRCLE CITY, STATE and ZIP CODE INDIANAPOLIS, INDIANA 46204	2. FEC IDENTIFICATION NUMBER C00198069 3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
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4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____ (Type of Election)
 election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
 on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/1/97</u> through <u>12/31/97</u>		
6. (a) Cash on Hand January 1, 10 <u>97</u>		\$9,463.28
(b) Cash on Hand at Beginning of Reporting Period	\$41,820.97	
(c) Total Receipts (from Line 19)	\$102,753.50	\$152,136.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$144,574.47	\$161,599.37
7. Total Disbursements (from Line 30)	\$40,600.00	\$57,625.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$103,974.47	\$103,974.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule G and/or Schedule D)	\$ - 0 -	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-426-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ - 0 -	

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: RICHARD J. COCKLUM

Signature of Treasurer: *[Signature]* Date: 1-28-98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X
(revised 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
I Receipts			
11. Contributions (other than loans) From:	COLUMN A	COLUMN B	
	Total This Period	Calendar Year	
a. Individuals/Persons Other Than Political Committees			
I. Itemized (use Schedule A)	38,279.87	60,635.81	11(a)
II. Unitemized	63,940.16	90,966.91	11(b)
III. Total (add i and ii) >	102,220.13	151,602.72	11(c)
b. Political Party Committees	-0-	-0-	11(d)
c. Other Political Committees (such as PACs)	-0-	-0-	11(e)
d. Total Contributions (add e ii, b and c) >	102,220.13	151,602.72	11(f)
12. Transfers From Affiliated/Other Party Committees	533.37	533.37	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	102,753.50	152,136.09	19
20. Total Federal Receipts (subtract line 18 from line 19) >	102,753.50	152,136.09	20
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
I. Federal Share	-0-	-0-	21(a)(i)
II. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures	-0-	-0-	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	-0-	-0-	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,400.00	16,000.00	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) >	-0-	-0-	28(d)
29. Other Disbursements	27,200.00	41,625.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	40,600.00	57,625.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	40,600.00	57,625.00	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	102,220.13	152,136.09	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	102,220.13	152,136.09	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 24
FOR LINE NUMBER 11(a)(1)

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 INSURANCE COMPANIES INC GOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALAN ALBRIGHT 9801 CUMBERLAND Rd Fishers, IN 46038-9660	ANTHEM, INC	Payroll Dec.	\$ 104.00 (\$ 8 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ASSOC. COUNCIL	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MELANIE ALEXANDER 2573 JENNY LYNN DR Lawrenceburg, IN 47025-9776	ADMINISTRAL FEDERAL	Payroll Dec.	\$ 130.00 (\$ 10 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MANAGER	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DANIEL ALLEN 2 FIRESTONE CT FAIRFIELD, OH 45014-4742	ANTHEM, INC.	Payroll Dec.	\$ 130.00 (\$ 10 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director	Aggregate Year-to-Date > \$ 240.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE ANDREPKO 5825 MARINE PLWY Mentor on Lake, OH 44060-2509	ADMINISTRAL FEDERAL	Payroll Dec.	\$ 128.00 (\$ 10 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MANAGER	Aggregate Year-to-Date > \$ 220.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LISA BATESON 5601 INDIAN HILL ROAD DUBLIN, OH 43017-9709	ANTHEM, INC	Payroll Dec.	\$ 205.00 (\$ 16 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDWARD BENTON 14734 LAREDO CT CARMEL, IN 46032-5154	ANTHEM, INC	Payroll Dec.	\$ 299.91 (\$ 237 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP's Controller	Aggregate Year-to-Date > \$ 498.33	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN BREITSCH 8468 ADMIRALS LANDING WALK INDIANAPOLIS, IN 46236-9174	ANTHEM, INC	Payroll Dec.	\$ 334.00 (\$ 27 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OFFICER CLAIMS	Aggregate Year-to-Date > \$ 404.00	

SUBTOTAL of Receipts This Page (optional)

1,330.91

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 124
FOR LINE NUMBER 11(2)1

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NAME OF COMMITTEE (In Full)

ANTHEM INSURANCE COMPANIES, INC. GOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LINDA BRONSTEIN 1304 CHAMBER PL. MAINEVILLE, OH 45039-9133	ANTHEM, INC	Payroll Dec	\$ 325.00 (\$ 25 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP & ACTUARY	Aggregate Year-to-Date > \$ 565.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRADFORD BURTON 8373 CHESTER LN CINCINNATI, OH 45249-2363	ANTHEM, INC	Payroll Dec	\$ 469.00 (\$ 41 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SENIOR VP	Aggregate Year-to-Date > \$ 724.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHIRLEE CASSIDY 2659 RUSSIEL AVE CINCINNATI, OH 45208-4461	ANTHEM, INC	Payroll Dec	\$ 295.00 (\$ 25 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP OPERATIONS	Aggregate Year-to-Date > \$ 510.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CECILIA CLAUDIO 8140 BOUNTY CT INDIANAPOLIS IN 46236-8941	ANTHEM, INC	Payroll Dec	\$ 625.04 (\$ 48.08 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP CLIO	Aggregate Year-to-Date > \$ 913.52	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT CLOWS 34 ROUND HILL COURT DANVILLE, IN 46122-1038	ANTHEM, INC	Payroll Dec	\$ 108.29 (\$ 33 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIRECTOR	Aggregate Year-to-Date > \$ 208.25	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD COCKROM 241 LEISLAE LN GREENWOOD, IN 4642-2316	ANTHEM, INC	Payroll Dec	\$ 195.00 (\$ 15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIRECTOR	Aggregate Year-to-Date > \$ 295.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT COSTIN 7509 MARIA BLVD LOUISVILLE, KY 40222-4018	SOUTHEASTERN BLIND, INC.	Payroll Dec	\$ 195.00 (\$ 15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIRECTOR	Aggregate Year-to-Date > \$ 375.00	

SUBTOTAL of Receipts This Page (optional)

2,212.33

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 24
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (in Full)
ANTHEM INSURANCE COMPANIES, INC. GOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN CRICKMORE 115 CHARLEEN NOBLESON, IN 46060-9070 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ADMINISTRATOR FEDERAL Occupation: SUP-MEDICAL DR. Aggregate Year-to-Date > \$ 200.00	Payroll Dec	\$104.00 (\$8 Bi-weekly)
SHARON CONNORHAM 2305 LAURELWOOD DR. COLUMBUS, OH 43224-2855 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC Occupation: DIRECTOR Aggregate Year-to-Date > \$ 204.00	Payroll Dec.	\$ 182.00 (\$14 Bi-weekly)
VALERIE CORNY 3344 EVERSON ROAD WEST COLUMBUS, OH 43232-5930 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC. Occupation: MANAGER Aggregate Year-to-Date > \$ 235.00	Payroll Dec	\$ 130.00 (\$10 Bi-weekly)
BARBARA D'ALESSANDRO 5497 GLENWOOD AVE. BOARDMAN, OH 44512-2817 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC Occupation: DIRECTOR Aggregate Year-to-Date > \$ 406.00	Payroll Dec	\$ 221.00 (\$17 Bi-weekly)
EDWIN DASSO 8108 EAGLECRICK DR. WEST CHESTER, OH 45069-1975 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC Occupation: MEDICAL DIRECTOR Aggregate Year-to-Date > \$ 450.00	Payroll Dec	\$ 450.00 (\$25 Bi-weekly)
RICHARD DICKAS 11561 SEAFORD CT INDIANAPOLIS, IN 46236-8914 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC Occupation: DIRECTOR Aggregate Year-to-Date > \$ 250.00	Payroll Dec.	\$ 130.00 (\$10 Bi-weekly)
CAROL DOLLENS 621 MACY WAY GREENWOOD, IN 46142-7302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC. Occupation: Payroll SPECIALIST Aggregate Year-to-Date > \$ 225.00	Payroll Dec	\$ 117.00 (\$9 Bi-weekly)

SUBTOTAL of Receipts This Page (optional)	1,334.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 24
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (in Full)

