

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

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

FOR LINE NUMBER: PAGE 85 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. Cook, Marjane, , ,

Mailing Address 1783 Aspen Rd

City

Frazeysburg

State

OH

Zip Code

43822-9402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Anthem Companies, Inc.

Occupation (for Individual)

Analyst SR

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

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

Transaction ID : 092019-78

Amount of Each Receipt this Period

15.00



Memo Item

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

B. Cooman, Lynn, , ,

Mailing Address 619 E Pleasant Valley Rd

City

Port Hueneme

State

CA

Zip Code

93041-2637

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Anthem Co's Of Ca, Inc.

Occupation (for Individual)

Medical Director

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

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

Transaction ID : 090619-869

Amount of Each Receipt this Period

20.00



Memo Item

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

C. Cooman, Lynn, , ,

Mailing Address 619 E Pleasant Valley Rd

City

Port Hueneme

State

CA

Zip Code

93041-2637

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Anthem Co's Of Ca, Inc.

Occupation (for Individual)

Medical Director

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

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

Transaction ID : 092019-893

Amount of Each Receipt this Period

20.00



Memo Item

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

55.00

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