

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

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

FOR LINE NUMBER: PAGE 28 OF 485

(check only one)

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

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NAME OF COMMITTEE (In Full)

Anthem, Inc. Political Action Committee (Anthem PAC)

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

A. Beinkampen, Cynthia, , ,

Mailing Address 4304 Pleasant Glen Dr

City
LouisvilleState
KYZip Code
40299-7012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Anthem Companies, Inc.Occupation (for Individual)
Dir II Membership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2019

Transaction ID : 090619-197

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Beinkampen, Cynthia, , ,

Mailing Address 4304 Pleasant Glen Dr

City
LouisvilleState
KYZip Code
40299-7012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Anthem Companies, Inc.Occupation (for Individual)
Dir II Membership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2019

Transaction ID : 092019-199

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Benintendi, Laurie, , ,

Mailing Address 4801 Beechwood Farms Dr

City
CincinnatiState
OHZip Code
45244-1279FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Anthem Companies, Inc.Occupation (for Individual)
Vp & Counsel CsbD/Clinical

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2019

Transaction ID : 090619-62

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

160.00

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