ANTHEM INSURANCE COMPANIES, INC. GOOD GOVERNMENT PROGRAM PAC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BAIN FARRIS 5430 WASHINGTON BLVD INDIANAPOLIS, IN 46220-3028	ANTHEM, INC	Payroll Dec	\$ 585.00 (\$ 45 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SUP	Aggregate Year-to-Date > \$ 1,130.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOUG FAUTH 12147 BASHILL DR CARMEL, IN 46033-9537	ANTHEM, INC	Payroll Dec	\$ 225.03 (\$ 17.31 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation UP & COUNCIL	Aggregate Year-to-Date > \$ 311.58	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DANIEL FITTING 5874 ROPES DR NW CINCINNATI, OH 45244-3832	ANTHEM, INC	Payroll Dec	\$ 260.00 (\$ 20 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE DIRECTOR	Aggregate Year-to-Date > \$ 480.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GRETCHEN FLATTO 7152 KNIGHT BRIDGE CT ADDON, IN 46168-8403	ANTHEM, INC	Payroll Dec	\$ 240.00 (\$ 20 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIRECTOR	Aggregate Year-to-Date > \$ 240.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT FLEMING 10800 SOUTHERN RD BOSHEN, KY 40026-9728	ADMINISTR FEDERAL	Payroll Dec	\$ 260.00 (\$ 20 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation UP	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAWRENCE FORD 1086 IONING SPRING CIR LOUISVILLE, KY 40223-3635	SOUTHERN FEDERAL INC.	Payroll Dec	\$ 169.00 (\$ 13 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIRECTOR	Aggregate Year-to-Date > \$ 325.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES FUSON 6558 RIVER ST MIAMI TOWN, OH 45151	ANTHEM, INC	Payroll Dec	\$ 130.00 (\$ 10 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICAL ARCHITECT	Aggregate Year-to-Date > \$ 230.00	

SUBTOTAL of Receipts This Page (optional)

1,162.03

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 24
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (in Full)

ANTHEM INSURANCE COMPANIES, INC. GOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARBARA GABEL 10461 SPRING HIGHLAND DR. INDIANAPOLIS, IN 46290-1103	ANTHEM, INC	Payroll Dec	\$ 300.02 (\$ 61.54 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CFO / ADMINISTRATOR	Aggregate Year-to-Date > \$ 1,169.26	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN BANDER 8960 SALTWATER CT DUBLIN, OH 43017-9412	ANTHEM, INC	Payroll Dec	\$ 364.00 (\$ 28 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PREF / COO ANTHEM, INC	Aggregate Year-to-Date > \$ 660.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANDREW GARNER 8092 VALLEY CR. DR FLORISSIE, KY 41042-9255	ANTHEM, INC	Payroll Dec	\$ 130.00 (\$ 10 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIRECTOR	Aggregate Year-to-Date > \$ 240.50	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOUGLAS GETTEFINGER 505 LEXINGTON BLVD CARMEL, IN 46032-2253	ANTHEM, INC	Payroll Dec	\$ 195.00 (\$ 15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHERYL GLADIEUX 453 ROYAL OAK DR. ALEXANDRIA, KY 41001-9600	ANTHEM, INC	Payroll Dec.	\$ 195.00 (\$ 15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXEC DIRECTOR	Aggregate Year-to-Date > \$ 345.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK GOLD 1230 NORTH FT. THOMAS FORT THOMAS, KY 41075-1152	ANTHEM, INC	Payroll Dec	\$ 130.00 (\$ 10 - Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MANAGER	Aggregate Year-to-Date > \$ 236.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LYANNE GROSS 10373 GIBBONS BLVD CINCINNATI, OH 45241-3290	ANTHEM, INC	Payroll Dec	\$ 325.00 (\$ 25 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation UP	Aggregate Year-to-Date > \$ 395.00	

SUBTOTAL of Receipts This Page (optional) 2,139.02

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 24
FOR LINE NUMBER 11 (0)

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NAME OF COMMITTEE (In Full)

ANTHEM INSURANCE COMPANIES, INC. GOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VICKI GROSS 465 EAST 32nd ST INDIANAPOLIS, IN 46240-2209	ANTHEM, INC	Payroll Dec	\$ 130.00 (\$ 10 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD HARBERTNER 5152 SUBIPER AVE CINCINNATI, OH 45238-4372	ANTHEM, INC	Payroll Dec	\$ 209.95 (\$ 16.15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MANAGER	Aggregate Year-to-Date > \$ 226.10	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VICKI HALE 5537 OLD BARN DR. INDIANAPOLIS, IN 46268-4028	ANTHEM, INC	Payroll Dec	\$ 130.00 (\$ 10 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HAWETT HALL 10480 FOX CK LN FISHERS, IN 46038-9385	ANTHEM, INC	Payroll Dec	\$ 195.00 (\$ 15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: UP	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT HEIRD 765 FOREST BLD ZIONSVILLE, IN 46077-2005	ANTHEM, INC	Payroll Dec	\$ 650.00 (\$ 50 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SUP/HR	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY HINKLE 1246 HERSCHEL AVE CINCINNATI, OH 45208-3102	ANTHEM, INC	Payroll Dec	\$ 195.00 (\$ 15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: UP	Aggregate Year-to-Date > \$ 320.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SULIA HIX 324 WOODLYN DR. S. CINCINNATI, OH 45230-4122	ANTHEM, INC	Payroll Dec	\$ 130.00 (\$ 10 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 240.00	

SUBTOTAL of Receipts This Page (optional)

1,639.95

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 24
FOR LINE NUMBER 1161

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 INSURANCE COMPANIES, INC. GOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MIKE HOSTETTER, MD 340 RAIN TREE DR Zionsville, IN 46077-2216	ANTHEM, INC.	Payroll Dec	\$ 260.00 (\$ 20 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	Aggregate Year-to-Date > \$ 280.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLENDY H SLUNG 11876 SPIRAL PASS CINCINNATI, OH 45249-1398	ANTHEM, INC.	Payroll Dec	\$ 130.00 (\$ 10 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXEC. DIRECTOR	Aggregate Year-to-Date > \$ 230.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELLEN I RELAND 430 EAST SCHWABE AVE DAYTON, OH 45409-2330	ANTHEM, INC.	Payroll Dec	\$ 325.00 (\$ 25 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXEC. DIRECTOR	Aggregate Year-to-Date > \$ 575.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN JESSER 129 HAWTHORNE BLVD DELAWARE, OH 43015-2778	ANTHEM, INC.	Payroll Dec	\$ 172.00 (\$ 16 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXEC. DIRECTOR	Aggregate Year-to-Date > \$ 282.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NEERAJ KANWAL 11410 AVANT LN CINCINNATI, OH 45249-2371	ANTHEM, INC.	Payroll Dec	\$ 130.00 (\$ 10 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MEDICAL DIRECTOR	Aggregate Year-to-Date > \$ 230.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARILYN KASSAN 9828 TIMBER DR. CINCINNATI, OH 45242-5534	ANTHEM, INC.	Payroll Dec	\$ 130.00 (\$ 10 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: UP	Aggregate Year-to-Date > \$ 240.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CYNTHIA KISLER 3211 TRAIL RIDGE RD LOUISVILLE, KY 40241-6405	SOUTHEASTERN BLOP, INC	Payroll Dec	\$ 130.00 (\$ 10 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

1,277.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 24
FOR LINE NUMBER 11(a)

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 INSURANCE COMPANIES INC GOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID KOENIGER 11 RAIN TREE DRIVE MELBOURNE, KY 41059-9611	ANTHEM, INC	Payroll Dec.	\$ 275.00 (\$ 25 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: UP	Aggregate Year-to-Date > \$ 465.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL KOETTERS 822 KING FISHER LN GLENDALE, OH 45216-4734	ANTHEM, INC	Payroll Dec.	\$ 325.00 (\$ 25 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP/CIO	Aggregate Year-to-Date > \$ 425.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOLENE LATA 5511 ALCOTT LN INDIANAPOLIS, IN 46221-4865	ANTHEM, INC.	Payroll Dec.	\$ 130.00 (\$ 10 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 230.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES LEMASTER 127 DOWNS AVE PARIS, KY 40361-1947	SOUTHEASTERN GRP, INC.	Payroll Dec.	\$ 520.00 (\$ 40 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	Aggregate Year-to-Date > \$ 760.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MIRIAM LEONARD - 100 LOWER W/COMPANY -	ANTHEM, INC	Payroll Dec.	\$ 80.00 (\$ 20 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL LOREN 4203 MACHPE DR. LOUISVILLE, KY 40241-1567	SOUTHEASTERN GRP, INC	Payroll Dec.	\$ 130.00 (\$ 10 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KATHLEEN LOWER 764 TOWER ROAD CORYDON, IN 47112-5217	SOUTHEASTERN GRP, INC	Payroll Dec.	\$ 130.00 (\$ 10 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

1,590.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 24
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NAME OF COMMITTEE (In Full)

ANTHEM INSURANCE COMPANIES INC. GOOD TOURNAMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
R MARK LUBBERS 5425 N. NEW HARBURG ST INDIANAPOLIS, IN 46220-3214	ANTHEM, INC	Payroll Dec	\$ 130.00 (\$ 10 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SUP	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MICHAEL LYDCH 6944 TIMBER BLVD PLAINFIELD, IN 4668-8717	ANTHEM, INC	Payroll Dec.	\$ 108.42 (\$ 8.34 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIRECTOR	Aggregate Year-to-Date > \$ 208.50	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CARRY LYDCH 426 EAST VERMONT INDIANAPOLIS, IN 46203-2600	ANTHEM, INC	Payroll Dec.	\$ 325.00 (\$ 25 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRES. CHARGED	Aggregate Year-to-Date > \$ 625.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DONALD MACLOS 10114 CLIFFWOOD CT CINCINNATI, OH 45241-1087	ANTHEM, INC	Payroll Dec	\$ 624.91 (\$ 48.07 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO	Aggregate Year-to-Date > \$ 899.91	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARJORIE MANN 5555 N. CAPITOLAC INDIANAPOLIS, IN 46208-2633	ANTHEM, INC	Payroll Dec.	\$ 195.00 (\$ 15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIRECTOR	Aggregate Year-to-Date > \$ 270.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DONNA MALE 6899 PLAINVIEW DR MASON, OH 45040-9207	ANTHEM, INC	Payroll Dec	\$ 130.00 (\$ 10 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIRECTOR	Aggregate Year-to-Date > \$ 270.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
TASHA MARSHALL 3230 WATERLOO DRIVE LEWIS CENTER, OH 43085-9238	ANTHEM, INC	Payroll Dec.	\$ 130.00 (\$ 10 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MANAGER	Aggregate Year-to-Date > \$ 236.00	

SUBTOTAL of Receipts This Page (optional)

1,643.33

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 24
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NAME OF COMMITTEE (In Full)

ANTHEM INSURANCE COMPANIES, INC. Good Government Problems Pac

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GEORGE MARTIN 3197 SMOKEY RICE LN CARMEL, IN 46033-8514 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC Occupation: UPI TREASURER Aggregate Year-to-Date > \$ 350.00	Payroll Dec	\$ 260.00 (\$20 Bi-Weekly)
CAROLINE MATTHEWS 1304 1/2 W. CENTRAL AVE INDIANAPOLIS, IN 46204-2616 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC Occupation: VP Aggregate Year-to-Date > \$ 350.00	Payroll Dec	\$ 325.00 (\$25 Bi-Weekly)
MICHAEL MCCARRON 9117 ADMIRALS PT DR INDIANAPOLIS, IN 46236-9115 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ADMINISTRAR FEDERAL Occupation: VP Aggregate Year-to-Date > \$ 317.25	Payroll Dec.	\$ 274.95 (\$21.15 Bi-Weekly)
MARK MCDEBMOIT 6345 E. LAWRENCE DR. INDIANAPOLIS, IN 46226-1032 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC Occupation: DIRECTOR Aggregate Year-to-Date > \$ 328.89	Payroll Dec	\$ 285.03 (\$17.31 Bi-Weekly)
RICHARD MCDEVITT 124 GEORGETOWN DR. COLUMBUS, OH 43214-1673 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC Occupation: MEDICAL UNDERWRITER Aggregate Year-to-Date > \$ 472.00	Payroll Dec	\$ 260.00 (\$20 Bi-Weekly)
ROBERT MCINTIRE 4408 RENAISSANCE DR. LOUISVILLE, KY 40009-4206 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SOUTHEASTERN COOP. INC Occupation: EXEC. DIRECTOR Aggregate Year-to-Date > \$ 250.00	Payroll Dec	\$ 130.00 (\$10 Bi-Weekly)
JAMES MCMECHAN 4705 CHARLES DRIVE INDIANAPOLIS, IN 46268-1764 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC Occupation: MANAGER Aggregate Year-to-Date > \$ 324.00	Payroll Dec	\$ 182.00 (\$14 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1,656.98

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 24
FOR LINE NUMBER 17(a)

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NAME OF COMMITTEE (In Full)

ANTHEM INSURANCE COMPANIES INC. GOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN MERKT 6561 COPPERLEAF LN CINCINNATI, OH 45230-2446	ANTHEM, INC	Payroll Dec	\$ 130.00 (\$10 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 240.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DIANE M. HARD 9532 STONE DRIVE CINCINNATI, OH 45241-1427	ANTHEM, INC	Payroll Dec	\$ 182.00 (\$14 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 332.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES MILLER 7410 W. BLVD, APT 322 BOARDFORD, OH 44012-5253	ANTHEM, INC	Payroll Dec	\$ 130.00 (\$10 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SR FINANCIAL ANALYST	Aggregate Year-to-Date > \$ 235.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MATTHEW MILLER 583 ALBERT HOLWAY ATWATER, OH 44201-4789	ANTHEM, INC	Payroll Dec	\$ 130.00 (\$10 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MANAGER	Aggregate Year-to-Date > \$ 240.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KATHRYN M. IONX 701 FUSCUM AVE CINCINNATI, OH 45226-1769	COMMUNITY INSURANCE CO.	Payroll Dec	\$ 195.00 (\$15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 312.66	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CONNOR E. MOLLAND 7593 PINESPRINGS E. DR INDIANAPOLIS, IN 46256-4016	ANTHEM, INC	Payroll Dec	\$ 156.00 (\$12 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MANAGER	Aggregate Year-to-Date > \$ 282.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD MOLLAND 7593 PINESPRINGS E. DR INDIANAPOLIS, IN 46256-4016	ANTHEM, INC	Payroll Dec	\$ 195.00 (\$15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 240.00	

SUBTOTAL of Receipts This Page (optional)

1,118.00

TOTAL This Period (last page this line number only)

1

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

ANTHEM INSURANCE COMPANIES, INC. GOOD GOVERNMENT PROGRAM FOR

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES MURPHY 4350 MUMFORD CINCINNATI, OH 45243-4102	ANTHEM, INC	Payroll Dec	\$ 1,001.00 (\$ 77.13 - WEEKLY)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	Aggregate Year-to-Date > \$ 1,543.00	
MICHAEL MURPHY 4731 MOORE LN INDIANAPOLIS, IN 46237-2944	ANTHEM, INC	Payroll Dec	\$ 219.96 (\$ 16.92 B. - WEEKLY)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 253.80	
JANET MYERS 700 HAWTHORNE DR. CARMEL, IN 46033-5741	ANTHEM, INC	Payroll Dec	\$ 195.00 (\$ 15 B. - WEEKLY)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 210.00	
GEORGE NELSON 10816 LAKE SHORE DR W CARMEL, IN 46033-3983	ANTHEM, INC	Payroll Dec	\$ 108.42 (\$ 8.34 B. - WEEKLY)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MANAGER	Aggregate Year-to-Date > \$ 208.50	
BARBARA NEWTON 6507 HARMON VIEW CIR PROSPECT, KY 40069-9387	SOUTHEASTERN GROUP, INC	Payroll Dec	\$ 130.00 (\$ 10 B. - WEEKLY)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXEC. DIRECTOR	Aggregate Year-to-Date > \$ 230.00	
JANE NIEDERBERGER 8379 CYPRESSWOOD DR. CINCINNATI, OH 45249-1342	ANTHEM, INC.	Payroll Dec	\$ 325.00 (\$ 25 B. - WEEKLY)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 450.00	
SHERRY WOOD 3902 SADDLE CREEK ST VAL RICO, FL 32594-8444	ANTHEM, INC	Payroll Dec	\$ 130.00 (\$ 10 B. - WEEKLY)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SVP	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

2,109.38

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

ANTHEM INSURANCE COMPANIES, INC. Govt Government Program PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EARNEST OBLANDER 3012 Running Deer Louisville, KY 40241-6565 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Southeastern Group, INC. Occupation: SR. Medical Counsel Aggregate Year-to-Date > \$ 488.00	Payroll Dec	\$ 284.00 (\$26 Bi-weekly)
MIRIAM PARAMORE 10477 WORTHWOOD LN PROSPECT, KY 40054 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC. Occupation: DIRECTOR Aggregate Year-to-Date > \$ 288.45	Payroll Dec	\$ 249.99 (\$19.23 Bi-weekly)
JAMES PARKER 5766 PENNSYLVANIA ST INDIANAPOLIS, IN 46220-2537 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC Occupation: UP Aggregate Year-to-Date > \$ 690.00	Payroll Dec	\$ 390.00 (\$30 Bi-weekly)
SUZANNE PARKER 1334 NORTH BATE INDIANAPOLIS, IN 46201-1443 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC Occupation: DIRECTOR Aggregate Year-to-Date > \$ 600.00	Payroll Dec	\$ 260.00 (\$20 Bi-weekly)
COLLEEN PERSONS 7812 JOSEPH ST CINCINNATI, OH 45231-3405 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC Occupation: EXEC. DIRECTOR Aggregate Year-to-Date > \$ 286.00	Payroll Dec	\$ 156.00 (\$12 Bi-weekly)
LISA PAWNICKA 5143 CATHARINE CT INDIANAPOLIS, IN 46220-4679 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC Occupation: COUNCIL Aggregate Year-to-Date > \$ 216.00	Payroll Dec	\$ 156.00 (\$12 Bi-weekly)
JOEY PERSTERN 3616 AMBERSON AVE CINCINNATI, OH 45208-1935 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC Occupation: DIRECTOR Aggregate Year-to-Date > \$ 275.00	Payroll Dec	\$ 275.00 (\$25 Bi-weekly)

SUBTOTAL of Receipts This Page (optional)

1,770.99

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 14 OF 24
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NAME OF COMMITTEE (in Full)

ANTHEM INSURANCE COMPANIES INC (000) GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PERRY PERRY 9470 CAMISE DR. CIRCLE LOUISIANA, OH 45140	ANTHEM, INC	Payroll Dec	\$ 206.00 (\$ 16 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 363.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTOPHER POTROSKY 6787 WILLOW LN MASON, OH 45040-2492	ADMINISTRATIVE FEDERAL	Payroll Dec	\$ 75.00 (\$ 5 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: STRATEGIC PLANNING	Aggregate Year-to-Date > \$ 205.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NANCY PURCELL 506 DECON ST CARMEL, IN 46032	ANTHEM, INC	Payroll Dec	162.50 (\$ 12.50 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES PURCELL 137 THORNTON RD LOUISIANA, OH 45140-7112	ANTHEM, INC.	Payroll Dec	\$ 150.02 (\$ 11.54 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MANAGER	Aggregate Year-to-Date > \$ 200.06	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID WURINTZ 11033 TENACIOUS DR. INDIANAPOLIS, IN 46236-9576	ANTHEM, INC	Payroll Dec	\$ 108.24 (\$ 8.33 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MANAGER	Aggregate Year-to-Date > \$ 208.25	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JASON RANDOLPH 10874 BELMONT CIR INDIANAPOLIS, IN 46280	ANTHEM, INC	Payroll Dec	\$ 113.05 \$ 16.15 Bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MANAGER	Aggregate Year-to-Date > \$ 209.95	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAMELA ROBBES 1256 WERSCHEL AVE CINCINNATI, OH 45208-3011	ANTHEM, INC.	Payroll Dec	\$ 130.00 \$ 10 Bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Bus. Analyst	Aggregate Year-to-Date > \$ 230.00	

SUBTOTAL of Receipts This Page (optional)

944.86

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 15 OF 24
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (In Full)

ANTHEM INSURANCE COMPANIES, INC GOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LINDA RUSH 260 DRAGLES CREEK ST. Bowling Green, KY 42103-9004	Southeastern Group, Inc	Payroll Dec	\$ 130.00 (\$10 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRODUCT MANAGER	Aggregate Year-to-Date > \$ 230.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANN SANDSBURY 901 OLD ORCHARD ROAD Cincinnati, OH 45230-3857	ANTHEM, INC	Payroll Dec	\$ 260.00 \$ 20 Bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: UPL COUNCIL	Aggregate Year-to-Date > \$ 415.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD SCHULTZ 25027 DOC DR. NORTH CLEVELAND, OH 44170-1248	Administrative Federal	Payroll Dec	\$ 130.00 (\$10 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFFREY SCHMIDT 500 ECLIPSE DRIVE Cincinnati, OH 45242-5009	ANTHEM, INC.	Payroll Dec.	\$ 130 (\$10 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 230.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT SCHWADLER 5255 CONSTONE CARMEL, IN 46033-9372	ANTHEM, INC	Payroll Dec.	\$ 249.99 (\$19.23 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 326.91	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL SCHWARZ 3033 Kingsley CT Mansfield, OH 45329-9743	Administrative Federal	Payroll Dec.	\$ 130.00 (\$10 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 260.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GRETTLY SCOTT 12553 PEWTER PL Fishers, IN 46038-1215	ANTHEM, INC	Payroll Dec	208.00 \$ 16 Bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MANAGER	Aggregate Year-to-Date > \$ 272.00	

SUBTOTAL of Receipts This Page (optional)	1,237.99
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 16 OF 24
FOR LINE NUMBER 11/01

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NAME OF COMMITTEE (In Full)

ANTHEM INSURANCE COMPANIES, INC GOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>EDWARD SHAMROCK</u> <u>6324 THORNAPPLE</u> <u>SCOTTS MILLS, IN 46032-9644</u>	<u>Administar Fedco</u>	<u>Payroll</u>	<u>\$ 130.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>DIRECTOR</u>	Date: <u>Dec</u>	<u>\$ 10.83 -</u> <u>(weekly)</u>
	Aggregate Year-to-Date: <u>> \$ 260.00</u>		
<u>DHAN SHAPORI</u> <u>2864 TOWNE DR</u> <u>CARMEL, IN 46032-9758</u>	<u>Anthem, INC</u>	<u>Payroll</u>	<u>\$ 260.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>VP</u>	Date: <u>Dec</u>	<u>\$ 20.83 -</u> <u>(weekly)</u>
	Aggregate Year-to-Date: <u>> \$ 360.00</u>		
<u>ANDRICK SHERIDAN</u> <u>8152 Peach Rd</u> <u>Indianapolis, IN 46240-2948</u>	<u>Anthem, INC</u>	<u>Payroll</u>	<u>\$ 874.90</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>EXEC. VP / CFO</u>	Date: <u>Dec</u>	<u>\$ 67.30 BI -</u> <u>(weekly)</u>
	Aggregate Year-to-Date: <u>> \$ 1,366.00</u>		
<u>RON SINGLETON</u> <u>17005 ASH BURTON DR.</u> <u>LOUISVILLE, KY 40245-4469</u>	<u>Anthem, INC</u>	<u>Payroll</u>	<u>\$ 260.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Date: <u>Dec</u>	<u>\$ 20.83 -</u> <u>(weekly)</u>
	Aggregate Year-to-Date: <u>> \$ 570.00</u>		
<u>ALLEN SNURELY</u> <u>6802 Willowcrest Cir</u> <u>Louisville, KY 40241-6573</u>	<u>Sarcaston Corp</u> <u>INC</u>	<u>Payroll</u>	<u>\$ 325.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>EXEC. Director</u>	Date: <u>Dec</u>	<u>\$ 25 BI -</u> <u>(weekly)</u>
	Aggregate Year-to-Date: <u>> \$ 625.00</u>		
<u>LINDA SOMERS</u> <u>2256 WESTMINER RD</u> <u>CLEVELAND HTS, OH 44118-3518</u>	<u>Anthem, INC</u>	<u>Payroll</u>	<u>\$ 195.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Director</u>	Date: <u>Dec</u>	<u>\$ 15 BI -</u> <u>(weekly)</u>
	Aggregate Year-to-Date: <u>> \$ 360.00</u>		
<u>TIMOTHY SPERS</u> <u>3426 TANK RD.</u> <u>CARMEL, IN 46033-4142</u>	<u>Anthem</u>	<u>Payroll</u>	<u>\$ 182.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>DIRECTOR</u>	Date: <u>Dec.</u>	<u>\$ 14 BI -</u> <u>(weekly)</u>
	Aggregate Year-to-Date: <u>> \$ 322.00</u>		

SUBTOTAL of Receipts This Page (optional)

\$ 2,226.90

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 17 OF 24
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (in Full)

ANTHEM INSURANCE COMPANIES, INC. GOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CHERYL STACEY 11224 GARNICK CT FISHERS, IN 46038-1923 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Anthem, INC Occupation: DIRECTOR Aggregate Year-to-Date > \$ 212.55	Payroll Dec	\$ 212.55 (\$16.35 Bi-weekly)
ROGER STINE 411 BISHAM RD. MOORESVILLE, IN 46538-0616 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Anthem INC Occupation: DIRECTOR Aggregate Year-to-Date > \$ 250.00	Payroll Dec	\$ 130.00 (\$10 Bi-weekly)
JOYCE SPOT-IRWIN 4738 ALABAMA RUN INDIANAPOLIS, IN 46228 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Anthem Alliance for Health, INC Occupation: REGIONAL VP Aggregate Year-to-Date > \$ 270.00	Payroll Dec	\$ 195.00 (\$15 Bi-weekly)
KRISTIAN SWINBLE 5281 BRAND RD CINCINNATI, OH 43217-8516 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Anthem, INC. Occupation: DIRECTOR Aggregate Year-to-Date > \$ 360.00	Payroll Dec	\$ 195.00 (\$15 Bi-weekly)
ROBERT TOLLER 9027 IRONWOOD CT INDIANAPOLIS, IN 46260-1524 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ADMINISTRATED Occupation: VP Aggregate Year-to-Date > \$ 438.33	Payroll Dec	\$ 299.91 (\$23.07 Bi-weekly)
JERRY TURKAWICA 6790 PARKLANE DR MASON, OH 45040-8806 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Anthem, INC Occupation: DIRECTOR Aggregate Year-to-Date > \$ 360.00	Payroll Dec	\$ 195.00 (\$15 Bi-weekly)
RAYMOND UMSTEAD 5223 SUE DRIVE CARMEL, IN 46033-8673 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Anthem, INC. Occupation: FEDERAL Council Aggregate Year-to-Date > \$ 625.00	Payroll Dec	\$ 325.00 (\$25 Bi-weekly)

SUBTOTAL of Receipts This Page (optional)

1,552.46

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 18 OF 24
FOR LINE NUMBER 11(9)

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NAME OF COMMITTEE (in full)

ANTHEM INSURANCE COMPANIES, INC GOOD GOVERNMENT PROBLEM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Walker 4201 First Flight Cir Zionsville, IN 46077	Southeastern Group, Inc COO	Payroll Dec	\$260 (\$20 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JANET WALTER 7400 Bonard Ave Cincinnati, OH 45231-4406	Anthem, Inc DIRECTOR	Payroll Dec	\$135 (\$10 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$270.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Blenda Wheat 6828 BALMORAL RD INDIANAPOLIS, IN 46241-1706	Administrative Federal DIRECTOR	Payroll Dec	\$108.29 (\$8.33 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$208.25		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Loishak 736 New York Ave McMansie, OH 44437-1828	Anthem, Inc MANAGER	Payroll Dec	\$130.00 (\$10 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$240.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LINDA GOLDSMITH 1707 Cottonwood Drive Lewis Center, OH 43085	Anthem, Inc DIRECTOR	7/14/97	\$370.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$370.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ROBERT McDONALD 428 WEST 83RD PL INDIANAPOLIS, IN 46260	Anthem, Inc DIRECTOR	7/14/97	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAVID CHETLAPPA 6666 Northridge Ave Louisville, KY 40241	Anthem, Inc DIRECTOR	7/21/97	\$223.07
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$223.07		

SUBTOTAL of Receipts This Page (optional)

1,526.36

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 19 OF 24
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (in Full)

ANTHEM INSURANCE COMPANIES, INC GOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>CHERYL BLADIVEX</u> <u>453 Royal Oak Dr</u> <u>Alexandria, VA 41001</u>	<u>Anthem, inc</u>	<u>7/2/97</u>	<u>\$ 500.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>DIRECTOR</u>	Aggregate Year-to-Date: <u>> \$ 500.00</u>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>DONALD STENGEL</u> <u>107 URSALIN</u> <u>GREENWOOD, IN 46143</u>	<u>Anthem, inc</u>	<u>12/7/97</u>	<u>\$ 250.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>DIRECTOR</u>	Aggregate Year-to-Date: <u>> \$ 250.00</u>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>DR. SUSAN BEADE</u> <u>ONE CENTENNIAL AVE</u> <u>PISCATAWAY, NJ 08854</u>	<u>ANTHEM, INC</u>	<u>Payroll Dec.</u>	<u>650.00</u> <u>(\$ 50 Bi-Week)</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>MEDICAL DIRECTOR</u>	Aggregate Year-to-Date: <u>> \$ 8,200.00</u>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>JEREMIAH HANRAHAN</u> <u>ONE CENTENNIAL AVE</u> <u>PISCATAWAY, NJ 08854</u>	<u>ANTHEM, INC</u>	<u>Payroll Dec</u>	<u>325.00</u> <u>(\$ 25 Bi-Week)</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>SUP</u>	Aggregate Year-to-Date: <u>> \$ 425.00</u>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>PAUL LEININGER</u> <u>ONE CENTENNIAL AVE</u> <u>PISCATAWAY, NJ 08854</u>	<u>Anthem, inc</u>	<u>Payroll Dec</u>	<u>325.00</u> <u>(\$ 25 Bi-Week)</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>SUP</u>	Aggregate Year-to-Date: <u>> \$ 450.00</u>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>JAMES WHITE</u> <u>ONE CENTENNIAL AVE</u> <u>PISCATAWAY, NJ 08854</u>	<u>Anthem, inc</u>	<u>Payroll Dec</u>	<u>504.00</u> <u>(\$ 42 Bi-Week)</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>COO</u>	Aggregate Year-to-Date: <u>> \$ 504.00</u>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>LUCY THOMPSON</u> <u>6050 OUTSTANDING LANE</u> <u>LOUISVILLE, KY 40205</u>	<u>ANTHEM, INC</u>	<u>Payroll Dec</u>	<u>416.00</u> <u>(\$ 32 Bi-Week)</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>VP SALES</u>	Aggregate Year-to-Date: <u>> \$ 416.00</u>	

SUBTOTAL of Receipts This Page (optional)

2,970.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 1160

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NAME OF COMMITTEE (In Full)

ANTHEM INSURANCE COMPANIES, INC. FOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ROBERT GUNTHER ONE CENTENNIAL AVE PISCATAWAY, NJ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC Occupation: DIRECTOR Aggregate Year-to-Date > \$ 300.00	Payroll Dec	\$ 260.00 (\$20 Bi-weekly)
ROBERT BLETLAND 136 WEXFORD DRIVE MENTOR, OH 44050 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC Occupation: MANAGER Aggregate Year-to-Date > \$ 240.00	Payroll Dec	\$ 130.00 (\$10 Bi-weekly)
WICKI MILLER 3136 GYMNASEE DR LOUISVILLE, KY 40220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC. Occupation: MANAGER Aggregate Year-to-Date > \$ 273.00	Payroll Dec	\$ 175.50 (\$13.50 Bi-weekly)
FRANK WITTON 2893 WINDINGBROOKS LN WASHINGTON, FL 38414 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC Occupation: SUP Aggregate Year-to-Date > \$ 646.00	Payroll Dec	\$ 161.52 (40.38 Bi-weekly)
E. P. PETLOFF 198 WARRICK SAN MATEO, CA 94401 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC Occupation: SUP Aggregate Year-to-Date > \$ 480.00	Payroll Dec	\$ 120.00 (\$30 Bi-weekly)
MICHAEL CASSIDY 2857 FLORTRIDGE DR. GLENDALE, CA 91206 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC Occupation: SUP Aggregate Year-to-Date > \$ 800.00	Payroll Dec	\$ 200.00 (\$50.00 Bi-weekly)
WILLIAM MIEZEL 4932 CHRISTIANA CAMPBELL CT FT. WASHINGTON, IN 46824 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANTHEM, INC Occupation: UP Aggregate Year-to-Date > \$ 400.00	Payroll Dec	\$ 100.00 (25 Bi-weekly)

SUBTOTAL of Receipts This Page (optional)

1,147.02

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 21 OF 24
FOR LINE NUMBER 1141

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NAME OF COMMITTEE (In Full)

ANTHEM INSURANCE COMPANIES, INC GOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ERNEST NEWBORN, JR 6634 BEECHIDGE DR INDIANAPOLIS, IN 46278	Anthem, Inc	Payroll Dec	\$ 349.96 (\$3692 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: UP	Aggregate Year-to-Date > \$ 577.84	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John O'Connell 13 Rolling Springs CT Carmel, IN 46033	Anthem, Inc	Payroll Dec	\$ 120.00 (\$10 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director	Aggregate Year-to-Date > \$ 240.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Keith Falge 2325 CHRISTOPHERS WAY ATLANTA, GA 30327	Anthem, Inc	Payroll Dec	\$ 624.00 (\$48 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SUP	Aggregate Year-to-Date > \$ 672.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Casberg 8190 Hunters Cove CT INDIANAPOLIS, IN 46236	Anthem, Inc	Payroll Dec	\$ 120.00 (\$10 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 240.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diana Lewis 4857 Snow Runy Bay CT Carmel, IN 46033	Anthem, Inc	Payroll Dec	\$ 300.00 (\$25 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: UP	Aggregate Year-to-Date > \$ 600.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Voss 129 E LARWOOD WAY Carmel, IN 46032	Anthem, Inc	Payroll Dec	\$ 168.00 (\$14 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director	Aggregate Year-to-Date > \$ 236.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda Barrabee 1428 W 76th Pl INDIANAPOLIS, IN 46260	Anthem, Inc	Payroll Dec	\$ 148.00 (\$12 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director	Aggregate Year-to-Date > \$ 288.00	

SUBTOTAL of Receipts This Page (optional)

1,825.96

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 111A1

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 INSURANCE COMPANIES, INC GOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
THOMAS SCHIFANO 9300 SPRUCE HILL RD PROSPECT, KY 40054	Anthem, INC	Payroll Dec	\$ 360.00 (30 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP	Aggregate Year-to-Date > \$ 720.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JULIA BELL # 5 MURFIELD A LOUISVILLE, KY 40222	Anthem, INC	Payroll Dec	\$ 120.00 (10 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 240.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CARLA BRAUNER 17001 ASHBURTON DR. LOUISVILLE, KY 40245	Anthem, INC	Payroll Dec	\$ 120.00 (10 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 240.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RICHARD STUMP 3172 BLENHEIM LEXINGTON, KY 40503	Anthem, INC	Payroll Dec	\$ 140.00 (\$ 20 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP	Aggregate Year-to-Date > \$ 280.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HELMUT ISPAUD 3181 BRISTOL PL. DR. LEXINGTON, KY 40509	Anthem, INC	Payroll Dec	\$ 240.00 (\$ 20 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP	Aggregate Year-to-Date > \$ 480.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAVID DAUBENSPACK 5715 RICH HILL WAY PLAINFIELD, NJ 07068	Anthem, INC	Payroll Dec	\$ 108.42 (8.34 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 208.16	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MICHAEL HOX 4960 WINDSON DRIVE INDIANAPOLIS, IN 46226	Anthem, INC	Payroll Dec	\$ 130.00 (10 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP	Aggregate Year-to-Date > \$ 260.00	

SUBTOTAL of Receipts This Page (optional)

1,218.42

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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11631

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NAME OF COMMITTEE (in full)

ANTHEM INSURANCE COMPANIES, INC GOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Cassman 14442 WISPER WIND DR. CARMEL, IN 46032	Anthem, INC	Payroll Dec	\$ 88.00 (\$22 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 352.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARBARA MITON 120 PARK FOREST S. DR. FRANKLIN, IN 46131	Anthem, INC	Payroll Dec	\$ 99.98 (\$34 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director	Aggregate Year-to-Date > \$ 200.16	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FREDERICK LONG PO BOX 384 LOPEZ ISLAND, WA 98261	Anthem, INC	Payroll Dec	\$ 160.00 (\$40 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SUP	Aggregate Year-to-Date > \$ 640.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES WELLS 8140 EVERGREEN LN MERCEER ISLAND, WA 98040	Anthem, INC	Payroll Dec	\$ 20.00 (\$20 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: UP	Aggregate Year-to-Date > \$ 260.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Thompson 1004 DOLSET CT COSHEN, KY 40026	Anthem, INC	Payroll Dec	\$ 195.00 (\$15 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director	Aggregate Year-to-Date > \$ 363.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEAN MCKEE 1102 W MURKOVY LOVELAND, OH 45140	Anthem, INC	Payroll Dec	\$ 180.00 (\$15 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director	Aggregate Year-to-Date > \$ 360.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KRISTIE HILL 337 W. PARK AVE INDIANAPOLIS, IN 46202	Anthem, INC	Payroll Dec	\$ 120.00 (\$10 Bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MANAGER	Aggregate Year-to-Date > \$ 240.00	

SUBTOTAL of Receipts This Page (optional)

862.98

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 24 OF 24
FOR LINE NUMBER 11(a)

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 INSURANCE COMPANIES, INC. GOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SAJERA MITCHELL 910 RIDGE DR. GREENFIELD, IN 46140 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Anthem, INC Occupation: Director Aggregate Year-to-Date > \$ 3672.00	Payroll Dec	\$ 180.00 (15 Bi-weekly)
MICHAEL EASTINEAL 8805 SPRINGSIDE W INDIANAPOLIS, IN 46260 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Anthem, INC Occupation: UP Aggregate Year-to-Date > \$ 255.00	Payroll Dec	\$ 51.00 (17 Bi-weekly)
STEVEN BRUECKNER 431 CANAL CT INDIANAPOLIS, IN 46202 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Anthem, INC Occupation: EMP Aggregate Year-to-Date > \$ 1,105.00	Payroll Dec	\$ 845.00 (16 Bi-weekly)
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

1,076.00

TOTAL This Period (last page this line number only)

38,279.87

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 12

TRANSFERS FROM AFFILIATED COMMITTEE

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 INSURANCE COMPANIES INC. GOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>COMMUNITY INSURANCE COMPANY</u> <u>GOOD GOVERNMENT PROGRAM</u> <u>37 WEST BROAD ST, STE 900</u> <u>COLUMBUS OH 43125</u>		<u>12/31/97</u>	<u>533.37</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ <u>533.37</u>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > 0		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > 0		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > 0		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > 0		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > 0		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > 0		

SUBTOTAL of Receipts This Page (optional)

533.37

TOTAL This Period (last page this line number only)

533.37

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 29

INDIANA NON-FEDERAL CONTRIBUTIONS

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NAME OF COMMITTEE (In Full)

ANTHEM INSURANCE COMPANIES, INC. GOV. GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<u>THE MIKE MURPHY COMMITTEE 4731 MASS LANE INDIANAPOLIS, IN 46237</u>	<u>Non-Federal cont</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>7/28/97</u>	<u>200.00</u>
<u>HOUSE REPUBLICAN CAMPAIGN COMMITTEE PO BOX 44054 INDIANAPOLIS, IN 46209</u>	<u>Non-Federal cont</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>7/28/97</u>	<u>400.00</u>
<u>GIRFCO 14 N. DELAWARE INDIANAPOLIS, IN 46204</u>	<u>Non-Federal cont</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>7/28/97</u>	<u>500.00</u>
<u>KERNAN FOR LT GOVERNOR ONE NORTH CAPITOL AVE, Ste 200 INDIANAPOLIS, IN 46204</u>	<u>Non Federal cont</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>7/28/97</u>	<u>200.00</u>
<u>INDIANA Senate Democrats Committee 1 NORTH CAPITOL AVE, Ste 200 INDIANAPOLIS, IN 46204</u>	<u>Non Federal cont</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<u>600.00</u>
<u>COMMITTEE TO ELECT BILL BAILEY 1137 ERICST DRIVE SOSAMAL, IN 47274</u>	<u>Non Federal cont</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>8/21/97</u>	<u>500.00</u>
<u>WID MOSES FOR STATE REPRESENTATIVE 1301 3 RIVERS EAST FT. WAYNE, IN 46802</u>	<u>non federal cont</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>8/21/97</u>	<u>500.00</u>
<u>SELBY DENSO COMMITTEE Rte 1 French Lick, IN 47432</u>	<u>Non Federal cont</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>8/21/97</u>	<u>250.00</u>
<u>COMMITTEE TO ELECT BRIAN HASLER 2154 Bellemeade Ave EVANSVILLE, IN 47714</u>	<u>non federal cont</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>8/25/97</u>	<u>500.00</u>

SUBTOTAL of Disbursements This Page (optional)

3650.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 29

INDIANA NON-FEDERAL CONTRIBUTIONS

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NAME OF COMMITTEE (in Full)

ANTHEM INSURANCE COMPANIES, INC. GOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TORR FOR STATE REPRESENTATIVE COMMITTEE 5205 TANAGER LN CARMEL, IN 46033	Non Federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/2/97	500.00
NEWMAN FOR PROSECUTOR COMMITTEE 14 NORTH DELAWARE INDIANAPOLIS, IN 46204	Non Federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/8/97	2,500.00
THE CHARLIE BLOWN COMMITTEE 4439 LAKE SHORE DR GARY, IN 46403	Non Federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/97	1,000.00
CRAWFORD FOR STATE REPRESENTATIVE 637 BAYVIEW DR MISHAWAKA, IN 46544	Non Federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/97	1,000.00
YOUNG FOR STATE SENATE Rtc 2, Box 106-C MILLTOWN, IN 47145	Non Federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/97	500.00
THE COMMITTEE TO ELECT SIM LEWIS 774 LEVEL ST CHARLESTOWN, IN 47111	Non-Federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/97	500.00
WURAN FOR STATE REPRESENTATIVE 111 EAST 6TH ST. Bloomington, IN 47408	Non-Federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/97	500.00
GLUBIS FOR STATE REPRESENTATIVE PO Box 9 COUNYTON, IN 47932	Non Federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/97	500.00
COMMITTEE TO ELECT BRIAN BOSMA PO BOX 44054 INDIANAPOLIS, IN 46209	Non Federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/97	500.00

SUBTOTAL of Disbursements This Page (optional)

7,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 29

INDIANA NON-FEDERAL CONTRIBUTIONS

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NAME OF COMMITTEE (in Full)

ANTHEM INSURANCE COMPANIES, INC. BOOD tournament PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Elect Senator Tim Lander 34 W. 8th Street Anderson, IN 46016	Non Federal Cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/97	200.00
B. Full Name, Mailing Address and ZIP Code Citizens for Barton 200 South Meridian St, Ste 400 Indianapolis, IN 46225	Non Federal Cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/97	1,000.00
C. Full Name, Mailing Address and ZIP Code Citizens for Bress PO Box 7 Sandborn, IN 47578	Non Federal Cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/97	1,000.00
D. Full Name, Mailing Address and ZIP Code Susan Crosby for State Representative 3211 East Cr 1100 North Beechdale, IN 46172	Non Federal Cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/97	250.00
E. Full Name, Mailing Address and ZIP Code Joe O'Day for Senate Committee 311 Van Dusen Ave Evansville, IN 47711	Non Federal Cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/97	250.00
F. Full Name, Mailing Address and ZIP Code Luke Kealey for State Senate 200 South Meridian St, Ste 400 Indianapolis, IN 46225	Non Federal Cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/97	500.00
G. Full Name, Mailing Address and ZIP Code Friends to Elect Vaneta Becker PO Box 44054 Indianapolis, IN 46209	Non Federal Cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/97	250.00
H. Full Name, Mailing Address and ZIP Code Earl Harris for State Representative 4114 Butternut St East Chicago, IN 46312	Non Federal Cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/97	250.00
I. Full Name, Mailing Address and ZIP Code Committee to Elect Tim Fesko 1121 Holly Ln Munster, IN 46321	Non-Federal Cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/97	250.00

SUBTOTAL of Disbursements This Page (optional)

3,950.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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INDIANA NON-FEDERAL CONTRIBUTIONS

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NAME OF COMMITTEE (In Full)

ANTHEM INSURANCE COMPANIES, INC GOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MIKE SMITH FOR STATE REPRESENTATIVE COMMITTEE PO BOX 1 RENSSELAER, IN 47978	Non-Federal Cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/97	500.00
B. Full Name, Mailing Address and ZIP Code INDIANAPOLIS CHAMBER OF COMMERCE PAC 115 W. WASHINGTON ST, STE 850 S. TOWER INDIANAPOLIS, IN 46204	Non-Federal Cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/97	500.00
C. Full Name, Mailing Address and ZIP Code THE PAUL S. MANNWEILER COMMITTEE PO BOX 44054 INDIANAPOLIS, IN 46209	Non-Federal Cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/97	1,000.00
D. Full Name, Mailing Address and ZIP Code HAROLD WHEELER FOR STATE SENATOR 200 S. MERIDIAN ST, STE 400 INDIANAPOLIS, IN 46225	Non-Federal Cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/8/97	500.00
E. Full Name, Mailing Address and ZIP Code INDIANA STATE DEMOCRAT CENTRAL COMM 200 NORTH CAPITOL AVE, STE 200 INDIANAPOLIS, IN 46204	Non-Federal Cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/8/97	1,000.00
F. Full Name, Mailing Address and ZIP Code FRIENDS OF MIKE RIPLEY P O. BOX 44054 INDIANAPOLIS, IN 46209	Non-Federal Cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/24/97	500.00
G. Full Name, Mailing Address and ZIP Code CITIZENS FOR SEVER 5601 SPRINGLAKE DR EVANSVILLE, IN 47710	Non-Federal Cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/97	250.00
H. Full Name, Mailing Address and ZIP Code INDIANA STATE DEMOCRAT CENTRAL COMM ONE NORTH CAPITOL AVE, STE 200 INDIANAPOLIS, IN 46204	Non-Federal Cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/8/97	6250.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

5,500.00

TOTAL This Period (last page this line number only)

20,600.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

CHILD AID FEDERAL CONTRIBUTIONS

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)			
ANSHEM INSURANCE COMPANIES INC. GOOD GOVERNMENT PROGRAM PAC			
A. Full Name, Mailing Address and ZIP Code REPUBLICAN SENATE CAMPAIGN COMMITTEE PO BOX 4925 COLUMBUS, OH 43256	Purpose of Disbursement Non-federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/1/97	Amount of Each Disbursement This Period 2500.00
B. Full Name, Mailing Address and ZIP Code COMMITTEE TO RE-ELECT BOSS BOGGS, JR. PO BOX 2982 COLUMBUS, OH 43216	Purpose of Disbursement Non federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/1/97	Amount of Each Disbursement This Period 100.00
C. Full Name, Mailing Address and ZIP Code CITIZENS FOR CLIMATE CAMPAIGN COMMITTEE 2 MARITIME PLAZA TOLLEDO, OH 43604	Purpose of Disbursement Non federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/30/97	Amount of Each Disbursement This Period 150.00
D. Full Name, Mailing Address and ZIP Code FRIENDS OF GRACE L. DRAKE'S COMMITTEE 1 BRATONCH PL, STE 601 BRATONCH, OH 44108	Purpose of Disbursement Non federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/30/97	Amount of Each Disbursement This Period 325.00
E. Full Name, Mailing Address and ZIP Code LAWRENCE FOR STATE REPRESENTATIVE 4896 REC BANK RD GATEWAY, OH 73021	Purpose of Disbursement Non-federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/30/97	Amount of Each Disbursement This Period 200.00
F. Full Name, Mailing Address and ZIP Code HOUSE DEMOCRATIC CAUCUS FUND PO BOX 2982 COLUMBUS, OH 43216-2982	Purpose of Disbursement Non federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/30/97	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code BATCHLORGE FOR REPRESENTATIVE 105 W LIBERTY ST MADISON, OH 44256	Purpose of Disbursement Non federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/30/97	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code FRIENDS OF SEAWOODS 342 EDGEWOOD DR. COLUMBUS, OH 44408	Purpose of Disbursement Non federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/30/97	Amount of Each Disbursement This Period 125.00
I. Full Name, Mailing Address and ZIP Code CITIZENS FOR AMSTUTZ PO BOX 22 OREVILLE, OH 44667	Purpose of Disbursement Non federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/30/97	Amount of Each Disbursement This Period 150.00
SUBTOTAL of Disbursements This Page (optional)			4,550.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 5
FOR LINE NUMBER 29

OHIO NON-FEDERAL CONTRIBUTIONS

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NAME OF COMMITTEE (in Full)

ANTHONY INSURANCE COMPANIES, INC GOOD GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
VANHOVEN FOR STATE REPRESENTATIVE COMM. 11006 Reading Road Sharonville, OH 45241	Non-Federal Cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/6/97	225.00
B. Full Name, Mailing Address and ZIP Code GOP GOLF 11006 Reading Road Sharonville, OH 45241	Non-federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/6/97	75.00
C. Full Name, Mailing Address and ZIP Code CUPP FOR SENATE COMMITTEE 2021 Allen Town Rd, Ste 3 Lima, OH 45205	Non-federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/2/97	500.00
D. Full Name, Mailing Address and ZIP Code COMMITTED TO ELECT Lloyd E Lewis, Jr 300 OAKCROFT DRIVE DAYTON, OH 45408	Non-federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/2/97	125.00
E. Full Name, Mailing Address and ZIP Code DAVIDSON FOR STATE REPRESENTATIVE COMM 865 MALON ALLEY COLUMBUS, OH 43215	Non-federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/2/97	2,000.00
F. Full Name, Mailing Address and ZIP Code CITIZENS FOR GREG DIDONATO COMM PO Box 30 New Philadelphia, OH 44663	Non-federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/2/97	100.00
G. Full Name, Mailing Address and ZIP Code MONTGOMERY CAMPAIGN COMMITTEE 211 SOUTH 5 TH ST COLUMBUS, OH 43215	Non-federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/4/97	500.00
H. Full Name, Mailing Address and ZIP Code GARCIA ELECTION COMMITTEE 2444 CHARLESTOWN TOLEDO, OH 43613	Non-federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/2/97	150.00
I. Full Name, Mailing Address and ZIP Code TAFT FOR OHIO 16 E Broad St, Ste 1214 COLUMBUS, OH 43215	Non-federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/97	500.00

SUBTOTAL of Disbursements This Page (optional)

4,175.00

TOTAL This Period (less page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER
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OHIO NON-FEDERAL CONTRIBUTIONS

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NAME OF COMMITTEE (in Full)

ANTHEM INSURANCE COMPANIES, INC. GOOD DEVELOPMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
OHIO INSURANCE INSTITUTE PAC 172 E. STREET, STE 201 PO BOX 816 COLUMBUS, OH 43216	Nonfederal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/97	175.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JIM BUCHY FOR STATE REPRESENTATIVE 291 DEWOOD DRIVE GREENVILLE, OH 45331	Nonfederal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/97	125.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF KEVIN COUGHLIN 605 SACKETT AVENUE LOYALTA FALLS, OH 44221	Nonfederal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/97	150.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MOTTLEY FOR STATE REPRESENTATIVE 1641 LEXINGTON LN, W. CARDINGTON, OH 45449	Non-federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/97	150.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR HOTTINGER 310 McMillen Dr. NEWARK, OH 43055	Nonfederal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/97	300.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR BRUCE JOHNSON 100 SOUTH 3RD ST. COLUMBUS, OH 43215	Nonfederal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/97	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO ELECT BILL HARRIS 123 B TOWNSHIP RD. ASHLAND, OH 44805	Nonfederal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/12/97	175.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR RICHARD HODGES 1127 FAIRLAWN DR. BRYAN, OH 43506	Nonfederal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/12/97	150.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
OHIO HOUSE REPUBLICAN CAMPAIGN COMM 211 SOUTH 6TH ST COLUMBUS, OH 43215	Nonfederal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/12/97	2,250.00

SUBTOTAL of Disbursements This Page (optional)

3,975.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

OHIO NON-FEDERAL CONTRIBUTIONS

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NAME OF COMMITTEE (in Full)

AUTHORITATIVE INSURANCE COMPANIES INC GOV GOVERNMENT PROGRAM PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TAFI FOR ECKHARDT 16 E BROAD ST, STE 1214 COLUMBUS, OH 43215	Non federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/1/97	500.00
B. Full Name, Mailing Address and ZIP Code CITIZENS FOR GARDNER 431 NORTH PROSPECT ST. BOWLING GREEN, OH 43402	Non federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/1/97	400.00
C. Full Name, Mailing Address and ZIP Code CITIZENS FOR JIM JORDAN 1709 S. ST. RT 560 URBANA, OH 43078	Non federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/1/97	150.00
D. Full Name, Mailing Address and ZIP Code FRIENDS FOR TIBERI 865 MACAW ALLEY COLUMBUS, OH 43206	Non federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/1/97	400.00
E. Full Name, Mailing Address and ZIP Code TAFI FOR OHIO 16 E BROAD ST, STE 1214 COLUMBUS, OH 43215	Non federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/97	250.00
F. Full Name, Mailing Address and ZIP Code MONTGOMERY CAMPAIGN COMM 211 SOUTH 5TH ST COLUMBUS, OH 43215	Non federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/1/97	500.00
G. Full Name, Mailing Address and ZIP Code OHIO HOUSE REPUBLICAN CAMPAIGN 211 SOUTH 5TH ST COLUMBUS, OH 43215	Non federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/16/97	500.00
H. Full Name, Mailing Address and ZIP Code BEN ESPY FOR SENATE 43 HAMILTON PARK COLUMBUS, OH 43203	Non federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/97	500.00
I. Full Name, Mailing Address and ZIP Code COMMITTEE TO RE-ELECT BOSS BOFFS PO BOX 2982 COLUMBUS, OH 43216	Non federal cont Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/2/97	200.00

SUBTOTAL of Disbursements This Page (optional)

3,400.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 15
FOR LINE NUMBER 29

OHIO NON-FEDERAL CONTRIBUTIONS

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cincinnati's Heinrich PO Box 58368 Cincinnati, OH 45258	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/23/97	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	16,600.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

CONTRIBUTIONS TO FEDERAL CANDIDATES

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)			
NORTHERN INSURANCE COMPANIES, INC GOOD GOVERNMENT PROGRAM PAC			
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS FOR BARON Hill 1 NORTH CAPITAL ST INDIANAPOLIS, IN 46204	BARON Hill, HOUSE CANDIDATE 9TH (IN) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/97	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR KASICH 2021 East Dublin Granville Rd Columbus, OH 43229	JOHN KASICH, HOUSE CANDIDATE 12TH (OH) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/97	150.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR BURNING 4 FARWATER DR SOUTHGATE, KY 41071	Jim BURNING, HOUSE CANDIDATE 4TH (KY) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/97	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BAE SUEI FOR SENATE PO BOX 2147 LEXINGTON, KY 40595	SCOTT BAE SUEI, HOUSE CANDIDATE 6TH (KY) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/8/97	1000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ROSE FOR CONGRESS 501 DARBY CREEK RD, STE 53-A LEXINGTON, KY 40509	John E. ROSE, HOUSE CANDIDATE 6TH (KY) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/97	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BOB NEY FOR CONGRESS 146-A MAIN STREET ST. CLAIRSVILLE, OH 43950	BOB NEY, HOUSE CANDIDATE 18TH (OH) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/97	250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	3,400
TOTAL This Period (last page this line number only)	3,400

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 1-29-98
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
MUD	1-29-98
PREPARER	DATE PREPARED